



# St. John Lutheran School

Port Hope, Michigan

## Student Physical and Parent Consent Form

This physical, current if given on or after April 15 of prior school year, is valid for one year.  
Signatures required on front and back of form.

Student's legal name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ Grade (circle) 3 4 5 6 7 8

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth (city,state) \_\_\_\_\_

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

Father/Guardian \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Contract # \_\_\_\_\_ Phone \_\_\_\_\_

Our son, daughter will comply with the specific insurance regulations of the school district.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Information/History								
Have you ever had?	Yes	No	Have you ever had?	Yes	No	Do you now have?	Yes	No
Fainting			Heart Disease			Convulsions		
Diphtheria			Kidney Disease			Blackouts		
Scarlet Fever			Tuberculosis			Painful Joints		
Rheumatism			Jaundice			Backaches		
Rupture			Sickle-Cell Anemia			Pounding of Heart		
Rheumatic Fever			<b>Do you now have?</b>			Shortness of Breath		
Poliomyelitis			Stomach Pains			Frequent Urination		
Pneumonia			Blurred vision			Cough		
Asthma			Headaches			Nosebleeds		
Diabetes			Fainting			Frequent Sore Throats		

Explain yes answers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Examination					
SYSTEM	Normal	Abnormal	SYSTEM	Normal	Abnormal
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitals/Testicular		
Teeth-Cavities			Neurologic		
Orthopedic			Muscular		

Recommendations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out. Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Gymnastics, Ice Hockey, Skiing, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Wrestling.

Signature of Examiner \_\_\_\_\_ Check \_\_\_\_ MD \_\_\_\_ DO \_\_\_\_ PA \_\_\_\_ NP

Printed Name of Examiner \_\_\_\_\_ Date \_\_\_\_\_

**St. John Lutheran School**  
Port Hope, Michigan  
**Student Physical and Parent Consent Form**  
Signatures required on front and back of form.

**Medical Treatment Consent**

To be completed by parent or legal guardian (or student if 18-yr-old)

I, \_\_\_\_\_ (an 18-yr.old) the parent or legal guardian of \_\_\_\_\_ recognize that, as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care, as may be deemed necessary under the then-existing circumstances. If, in the judgement of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person on account of such care and treatment of said student. I agree to assume the expenses of such care.

Signature of parent or legal guardian or 18-year-old \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Information**

To be completed by parent or legal guardian (or student if 18-yr-old)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

In emergency contact:

1) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #s \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #s \_\_\_\_\_

My family doctor is: \_\_\_\_\_ Phone \_\_\_\_\_

Special medical information pertaining to student (include medications and allergies) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_