TUKWILA SCHOOL DISTRICT #406
DECLARATION OF ATHLETIC ELIGIBILITY STATUS

(ALL INFORMATION MUST BE PROVIDED TO BE ELIGIBLE TO PARTICIPATE

PHYSICAL EXAMINATION
PARENT'S CONSENT
POTENTIAL INJUSRY
INSURANCE WAIVER
MEDICAL EMERGENCY
AUTHORIZATION

Name _____ Address of bonafide residence_____

Birthdate _____ Birthplace_____ Grade 7 8 9 10 11 12

ACKNOWLEDGEMENT OF POTENTIAL INJURY. I agree to permit my child to be taken to a doctor in the vicinity of the school if injured in participation and the family physician is not available.

In any athletic there is potential risk of injury. The injuries incurred may result not only in serious injury, but in serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally enjoy life.

I understand the dangers and risks involved in playing or practicing a sport and agree to the above statement, and hereby Grant permission for my son/daughter to participate in all sports except _____.

_____ _____
Student's Signature Date

_____ _____ _____
Parent's Signature Home Number Cell Number

Person to be notified in emergency if unable to contact parent:

_____ _____ _____ _____
Relative or Friend Relationship Phone Cell Phone

Hospital preference _____ Family Physician _____Phone_____

History

Yes	No	If Yes explain	
			Have you had any illness/injury recently, or now?
			Do you have any chronic or recurrent illness?
			Have you ever had any surgery?
			Do you have any organ missing?
			Are you taking ANY medications?
			Do you have ANY allergies (medicines,bees, foods or other factors)
			Have you ever had chest pain, dizziness, fainting, passing out during exercise?
			Do you have any skin problems?
			Have you ever had any fainting, convulsion, seizures, or severs dizziness?
			Do you have frequent severe headache?
			Have you ever been "knocked out" or "passed out"?
			Have you ever had a neck or head injury?
			Have you ever had heat exhaustion?
			Have you ever had asthma, or trouble breathing, or cough during or
			Do you have asthma, trouble breathing or coughing after exercise?
			Do you have vision problems?
			Do you wear any dental appliance?
			Have you ever had a severe joint injury (knee, ankle or shoulder)?
			Have you ever had a broken bone (fracture)?
			Has it been more than 5 years since your last tetanus booster shot?
			Are you worried about your weight?
			FEMALES: Have you any menstrual problems?
			Have you any medical concerns about participating in your sport?

PHYSICAL EXAMINATION (To be completed by a licensed medical authority or signed consent if no physical is given)

HEIGHT _____inches WEIGHT_____Pounds Age_____Years

PULSE_____ BLOOD PRESURE_____ Visual Acuity: Left20/_____ Right20/_____

	NORMAL	ABNORMAL (Describe findings below)
( )	Head	( )
( )	Eyes (pupils), ENT	( )
( )	Teeth	( )
( )	Chest, Lungs, Heart	( )
( )	Abdomen	( )
( )	Genitalia	( )
( )	Neurologic	( )
( )	Skin	( )
( )	Physical Maturity	( )
( )	Spine, Back	( )
( )	Shoulders, Upper Extremities	( )
( )	Lower Extremities	( )
( )	Urinalysis	( )
( )	Blood Count	( )

Assessment: ( ) No restrictions to full participation
( ) Has following limitations, but may participate

( ) Participation restricted for the following reasons:

RECOMMENDATIONS: (equipment, taping, rehabilitation, etc: _____

I certify that this pupil is physically able to compete if supervised in interscholastic activities except: _____

_____

_____ _____ _____
Date Examiner's Name (Print) Examiner's Signature

MEDICAL EMERGENCY AUTHORIZATION

I hereby grant permission to the Athletic Trainer Sports Service Provider and Team Physicians, or other physicians designated by the above named school and Parent/Guardian to provide my child with any medical care or surgical care that they deem reasonably necessary to my child's health and well being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

I further authorize the Athletic Trainer Sports Service Provider's who are under the direction and guidance of a physician to provide my child with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my child's health and well being as a result of injuries or other medical conditions occurring as the result of/or during athletic activities.

If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to the Athletic Trainer Sports Service Provider and/or school officials to seek necessary treatment at a hospital or health care center.

Signature of Parent or Guardian: _____