



Emmanuel Baptist Church School  
Parental Consent/Physical Evaluation Form

Student Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Participating Sport(s): Basketball Volleyball Cheerleading  
Circle all that apply

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical History

To be completed by the student and parent

1. Has a doctor ever denied or restricted your participation in sports for any reason? \_\_\_\_\_

2. Do you have any ongoing medical conditions? If so, please identify below:

Asthma Anemia Diabetes Infections/Other: \_\_\_\_\_

3. Have you ever had surgery? \_\_\_\_\_

Explain "Yes" answers below.

\_\_\_\_\_

4. Do you cough, wheeze, or have difficulty breathing during or after exercise? \_\_\_\_\_

5. Have you ever used an inhaler or taken asthma medicine? \_\_\_\_\_

6. Have you ever passed out or nearly passed out DURING or AFTER exercise? \_\_\_\_\_

7. Is there anyone in your family who has asthma? \_\_\_\_\_

8. Does your heart ever race or skip beats (irregular beats) during exercise? \_\_\_\_\_

9. Has a doctor ever told you that you have any heart problems? If so, check all that apply:

- High blood pressure
- A heart murmur
- High cholesterol
- A heart infection
- Kawasaki disease

Other: \_\_\_\_\_

- 10. Have you ever had a head injury or concussion? \_\_\_\_\_
- 11. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems? \_\_\_\_\_
- 12. Do you have a history of seizure disorder or epilepsy? \_\_\_\_\_
- 13. Have you ever had an unexplained seizure? \_\_\_\_\_
- 14. Have you ever become ill while exercising in the heat? \_\_\_\_\_
- 15. Have you ever had any broken or fractured bones or dislocated joints? \_\_\_\_\_

Explain "yes" answers.

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- 16. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? \_\_\_\_\_
- 17. Have you ever had a stress fracture? \_\_\_\_\_

Any other medical information you feel we should know (that is not listed above):

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**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of Student \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

The student has family insurance:      Yes      No

If yes, family insurance company name and policy number:

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PHYSICAL EXAM
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**To be completed by the physician**

Name: _____	DOB: _____	Examination Date: _____
Weight _____ lbs	Height _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
BP ___ / ___ ( ___ / ___ )	Pulse _____	Vision L 20/____ R 20/____ Corrected Y <input type="checkbox"/> N <input type="checkbox"/>

Physical Exam	Normal	Abnormal Findings
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes, Ears, Nose, Throat Pupils equal Hearing		
Lymph Nodes		
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)		
Pulses Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional Duck walk, single leg hop		

PHYSICAL EXAM

Cleared for sports without restriction

Cleared for sports with the following restrictions:

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Not Cleared

Pending further evaluation

For any sports

For certain sports: \_\_\_\_\_

Reason:

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Recommendation:

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**Name of physician or medical examiner (print/type)**

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**Date of Exam** \_\_\_\_\_

**Address**

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\_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature of physician/medical examiner**

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**MD, DO, D.C., P.A. or A.N.P.**

PARENTAL CONSENT
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Student Name: \_\_\_\_\_  
Student Grade: \_\_\_\_\_

Sports program(s) you are giving your child permission to participate in:

Basketball    Volleyball    Cheerleading

I give my permission for the above-mentioned student to participate in the sports selected above. I am aware that with the participation of sports, there is the risk of injury. I will not hold the Emmanuel Baptist Church School, the coaches, or any member of the school faculty responsible for any injuries that may occur during practices or games. If transportation to games are available to the above-mentioned student, I give my permission for my student to travel with the team to and from their location. I will not hold the Emmanuel Baptist Church School, the coaches, the drivers, or any member of the school faculty responsible for any injuries that may occur during transportation, or during games in which the student's parents and/or legal guardians are not present. I agree to allow the Emmanuel Baptist Church School to use the above-mentioned student's name and/or picture for EBCS newsletters, EBCS social media, videos or school athletic publications.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_