

Students

Exhibit - Certificate of Physical Fitness for Participation in Athletics

To be submitted to the Building Principal. (please print)

Student	Sport/Activity
Parent/Guardian	Home phone
Home address	Cell phone
Emergency contact (<i>relationship to student</i>)	Contact phone
Physician	Physician phone
Medical History: Date of Birth: _____ Height: _____ Weight: _____ <input type="checkbox"/> Heart condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma: <input type="checkbox"/> Requires child to self-administer medication <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies: <input type="checkbox"/> Requires student to carry EpiPen® <input type="checkbox"/> Other _____	

List all medications (*prescribed and over the counter*)

Injuries (*brief description and dates*)

Surgeries (*brief description and dates*)

Physical activity restrictions (*brief description and duration*)

I certify that:

1. My child is in good health and is capable of participating in the above sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation, and will notify you of any changes.
2. I have completed and submitted the *Authorization for Medical Treatment* form allowing the school to seek medical treatment for my child in the event of a medical emergency when reasonable attempts to contact me are unsuccessful.
3. If my child requires or may need medication while participating in athletics, I have completed and submitted the *School Medication Authorization Form*.

Parent/Guardian signature

Date

Reviewed: December 19, 2005

Adopted: February 27, 2006

Revisions: July 1, 2015