

Archbishop Mitty High School Department of Athletics Release Form

(Side I to be filled out by a parent; side II to be filled out by the examining physician)

Name: _____ Age: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip: _____ Home Phone: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Health Insurance: _____ Policy #: _____

Hospital Preference: _____ Intended Sports: _____

Name: _____

Health History (Must be completed by parent prior to physician's examination)

Yes	No	Has this student had any:
<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?
<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?
<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations?
<input type="checkbox"/>	<input type="checkbox"/>	Surgery other than removal of tonsils?
<input type="checkbox"/>	<input type="checkbox"/>	Missing organs (eye, kidney, testicle)?
<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?
<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or severe shortness of breath with exercise?
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?
<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches, or convulsions?
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or loss of consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heat stroke, or other problems with heat?

Yes	No	Is there any history of:
<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring physician treatment?
<input type="checkbox"/>	<input type="checkbox"/>	Neck or back injury?
<input type="checkbox"/>	<input type="checkbox"/>	Knee injury?
<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow injury?
<input type="checkbox"/>	<input type="checkbox"/>	Ankle injury?
<input type="checkbox"/>	<input type="checkbox"/>	Other serious joint injury?
<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?

Further history:

<input type="checkbox"/>	<input type="checkbox"/>	Is there any reason why this student should not participate in sports?
<input type="checkbox"/>	<input type="checkbox"/>	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
<input type="checkbox"/>	<input type="checkbox"/>	Has any family member had a heart attack at less than 55 years of age?

Yes	No	Does this student:
<input type="checkbox"/>	<input type="checkbox"/>	Wear eye glasses or contact lenses?
<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces, or plates?
<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? Please list them: _____

Date of last known tetanus (lockjaw) shot: _____

Use this space to explain any yes answers to the above questions

I, the undersigned parent of the above-named student, a minor and student at Archbishop Mitty High School, hereby authorize any supervisor employed by Archbishop Mitty High School to consent to any examination, treatment, emergency surgery, anesthetic, and/or hospital care which is deemed advisable by any physician licensed under the provisions of the Medical Practice Act. This consent is given pursuant to the provision of section 25.8, Civil Code of California, and shall be effective for one year from the signature date listed below. I also understand that this examination is primarily for sports participation and is not intended to replace the routine health care visits as recommended by the student's personal physician.

➡ **Parent Signature** _____ **Date** _____

