Sections I and II must be COMPLETED & SIGNED by parent or guardian before physical is administered.
Completed forms must be turned in to the health room before conditioning or tryouts begin.
Imcomplete forms will result in the student being denied participation to try out, practice and/or compete.

2009-10 ATHLETIC PHYSICAL FORM

Student's Last _____ First _____ Middle _____ Home Phone _____

Address _____ Date of Birth _____ Male Female (circle one)

Father _____ Work # _____ Cell # _____

Mother _____ Work # _____ Cell # _____

2009-10 Grade _____ Sport(s) played _____

I. HEALTH QUESTIONS (To be completed by parent or guardian.)

____ Yes ____ No Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother or sister) died suddenly before the age of 50?

____ Yes ____ No Has the athlete ever stopped excercising because of dizziness or passed out during exercise?
Have you ever been told you have a heart murmur or heart problems? ____ Yes ____ No

____ Yes ____ No Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?
Does the athlete use an inhaler for asthma? ____ Yes ____ No

____ Yes ____ No Has the athlete ever had a bone broken, had to wear a cast or had an injury to any joint?

____ Yes ____ No Does the athlete have a history of concussion (getting knocked out)?

____ Yes ____ No Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?

____ Yes ____ No Does the athlete have anything he/she wants to talk to the doctor about?

____ Yes ____ No Does the athlete have a chronic illness or see a doctor regularly for any particular problem?

____ Yes ____ No Does the athlete take any medicine?

____ Yes ____ No Is the athlete allergic to any medications, bee stings or ants?
If yes, does the athlete use an epi-pen for allergic reactions? ____ Yes ____ No
Should student carry and self administer their epi-pen and/or inhaler? ____ Yes ____ No

____ Yes ____ No Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)

____ Yes ____ No Does the athlete wear contacts or eye glasses?

____/____/_____ Date of last tetanus booster

If answered yes to any of the above questions, please elaborate on the back of this form with any positive answers.

I have answered and reviewed the questions above and given permission for my child to participate in sports.

Parent/Guardian Signature _____ Date _____

Address _____ Phone # _____

II. PHYSICAL BY A LICENSED NC MEDICAL DOCTOR

PHYSICIAN'S NOTES: _____

BP _____ PULSE _____ HT _____ WT _____ SKIN _____ EYES/MOUTH _____

CHEST - HEART - MURMURS - RHYTHM _____ LUNGS _____ ABDOMINAL EXAM _____ SPINE _____

UPPER EXT. LEFT _____ RIGHT _____ LOWER EXT. LEFT _____ RIGHT _____

DOCTOR'S DISPOSITION: CLEARED FOR PRACTICES/GAMES _____

PHYSICIAN RESTRICTION/RECOMMENDATIONS _____

Physician's Signature _____ Date _____ Licensed to practice medicine in North Carolina? ____ Yes ____ No

PLEASE STAMP PHYSICIAN'S NAME/ADDRESS/PHONE
Physical must be completed each year.

Physical expires 1 year from physician's dated signature.

2009-10 ATHLETIC TRANSPORTATION FORM

Student's Name Last First Middle _____ Home Phone _____

Address _____ Date of Birth _____

Father _____ Work # _____ Cell # _____ Beeper # _____

Mother _____ Work # _____ Cell # _____ Beeper # _____

My child has permission to: (Check as many as apply to your student.)

_____ Ride in Charlotte Christian provided transportation for all practices.

_____ Drive his/her car to/from athletic practices/games.

_____ Ride with student drivers to/from athletic practices/games.

I hereby give permission for Charlotte Christian School to provide transportation for athletic events. I hereby agree to hold the school harmless in case of accident or injury to my child. I understand that, in case of medical emergency, every effort will be made to contact me. If the school personnel are unable to contact me, or if time is of the essence, I give permission for emergency medical treatment and agree to assume any costs involved in such treatment. The school and its personnel, for its part, agree to act in a prudent, reasonable and responsible manner in all cases, acting in "loco parentis" and to take all reasonable and prudent care.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date