

CANTERBURY SCHOOL ATHLETIC PROGRAM PRE-PARTICIPATION FORM

This form should be completed annually by parent (or guardian), student and physician in order for the student to participate in athletic activities. These questions are designed to determine if the athlete has developed any conditions that would make it unsafe to participate in any athletic event.

Athlete's Name: _____ Date of Birth: ____/____/____ Age: ____ Sex: ____
 Academic Year: _____ Grade: _____

Athlete/ Parent: Carefully read each question together and answer each to the best of your knowledge.

Physician: Please review each question with the athlete to ensure accuracy of responses.

YES NO

	YES	NO
1. Have you ever been hospitalized?		
2. Have you ever had surgery?		
3. Are you currently taking prescription or non-prescription medications?		
4. Have you ever been told you have a heart murmur?		
5. Have you ever passed out during or after exercise?		
6. Have you ever been dizzy during or after exercise?		
7. Have you ever had racing of your heart or skipped heartbeats?		
8. Have you had high blood pressure?		
9. Has any relative died of heart problems or sudden death before the age of 50?		
10. Has the athlete ever suffered a heat-related illness (heat stroke)?		
11. Do you have any chronic illness or see a doctor regularly for any particular problem?		
12. Have you ever had a head injury or concussion?		
13. Have you ever been knocked out?		
14. Have you ever had a seizure?		
15. Do you have asthma?		
16. Do you have seasonal allergies that require medical treatment?		
17. Are you allergic to bee stings?		
18. Are you missing any paired organs?		
19. Have you ever had a fracture/ broken bone?		
20. Have you ever had a sprain/ strain or injury to any joint?		
21. Do you wear contact lenses or glasses?		
22. Date of last tetanus booster:		
Please elaborate on any YES answers here:		

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As the parents or legal guardian of this student-athlete, we/ I understand that there is a risk of injury in athletic participation. We freely, knowingly, and willfully accept and assume the risk of injury that may occur from participation in athletics.
 We/ I give permission for my child to participate in sports at Canterbury School.

Parent/Guardian (print) _____ Parent/ Guardian (sign) _____ Date _____

PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

Name of Athlete: _____ Date of Exam: _____

BP: _____ Weight: _____ Height: _____ Vision: R _____ L _____

Check each item in appropriate column. Elaborate as needed for clarity of findings.

	NORMAL	ABNORMAL	COMMENTS
H.E.E.N.T			
Skin			
Cardiovascular			
Lungs			
Abdomen			
Neurological			
Spinal Column (scoliosis, etc)			
Upper Extremities			
Lower Extremities			

ASSESSMENT: _____ A. No problems identified _____ B. Other _____

RECOMMENDATIONS:

_____ CLEARED FOR FULL ATHLETIC PARTICIPATION, WITHOUT RESTRICTIONS

_____ CLEARED FOR ATHLETIC PARTICIPATION, WITH RESTRICTIONS
(detail restrictions here) _____

_____ Deferred Clearance until: rehab ___ recheck ___ consultation ___ lab ___ other ___

PHYSICIAN SIGNATURE

DATE

ADDRESS

PHONE NUMBER