

Students

Exhibit - Certificate of Physical Fitness for Participation in Athletics

To be submitted to the Building Principal. (please print)

Student	Sport/Activity
Parent/Guardian	Home phone
Home address	Cell phone
Emergency contact <i>(relationship to student)</i>	Contact phone
Physician	Physician phone
Medical History: Date of Birth:____ Height:____ Weight:____ <input type="checkbox"/> Heart condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma: <input type="checkbox"/> Requires child to self-administer medication <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies: <input type="checkbox"/> Requires student to carry EpiPen® <input type="checkbox"/> Other_____	

List all medications *(prescribed and over the counter)*

Injuries *(brief description and dates)*

Surgeries *(brief description and dates)*

Physical activity restrictions *(brief description and duration)*

I certify that:

1. My child is in good health and is capable of participating in the above sport or activity. No need exists to limit my child's participation. I assume full responsibility for my child's physical condition and participation, and will notify you of any changes.
2. I have completed and submitted the *Authorization for Medical Treatment* form allowing the school to seek medical treatment for my child in the event of a medical emergency when reasonable attempts to contact me are unsuccessful.
3. If my child requires or may need medication while participating in athletics, I have completed and submitted the *School Medication Authorization Form*.

Parent/Guardian signature

Date

Policy Committee: June 4, 2018, June 1, 2023