

**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 _____
MEDICATIONS _____

III. Parent's Consent for Athletic Participation

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

TO REPRESENT FAYETTE ACADEMY IN THE FOLLOW SPORTS:

Parent's Signature _____ Date _____

IV. Parent's Consent Statement: Authorizing Treatment

I/We hereby give consent for (athlete's name) _____ to represent Fayette Academy in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We grant permission to the school and TSSAA, its physicians, athletic trainers, and /or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above during or resulting from participation in athletics. By the execution of this consent, the student athlete named above, and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above-named student athlete.

Parent's Signature _____ Date _____