

Physician's Examination

Name: _____ Age: _____

**Physician's examination must occur after April 15 to be valid for the succeeding school year.
This screening is only intended for Southfield Christian athletics. _____**

Patient's History (To be completed by athlete and parent)	No	Yes
1) Has any of your family under age 50 had a heart attack or heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you ever been told you have a heart murmur, high blood pressure, extra heart beats or a heart abnormality?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you ever "passed out" or been "knocked out" (concussion)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever had any illness condition or injury that		
a) Required x-rays or an overnight stay in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
b) Required an operation?	<input type="checkbox"/>	<input type="checkbox"/>
c) Lasted longer than a week?	<input type="checkbox"/>	<input type="checkbox"/>
d) Caused you to miss a game or practice?	<input type="checkbox"/>	<input type="checkbox"/>
e) Is related to allergies, hayfever, hives, asthma, or medicine?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you ever been told not to participate in any sport?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you take any kind of medicine regularly?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have any family members died suddenly under the age of 40 of causes other than an accident?	<input type="checkbox"/>	<input type="checkbox"/>
8) Do you have any worries about your health or other questions you would like to discuss with a physician?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any above answers that are checked YES _____

Physical Examination – (To be completed by Physician)

- 1) Height _____ Weight _____ Blood Pressure _____/_____
- 2) Vision: L: 20/ _____ R: 20/ _____ Pupils: L _____ R _____
- | | | | |
|-----------|-----------------|----------------|--------------|
| 3) Chest: | Heart Condition | Unsatisfactory | Satisfactory |
| | Lungs | Unsatisfactory | Satisfactory |
- Check if negative
- 4) Abdomen: Organs _____
- 5) Genitalia: (Hernia) _____
- 6) Skin _____
- 7) Orthopedic:
- | | |
|-----------------------|-------|
| Cervical Spine/Back | _____ |
| Shoulders | _____ |
| Arm/Elbows/Wrist/Hand | _____ |
| Knees | _____ |
| Ankles | _____ |

- Disposition:
- a. No participation in _____
 - b. Limited participation in _____
 - c. Requires _____
 - d. Full participation _____

Physician's Signature: _____ Today's Date: _____ Office Phone _____

Name: _____ Grade: _____ Birthdate: _____ Academic Year _____

Athletic Permission Form SCS Code of Athletics

- The use or possession of non-prescription drugs, anabolic steroids, alcohol or tobacco is strictly prohibited.
- The attendance at scheduled practices and games is required.
- An unexcused absence during the school day or arrival after 1st hour (with the exception of a medical appointment) eliminates any after school participation that day.
- Good sportsmanship in winning or losing before, during, and after a contest is expected. The use of vulgar or profane language is prohibited.
- Athletes are expected to take school transportation to and from away games. Any exceptions must have parental permission.
- Team and school awards will be given to athletes who complete the season and meet the requirements set in the Athletic Handbook.
- By MHSAA regulation: (This is not a complete listing of MHSAA regulations.)
 1. Transfer students must meet transfer eligibility requirements before competing.
 2. Athletes must not accept money or merchandise for participating in any athletic event. Any award received must value less than \$15.00.
 3. Athletes may not participate in any athletic competition that is not sponsored by SCS in the same sport during the same season. Athletes must not compete in an "All-Star" or fund-raising event.
- Violation of the "SCS Code of Athletics" or MHSAA regulations may result in practice or game suspensions, forfeiture, team expulsion, and/or loss of awards.

Statement of Assumed Risk

There are many benefits to participation in athletics, however, there are also risks. Although Southfield Christian has attempted to provide safe facilities, good equipment, and qualified coaches, there is always a chance, despite these precautions, that an injury can occur. By allowing your child to participate in athletics, you are acknowledging the fact that you are putting him/her into a potentially injurious situation.

State of Insurance

In the event of an injury during any aspect of a student's participation in the athletic program, **IT IS THE RESPONSIBILITY OF THE PARENT'S INSURANCE COMPANY TO PAY FOR MEDICAL EXPENSES.** Should a parent not carry medical insurance, it is then his/her responsibility to pay for any medical expenses. Southfield Christian (with MHSAA) provides catastrophic insurance for medical expenses that exceed \$25,000 resulting from a school-related athletic injury.

Permission to Participate

I hereby state that I have read the above statements and under these conditions grant permission for my child to participate in athletics at SCS. I agree to hold Southfield Christian School, its employees and volunteers, harmless for any claim or action that might arise on behalf of myself or my son/daughter other than for the willful, wanton, or reckless misconduct of SCS, its employees or volunteers. I also give my permission for the school to transport my child and for the coach to admit my child to a medical facility if, in his/her opinion, an emergency exists.

- Are there any sports in which your child should not participate? _____
- Does your child have any pre-existing medical conditions which may affect athletic participation? Yes ____ No ____
If YES, PLEASE EXPLAIN ON AN ATTACHED SHEET

Emergency Information

Home Phone: _____ Work Phone: _____ Emergency Phone: _____

Insurance Policy Number and Carrier: _____

Family Doctor's Name and Number: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

*This permission form is valid for all sports during the current academic year unless noted above.

**Please note that hospitals may refuse admittance of your child if this form is not notarized or if they cannot reach you by phone.