

**NORTH LAKE SCHOOL MEDICAL FORM
FOR EXTRA-CURRICULAR SPORTS (Good for two years)**

School Year _____

Student Name _____ Date of Birth _____
(Last, First, Middle Initial)

Grade _____ Age _____ Sex _____ Height _____ Weight _____

Present Address _____

Home Phone _____ Parents Work Phone _____

Family Physician (Name/Phone) _____

Family Dentist (Name/Phone) _____

Name of Private Health Insurance Carrier _____

Policy Number(s) and Address _____

The above named student has been examined and there are no apparent contraindications to participating in inter-scholastic athletic activities. (Check here if yes) _____

Exceptions are as follows: sports or school activities in which this student cannot participate are (if none - write NONE): _____

If student is restricted or disqualified, please indicate reason(s): _____

If approved for one year of competition, instead of two, please check here: _____

Signature of Licensed Physician or Surgeon _____

Address _____

City and State _____

Telephone _____ **Date of Examination** _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT NORTH LAKE SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.

1. I, as a parent or legal guardian of the above athlete, have read, understand, and therefore agree to support the policies and rules set forth for athletes at North Lake School and give my son/daughter permission to participate under those conditions.
2. I also give permission for school personnel, in an emergency situation at a school athletic event, to make decisions on certified medical assistance, first aid and care to my child should he/she require such assistance or emergency first aid by the coach.
3. As parent (or legal guardian) of the above named student, I agree to be financially responsible for the safe return of all athletic equipment issued to him/her. I further agree to hold my son/daughter financially accountable for any and all equipment which he/she may lose, misplace, or damage through carelessness or intent.
4. I realize that there is a risk of injury inherent in all sports. I realize the risk may be severe, including the risk of fractures, brain injuries, paralysis or even death. I have sufficient accident insurance and am willing to take full financial responsibility for any and all injuries sustained by my child while participating in the athletic program under the direction of North Lake School.

Parent Signature/Date