

P.E. and Sports Participation Physical Form  
(6<sup>th</sup> through 8<sup>th</sup> grade)

Student (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Has this student had any injury or physical condition that should be watched?  
Yes \_\_\_ No \_\_\_ If yes, please list on back of page.

DOCTOR TO COMPLETE: I hereby certify that the above student is physically fit to engage in Physical Education & Sports.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

Permission to Travel by Bus or Private Vehicle

I give permission for my son/daughter \_\_\_\_\_ to travel by school bus or private insured vehicle to Middle School Sports and AWAY sports activities during the 2009-2010 school year.

\_\_\_\_\_  
Parent/Guardian (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone (daytime)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Phone

(Please complete both sides of form)

# Authorization to Consent to Treatment of Minor:

I (We) the undersigned, parents(s) of \_\_\_\_\_ a minor, do hereby authorize the Grace Lutheran School coaching staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general Medicine Practice Act, whether such diagnosis or treatment is rendered at the offices of said physician or at said hospital.

This authorization shall remain effective unless sooner revoked in writing delivered to said agents(s).

\_\_\_\_\_  
Father/Mother (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

## Health Insurance

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Claims Address & Phone #

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number