PRESS FIRMLY WITH PEN

Office Use Only: _____

Date of Physical: _____

LOS BANOS HIGH SCHOOL

SPORTS PERMISSION SLIP/ WAIVER NOTICE/ MEDICAL AUTHORIZATION / EXAM FORM

INSURANCE INFORMATION

In order to participate in any sporting activity, your child must have insurance protection.

- ☐ I have insurance for my child. Insurance Carrier_____ Policy No._____
- ☐ I am buying **LBUSD Insurance**, Ins. forms **must** be returned to the office before participating.

WAIVER/ PERMISSION TO TRANSPORT STUDENT

I hereby waive on behalf of the pupil listed above, all claims against the School District and any and all states in which said activity takes place, for injury, accident, illness or death occurring during or by reason of the above-listed activity, and all acts incidental or related thereto, for which this permission slip is given.

MEDICAL AUTHORIZATION

In the event of a medical emergency and if I/we cannot be reached, I authorize the School District and its employees to consent to any medical treatment, examination, or tests necessary for the care of this child.

THE HEALTH INFORMATION IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

Contact Persons	Daytime Phone Number	Nighttime Phone Number
Parent:_____	_____	_____
1._____	_____	_____
2._____	_____	_____

Private Doctor _____ Phone Number _____

Parent / Guardian Signature: _____ Date: _____

PART 1 (TO BE COMPLETED BY STUDENT & PARENT/GUARDIAN)

LAST NAME: FIRST NAME: GRADE:

BIRTHDATE: FALL SPORT: WINTER SPORT: SPRING SPORT: STUDENT ID #:

HEALTH HISTORY (Must be completed prior to the examination)

	YES	NO	HAS THIS STUDENT HAD ANY:
1.	☐	☐	Chronic or recurrent illness?
2.	☐	☐	Hospitalizations or Surgery?
3.	☐	☐	Allergies (medications, insect bites, food)?
4.	☐	☐	Problems with heart or blood pressure?
5.	☐	☐	Chest pain or sever shortness of breath with exercise?
6.	☐	☐	Dizziness or fainting with exercise?
7.	☐	☐	Fainting, bad headaches or convulsions?
8.	☐	☐	Head injury or concussions: When?_____ How Many? _____
9.	☐	☐	Heat exhaustion, headstroke, other problems with heat?
10.	☐	☐	Racing heart, skipped, irregular heartbeats or heart murmur?
11.	☐	☐	Seizures?
12.	☐	☐	Diabetic? _____

	YES	NO	Does the student:
13.	☐	☐	Wear glasses or contacts or protective eyewear?
14.	☐	☐	Wear dental bridges or braces?
15.	☐	☐	Take any medications? (list all Below):
16.	☐	☐	Injuries requiring medical care or treatment?
17.	☐	☐	Neck, back, knee, shoulder, elbow pain or injuries?
18.	☐	☐	Broken Bones (fractures)?
19.	☐	☐	Seen by a physician on an emergency or urgent basis in the last 2 months?
20.	☐	☐	Family member or relative died of heart problems or sudden death before age 50
21.	☐	☐	Asthma? Use of inhaler name: _____
			Females only:
22.	☐	☐	Have you begun menstruation?
	☐	☐	If so every experience any problems, irregularity, pain, etc_____

**Date of last known T dap vaccine (bring in copy of immunization card): _____

**Date of last complete physical examination: _____ By Dr. _____

Explain all "YES" answers here with any other facts or circumstances that should be disclosed to the physician:

Parent/Guardian's Authorizations: I authorize a physician to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I HEREBY GIVE MY CONSENT FOR MY DAUGHTER/SON TO COMPETE IN ANY ATHLETIC SPORTS WITH A REPRESENTATIVE OF THE SCHOOL ON INTERSCHOLASTIC ATHLETIC TRIPS.

Print Name of Parent or Guardian: Signature of Parent or Guardian:

Address: Wk# Moms Cell# Dads Cell # Hm#

Regular physicians name: Office Phone #

PART II (TO BE COMPLETED BY THE EXAMINING PHYSICIAN)

NORMAL	ABNORMAL (Describe)
Ears/Eyes/Nose/Throat:	Genital/hernia (males):
Skin:	Abdomen:
Heart:	Lungs:

Please check one box:

Recommendations:

- ☐ Cleared for full participation
- ☐ Limited participation (label specific limitations)
- ☐ Clearance withheld pending further testing/evaluations
- ☐ No athletic participation

Comments:

PRINT NAME OF PHYSICIAN: PHYSICIAN'S SIGNATURE

DATE OF EXAM: Facility Stamp:

INSURANCE STATEMENT: California School Laws (Ed Code 31751-52) require every member of athletic team to have bodily injury providing at least $150.00 of scheduled medical & hospital benefits. LBUSD makes available insurance through a private insurance company for all students which will meet Ed. Code insurance requirement. Students must have insurance before athletic clothing and equipment can be issued & before they will be allowed to practice or participate in the athletic program. All students participating in the interscholastic athletic program must have a physical examination. *WARNING, participating in a competitive athletic program may result in severe injury including paralysis or death. Changes in rules: improved condition programs, better medical coverage and improvements in equipment have reduced this risk, BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURANCES FROM ATHLETES. Players can reduce the chance of injury by obeying all safety rules in their sports, reporting all physical problems to their coaches, following a proper conditioning program and inspect their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATLEY. EVEN IF ALL REQUIREMENTS ARE MET AND IF THE ATHLETE IS USING EXCELLENT PROTECTIVE EQUIPMENT A SERIOUS ACCIDENT MAY OCCUR. AS A CONDITION OF PARTICIPATION IN ATHLETICS WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTOOD THESE WARNING STATEMENTS.

**** Ed Code 49423 states any pupil who is required to take medication during regular school hours prescribed by their doctor may be assisted by the school nurse or other designated school personnel (1) written statement from Dr. detailing the method, amount & times schedules by which such medication is to be taken & (2) written statement from parent/guardian of pupil indicating the desire that the school districts personnel assist the pupil in the matter set fourth by the Dr.'s orders. Medication must be clearly labeled & in it's proper container, prescription & non prescribed medication require a parent & physician signature. This includes those students participating in any after school activities, sports, practice & games. A new form must be completed ever new school year. Forms are available in the Health office & Main Office.