

June 2023

7:300-E2

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:____
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma:
<input type="checkbox"/> Other_____	<input type="checkbox"/> Allergies:
	Height:_____ Weight:_____
	<input type="checkbox"/> Requires child to self-administer medication
	<input type="checkbox"/> Requires student to carry EpiPen®

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