

Athlete's Last Name

First Name

ID Number

Perris Union High School District
Athletic Emergency/Medical Information & Participation Form

Form with four columns: FALL, WINTER, SPRING, MULTI. Each column contains a list of sports with checkboxes (e.g., Cross Country, Basketball, Baseball, Cheer).

Form with fields for: Athlete's Name, Address, Today's Date, City, State, Zip Code, Home Phone, Grade, Age, Gender, Date of Birth, Place of Birth, Father/Guardian's Name, Phone, Employer, Mother/Guardian's Name, Phone, Employer, Emergency Phone Number, Cell #, E-Mail, Family Physician, Phone Number, School attended previous semester.

Medical History Questionnaire- This Section must be completed:

Table with 27 rows of medical history questions and checkboxes for Yes (Y) and No (N). Questions include: 'Are you currently under a doctor's care for any reason?', 'Have you ever been hospitalized?', 'Do you have any allergies?', etc.

Explain all "Yes" answers by question numbers, indicate dates for each item and include any special instructions.

I/we hereby state, to the best of my/our knowledge, the answers to the questions for the medical history questionnaire above are true. I/we understand that by performing this examination, the undersigned physician does not assume responsibility for medical care of this individual. I/we verify that I/we have read and understand all material presented and all information I/we have provided is correct and I/we give permission for my/our child or ward to receive a physical exam and to participate in athletics.

Form with fields for: Family Health Insurance Co., Policy ID #, Signature of Athlete, Date, Signature of Parent or Guardian, Date.

Table with 8 columns: Blood Pressure, HEENT, Skin, Heart, Lungs, Abdomen, Flexibility/Strength. Rows for Normal and Abnormal status.

While this does not constitute a physical nor replace the need for a periodic health evaluation by a family physician, this individual appears to be physically capable of participation in interscholastic sports as of this date except as indicated below.

Form with checkboxes for: Cleared for sport without restrictions, Cleared with the following restrictions, Cleared after completing evaluation/rehabilitation for, Not cleared for participation in athletics. Includes fields for Doctor's Office Stamp, Physician's Signature, and Date.



PERRIS UNION HIGH SCHOOL DISTRICT

"Growing Together Through Education"

ATHLETIC PHYSICAL PACKET

SIGNATURE CONSOLIDATION PAGE

We, the undersigned are fully aware of the information contained in the athletic physical packet. By initialing and signing on this page we confirm our consent to follow the rules and policies of the Perris Union High School District.

Table with 3 columns: Item, Parent, Athlete. Rows include: Student Record and Media Release Authorization, Athletic Release of Liability (Parts 1-3, Insurance, Transportation), Concussion Management Protocol (Responsibility to report all injuries, CIF/CDC concussion fact sheet, Concussion is a brain injury, Concussion can affect my ability to perform everyday functions, Symptoms can show up hours or days after the injury, Report suspected teammate concussions, Do not return to play in a game or practice with concussion symptoms, Return to play too soon may increase the chances of a repeat concussion, Repeat concussions can cause permanent brain damage and even death), Impact Consent Form, Impact Cognitive Testing and Release of Information Form.

Name of Parent (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_