SCHOOL LANE CHARTER SCHOOL

Working together. Learning together. Succeeding together.

Athletic Physical Form

Name _____ DOB _____ Grade_____

Address _____ Phone Number _____

Sport (s) _____

Parent Name _____ Contact Info_____

Parent Name _____ Contact Info_____

Please give alternatives to contact in case of emergency in the event neither parent can be reached:

Contact Name _____ Contact Info_____

Contact Name _____ Contact Info_____

Medical history to be completed by parent (must be completed before physical)					
	Yes	No		Yes	No
Any past injuries			Presently taking medication		
Fainting or dizziness while exercising			History of head injury		
Allergies			Significant past illness		
Asthma			Orthodontia (braces)		
Wears contact lenses/glasses			Any ongoing medical problems		
Past surgical procedures			Seizures		
Any hospitalizations			Bone/joint problems		

Tetanus (date) _____

Comments on any Yes _____

_____

Parent Signature _____

Physical Exam					
Height _____ Weight _____ Blood Pressure _____ Pulse_____					
	(Normal)	Comments/Follow Up		(Normal)	Comments/Follow Up
General Condition			Gastrointestinal		
Skin			Lungs		
Ears			Genito-urinary		
Eyes			Neurological		
Nose			Musculoskeletal		
Throat			Spinal		
Mouth			Nutritional status		
Cardiovascular			Mental health		

I approve this student's participation in interscholastic sports for one year YES [ ] NO [ ]

2400 Bristol Pike, Bensalem PA 19020
215-245-6055 Fax: 215-245-6058 info@schoollane.org

Additional comments _____

_____

_____

_____

PNP Signature _____ Physician Signature _____

Date_____ Date _____

Student Name: _____ **Date**:_____

I am aware that School Lane Charter School requires all participants in interscholastic sports to supply the following information in case a medical emergency should arise during a game:

(1) **INSURANCE.** Each participant must supply information regarding medical insurance coverage for medical problems which may occur away from home.

Insurance Carrier:_____ Policy Number _____

(2) **FAMILY PHYSICIAN.**

Name: _____Phone: _____

Address:_____

(3) **FAMILY CONTACT.**
If any emergency should arise and I am not available, please call:

Name: _____Phone: _____

Name: _____Phone: _____

(4) **DRUG SENSITIVITIES.** The student is known to react unfavorably or is allergic to the following foods or drugs:

_____

_____

(5) **ANY OTHER MEDICAL PROBLEMS**:

_____

_____

MEDICAL AUTHORIZATION AND CONSENT:

In the event of an emergency which would require medical care and treatment to be administered to the student, I hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student. I authorize the employees, representatives and coaches of School Lane Charter School to seek and obtain emergency medical treatment, should it be necessary, during my child's travel to, during and from the activity. I understand that I will be notified as soon as possible should it become necessary to obtain emergency treatment. The person(s) who should be notified in case of an emergency and their telephone numbers(s) are:

Name_____ Telephone No. _____

Name _____Telephone No. _____

RELEASE:

I, hereby, waive and release any and all claims for damages I and/or my child may have against School Lane Charter School arising out of any and all injuries sustained by myself and/or my child while participating in or traveling to and from athletic competitions.

I acknowledge these policies and hereby consent to allow my child to participate in and travel to and from athletic competitions by school or district-provided transportation.

I have read this Medical Authorization Consent Form and declare and affirm that I consent to the contents herein stated.

Parent/Guardian Signature:_____ Date:_____

Parent/Guardian Emergency Contact Phone Number: _____