

# Athlete's Health Records

## Preparticipation Physical Exam

The Memphis Interscholastic Athletic Association requires every student-athlete to receive a preparticipation physical exam, including a general exam and an orthopedic exam, before being allowed to participate in the Memphis City Schools athletic program. The general exam should include checks on height, weight, blood pressure, pulse, respiration, eye, ear, nose, chest and abdomen. The orthopedic exam should focus on joint flexibility, joint range of motion, and re-examination of past bone and joint injuries.

After completing a preactivity physical evaluation on \_\_\_\_\_

my recommendations are as follows: **Athletic participation approved:**  Yes  No  Restricted

Limitations and Special Instructions to the Coach: \_\_\_\_\_

<b>Physician's Name</b> _____ <small>Print or Type</small>	<b>Date</b> _____
<b>Address</b> _____	<b>Phone</b> _____
<b>Physician's Signature</b> _____ <small>No Stamps, Please!</small>	

## Emergency Information

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you have any allergies? (i.e. bee sting, dust) \_\_\_\_\_

Do you suffer from:  Asthma  Diabetes  Epilepsy  Heart Condition(s)  Sickle Cell Trait

Are you on any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_ Other: \_\_\_\_\_

## Informed Consent and Acknowledgment of Risks

I hereby give my permission for \_\_\_\_\_ to participate in

\_\_\_\_\_ during the athletic season beginning in \_\_\_\_\_ Further, I authorize the

school to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in \_\_\_\_\_ is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me. I understand this informed consent form and agree to its conditions on behalf of my child.

<b>Parent's Signature</b> _____	<b>Date</b> _____
<b>Student's Signature</b> _____	<b>Date</b> _____