

CHRIST THE KING SCHOOL
MEDICAL RELEASE FORM

To be completed by parents/athlete before the athletic season in which he/she will participate and returned to the coach before the first practice. This form must be seen by the Physician ONLY if you need an exam.

NAME: _____ DATE OF BIRTH: __/__/__

ADDRESS: _____

PHONE: _____ - _____

PARENT' NAME(S): _____

1. We require that you have a complete physical examination by a physician or health care facility within two years of the end of the season. See reverse side for Physical Form.
2. If you have had an injury or illness that has lasted longer than a week in the six months prior to the date of this form, then you will need a statement from the physician regarding this condition with his/her assessment regarding your ability to participate in the sport.

Approximate date of last complete physical exam by a physician or health care facility _____

Height _____ Weight _____ Name of Physician _____

Health Care Facility _____

Please answer the following questions by circling the appropriate answer (any YES answer requires a full explanation on an attached sheet)

- | | |
|--|--------|
| 1. Have you ever been told you could not participate in a sport? | YES/NO |
| 2. Have you ever been unconscious or lost memory from a blow to your head? | YES/NO |
| 3. Have you ever had a fracture or dislocation? | YES/NO |
| 4. Have you ever had a knee or ankle sprain? | YES/NO |
| 5. Have you ever had any other injuries? | YES/NO |
| 6. Are you under a physician's care now? | YES/NO |
| 7. Do you take any kind of medication every day? | YES/NO |
| 8. Have you had an illness lasting longer than one week? | YES/NO |
| 9. Do you have any allergies? (food, medication, hay fever, asthma. Etc.?) | YES/NO |
| 10. Have you been in the hospital for an operation or for any reason? | YES/NO |

A. We have adequate family insurance. Our insurance will provide coverage for our son/daughter.

Insurance Company _____ Policy #: _____

B. I give my permission for my child to participate in the Vermont State CYO Basketball Tournament and certify that he/she is physically fit, and I release the parish and the Diocese (Office of Catholic Formation) from any liability in the event of any injury resulting from an accident while participating in supervised practice and games.

Signature of Parent/Guardian _____

Date _____

#4-11/05 – Use reverse side only if physical is necessary.

EVALUATION FOR COMPETITIVE SPORTS – INSTRUCTION TO PHYSICIANS

This young person is going to enter a program of strenuous activity. A general physical exam is important every two years to assess general health but more importantly, we should concentrate on the following things in this appraisal to prevent future harm.

GENERAL

- A. Cardiopulmonary System
- B. Abdomen
- C. Skeletal system, especially for flexibility of various joints
- D. Secondary sex characteristics
- E. Review of medical history questionnaire filled out by parent and student

CONDITIONS WHICH MAY GENERALLY ACT AS DISQUALIFIERS

- A. Enlargement of the spleen after mononucleosis or of the liver after hepatitis
- B. Bleeding disorders
- C. Asthma only during acute episodes or exercise-induced asthma not controlled by medication
- D. Acute or chronic strains and sprains of joints
- E. Epilepsy if uncontrolled by medication
- F. Persistent hypertension not controlled by medications or salt restriction
- G. Maturity ratings of 1-3 should not be competing with maturity ratings of 4-5 in contact or strenuous sports
- H. Acute infection until fever-free for 48 hours Herpes simples – very contagious among wrestlers and should be disqualifying until all lesions are healed

CONDITIONS WHICH DISQUALIFY ATHLETES FROM STRENUOUS SPORTS

- A. Physical signs suggesting mitral or aortic stenosis
- B. Coarctation of the aorta or prolapsed of the mitral valve or postinfectious carditis – needs to be evaluated by a cardiologist
- C. Ectopic beats that do not disappear when the pulse rate goes above 140 with exercise needs to be evaluated by cardiologist

CONDITIONS WHICH DISQUALIFY ATHLETES FROM CONTACT/COLLISION SPORTS

- A. Loss of paired organ – eye, kidney, testicle
- B. Concussions – if athlete has one concussion, he should be removed from game; two concussions, disqualified for season, three concussions, disqualify permanently from contact/collision sports
- C. Severe strain or sprain or fracture of a limb that has not been evaluated within three months before participating in a contact sport, athlete must prove that limb is back to pre-injury strength

TESTS OF MUSCULO-SKELETAL CAPABILITES

If the participant cannot do the following 5 tests, he/she should be re-evaluated by an orthopedist before being allowed to participate in strenuous activity

Rotate his/her head in all directions

Do a shoulder shrug

Place both hands together behind head on neck

Bend and touch toes with knees straight

Duck walk with buttocks on heels

After reviewing his/her history and completing the physical exam based upon the above information, are there any restrictions on participation in physical activities for this athlete? Any recommendations prior to full activity in this desired sport?

NO

YES. Please provide details below.

I feel this young person can participate in the sport of his/her choice based upon the above information providing he/she can pass the physical fitness requirements set forth by the coach and school in regards to this sport.

Date _____ Signature of Physician _____