

Physical, Eligibility, Permission and Insurance Form for Lewisburg Middle/High School Athletes

Name _____
Last First Middle

Residence (No P.O. Box Numbers Please)

Street Address _____

City/State/Zip _____

Home Phone # _____

Emergency # _____

Social Sec. # _____

Sports _____

Sex Male or Female

Date of Birth: _____ Current Grade _____

I give my child, _____, permission to participate in athletics (Football, Track, Volleyball, Basketball, Band, Dance Team, Cheerleading, Archery, Powerlifting, Softball, Baseball, Tennis or any other schools sponsored team/activity) for Lewisburg Middle/High School and to receive a pre-participation physical.

Parent Signature _____

Insurance Coverage: School Policy _____
Personal Policy _____
Company Name _____
Policy Number _____

If you do not have insurance that covers your son/ daughter you must buy school insurance. This insurance will cover your son/daughter for the entire year. If you need this type of insurance, your son/ daughter can pick up a form from the head coach of the sport they are participating in.

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Name: _____ Age: _____ Dob: _____

Height _____ Weight _____ BP _____

Rt Eye: _____ Lt Eye _____ Pulse _____

Pupils Equal: Yes _____ No _____

Satisfactory	Yes	No
General		
Head		
ENT		
Chest		
Heart		
Abdomen		
Skin		
Extremities/Back/Neck		

Health History (Parent or Guardian to fill out)

Mark Yes or No Only	Yes	no
Chronic/Recurrent illness?		
Hospitalization?		
Surgery other than tonsils?		
Injuries treated by physicians?		
Current Medications?		
Organs Missing?		
Heat exhaustion/stroke?		
Dizziness, fainting, convulsions and or headaches?		
Knocked out?		
Concussion?		
Wear glasses or Contacts?		
Hearing defects?		
Dental appliacnes Bridge/brace/cap/plate?		
Cough/Pain?		
Problems with liver,spleen, or kidney?		
Hernia?		
Recurrent skin disease?		
Bone/Joint injury? Sprain/Dislocation? Injury that cause a missed event?		
Allergy to Medications?		
Tetanus Booster in the last 10 years?		

I hereby give my consent for the above named student to receive a physical for athletic activities.

Parent/Guardian Signature

Date

_____ Passed with no restrictions.

_____ Passed with restrictions. Further evaluation should be received for the following reasons: _____

_____ Failed. Due to _____

Provider Signature

Date