

# Fayette Academy Sports Medical Form

Must be completed and returned **BEFORE** any sports participation

## I. Physician's Certificate

I hereby certify that (name) \_\_\_\_\_ has been examined by me and found physically fit to engage in all school athletics.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Date: \_\_\_\_\_ Physician's Signature \_\_\_\_\_

## II. Emergency Treatment

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without a parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

### Emergency Information

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Father's cell \_\_\_\_\_ Mother's cell \_\_\_\_\_  
Another Person to Contact \_\_\_\_\_  
Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Group Name \_\_\_\_\_ Group Number \_\_\_\_\_  
ALLERGIES \_\_\_\_\_

## III. Parent's Consent

I hereby give my consent for (student's name) \_\_\_\_\_

**TO REPRESENT FAYETTE ACADEMY IN THE FOLLOW SPORTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_