

Physical Examination

GRANDVIEW CHRISTIAN SCHOOL

PARTICIPANT'S NAME _____ DATE _____

PHONE _____ HEIGHT _____ WEIGHT _____

EXAMINATION COMMENTS

EYES _____ EARS _____ THROAT _____
NOSE _____ ABDOMEN _____ HEART _____
SKIN _____ LUNGS _____ SCALP _____
EXTREMITIES _____ HERNIATION _____

PHYSICIAN'S RECOMMENDATIONS

APPROVED TO PARTICIPATE IN PHYSICAL ATHLETICS _____
NOT APPROVED TO PARTICIPATE IN PHYSICAL ATHLETICS _____
PHYSICIAN'S SIGNATURE _____
PRINT PHYSICIAN'S NAME _____
DATE OF EXAMINATION _____

PARENT INFORMATION

NAMES _____ PHONE _____
HOME ADDRESS _____
NAME OF INSURANCE CO. _____
INSURANCE CARD # _____
PLACE OF WORK _____ PHONE _____

MY CHILDREN HAVE PERMISSION TO RIDE THE SCHOOL OR CHURCH BUS TO ALL SPORTS EVENTS AND PRACTICES DURING THE SCHOOL YEAR. I UNDERSTAND THAT THEY MAY ONLY BE DISMISSED BY A COACH TO RIDE HOME AFTER GAMES.

PARENT'S SIGNATURE _____

Students will not be permitted to participate in sport events or continue to practice without a current physical. Physicals are good for one year from the date of physician's signature.