



Athlete's Name (Print) _____ Grade _____

**DENVER LUTHERAN HIGH SCHOOL
2009/2010 Athletic Permission Form**

Parent(s) Name (Print) _____

Home Address _____ City _____

Insurance: My son/daughter is adequately covered with medical insurance by a home/work/school insurance plan.

Parent _____ Date _____

Emergency Medical Authorization: Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named athlete. In the event of serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. In the event that an emergency arises during a practice or game session the coach, athletic trainer, and/or team physician may apply the necessary first aid treatment to the athlete immediately until the proper authorities can be reached. Consent is hereby given to administer prescription medication to the above designated athlete when the prescription is properly labeled and is accompanied by a written request by the professional person who prescribed the medication as well as by the parents.

Parent _____ Date _____

Transportation Policy: I will have on file at DLHS the Parental Permission Form regarding student transportation. I also agree that in the case of a motor vehicle owned by me, such a vehicle will be adequately insured and that such insurance becomes the primary carrier in the event of a claim that may result if the vehicle is used in a school-related activity.

Parent _____ Date _____

Emergency Contact Information: I will have on file at DLHS a current emergency contact information form which gives important emergency information to the appropriate personnel.

Parent _____ Date _____

DLHS Athlete/Parent Handbook: We have read and are in support of the mission statement of DLHS and the rules/expectations stated in the handbook including the warning of potential injury, training rules, eligibility rules and sportsmanship guidelines.

Parent _____ Date _____

Athlete _____ Date _____

TO BE COMPLETED BY PHYSICIAN'S OFFICE

Name _____ Age _____ Date of Birth _____ / _____ / _____

L I M	Height _____	Weight _____	BP _____	/	Pulse _____
	Vision R 20/ _____	L 20/ _____	Corrected: Y N	Pupils _____	
C O M P L E T E	Cardiopulmonary	Normal	Abnormal Findings	Initials	
	Pulses				
	Heart				
	Lungs				
	Tanner stage	1 2 3 4 5			
	Skin				
	Abdominal				
	Genitalia				
	Musculoskeletal				
	Neck				
Shoulder					
Elbow					
Wrist					
Hand					
Back					
Knee					
Ankle					
Foot					
Other					

CLEARANCE

- A. Cleared
 B. Cleared after completing evaluation/rehabilitation for: _____
 C. Not cleared for: Collision Contact
 Non-contact Strenuous Moderately strenuous Non strenuous

Name Of Physician/PA/Nurse Practitioner/Certified/Registered/Chiropractor: _____

ADDRESS _____ PHONE _____

IGNATURE OF MD/DO, PA, NA, DC-SPC# _____

DATE _____ / _____ / _____

TO BE COMPLETED BY STUDENT AND/OR PARENT

Date _____ Personal Physician _____ Sex _____ Age _____ Date of birth _____ / _____ / _____

- Have you ever been hospitalized? Yes No
- Have you ever had surgery? Yes No
- Are you presently taking any medications or pills? Yes No
- Do you have any allergies (medicine, bees or other stinging insects)? Yes No
- Have you ever passed out during or after exercise? Yes No
- Have you ever been dizzy during or after exercise? Yes No
- Have you ever had chest pain during or after exercise? Yes No
- Do you tire more quickly than your friends during exercise? Yes No
- Have you ever had high blood pressure? Yes No
- Have you ever been told that you have a heart murmur? Yes No
- Have you ever had racing of your heart or skipped heartbeats? Yes No
- Has anyone in your family died of heart problems or a sudden death before age 50? Yes No
- Do you have any skin problems (itching, rashes, and acne)? Yes No
- Have you ever had a head injury? Yes No
- Have you ever been knocked out or unconscious? Yes No
- Have you ever had a seizure? Yes No
- Have you ever had a stinger, burner or pinched nerve? Yes No
- Have you ever had heat or muscle cramps? Yes No
- Have you ever been dizzy or passed out in the heat? Yes No
- Do you have trouble breathing or do you cough during or after activity? Yes No
- Do you use any special equipment (pads, braces, mouth/eye guard, etc.)? Yes No
- Have you had any problems with your eyes or vision? Yes No
- Do you wear glasses or contacts or protective eye wear? Yes No
- Have you ever sprained/strained, dislocated, fractured, broken or had repeated or other injuries of any bones or joints? Yes No
- When was your last measles immunization? _____
 When was your last menstrual period? _____
 What was the longest time between your periods last year? _____

Explain "yes" answers: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date _____ / _____ / _____

Signature of athlete _____

Signature of parent/guardian _____