

# Valley Academy

## Athletic Emergency Information Form

Student Last Name: _____	Student First Name: _____	Grade: _____	Age: _____	Sex: _____
Student Lives With: Mother: _____ Father: _____ Legal Guardian: _____ Other: _____ Relationship: _____				
Student Address: _____ _____	Home Phone: _____ Cell Phone: _____			
Mother/Legal Guardian Name: _____	Father/Legal Guardian Name: _____			
Home Phone: _____	Home Phone: _____			
Cell Phone: _____	Cell Phone: _____			
Work Phone: _____	Work Phone: _____			
Emergency Contact (If unable to reach parents) Name: _____	Emergency Contact (If unable to reach parents) Name: _____			
Relationship: _____	Relationship: _____			
Phone Number: _____	Phone Number: _____			
Cell Number: _____	Cell Number: _____			
SPORT: Basketball: _____ Softball: _____ Football: _____ Soccer: _____ Volleyball: _____ Other: _____				
Physician's Name: _____	Hospital of Choice: _____			
Phone Number: _____				
Medical Allergies: _____				
Medications Currently Taken: _____				
Other Health History (i.e. Fractures; Operations; Heart problems; Asthma): _____				
Insurance Company: _____	Policy #: _____	Group #: _____		
	Holder's Name: _____			

### Parent/Guardian Emergency Release Statement

The above named student has my permission to participate in athletic activities as a team member. To the best of my knowledge, he/she does not have any health problems that would be harmful to him/her while participating. I hereby give consent for the said student to receive initial treatment by medical or emergency personnel should he/she be injured or stricken ill. If emergency service involving medical action or treatment is required and parent/guardian can not be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school. It is hereby understood that the consent and authorization given and granted are continuous and are intended by me to extend through the current school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Valley Academy

## Physical Exam or Waiver and Acknowledgement Form

This section must be filled out by Authorized Medical Provider (M.D.; D.O.; N.P.; P.A.-C.)  
Or parent/guardian must sign the waiver statement.

Student Name:	Date of Birth:
---------------	----------------

Sex:	Pulse:	BP:	Height::	Weight::
------	--------	-----	----------	----------

Vision: R _____ L _____	Correction: Glasses: _____	Contacts: _____
-------------------------	----------------------------	-----------------

Medications:
--------------

Allergies:
------------

Urinalysis:	Deformities:
-------------	--------------

Seizure Disorder:	Concussion:
-------------------	-------------

Other:
--------

### GENERAL EXAM

HEENT:
--------

Heart:	Lungs:
--------	--------

Abdomen:	Genital:
----------	----------

Neurological:	Other:
---------------	--------

### ORTHOPEDIC EXAM

Spine/Gait:	Hands/Wrist:
-------------	--------------

Shoulders:	Feet/Ankles:
------------	--------------

Knees:	Hips:
--------	-------

Other:
--------

#### PHYSICIAN'S RECOMMENDATION:

\_\_\_\_\_ Student may participate in athletics with no restrictions.

\_\_\_\_\_ Student may NOT participate in athletics.

\_\_\_\_\_ Student may participate in athletics with restrictions: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name Printed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Optional Parent/Guardian Waiver of Physical Exam

I/We realize that participation in athletics involves the potential for injury. We agree that in requesting a physical exam of all its student participants in school athletic activities, Valley Academy seeks to protect its students. However, I/We choose not to have our child:

\_\_\_\_\_ undergo a physical exam.  
Child's Name

I/We agree to accept full and total responsibility for our child's well being during participation in school athletic activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

## Acknowledgment of Risk & Waiver of Subrogation

We realize that participation in athletic activities involves the potential for injury, which is inherent in all Sports. We acknowledge that even with proper coaching, use of approved protective equipment, strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. With full awareness and understanding of the risks, and agreeing to hold Valley Academy harmless, we consent to participation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SCHOOL PERSONNEL ONLY

On File:

\_\_\_\_\_ Physical exam results or signed waiver

\_\_\_\_\_ Birth Certificate or Passport

\_\_\_\_\_ Informed Consent

\_\_\_\_\_ Proof of Insurance

Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director Name Printed: Mrs. Peggy Browne