

**ATHENS ACADEMY—2009-2010 SCHOOL YEAR**

Name: \_\_\_\_\_; Sex: M F ; DOB: \_\_\_\_\_; Age: \_\_\_\_\_; Grade in 2009-10: \_\_\_\_\_

Personal Physician & Phone: \_\_\_\_\_

Health Insurance Carrier, Group/ID#: \_\_\_\_\_

Sport(s) \_\_\_\_\_

**Medical Information. Please answer all questions below and explain any “yes” answers in the space provided below**

Yes No

Have you ever been hospitalized? \_\_\_\_\_

Have you ever had surgery? \_\_\_\_\_

Are you presently taking any medications, pills or supplements? \_\_\_\_\_

Do you have any allergies (medicine, bees, insects or food)? \_\_\_\_\_

Have you ever passed out during or after exercise? \_\_\_\_\_

Have you ever been dizzy during or after exercise or have chest pains? \_\_\_\_\_

Do you tire more quickly than your friends during exercise? \_\_\_\_\_

Have you ever had high blood pressure? \_\_\_\_\_

Have you ever been told you have a heart murmur? \_\_\_\_\_

Have you ever had racing of your heart or skipped heart beats? \_\_\_\_\_

Has anyone in your family died prior to the age of 50? \_\_\_\_\_

Do you have any skin problems? \_\_\_\_\_

Have you ever had a head injury? \_\_\_\_\_

Have you ever been knocked out or unconscious? \_\_\_\_\_

Have you ever had a seizure? Been diagnosed with epilepsy? \_\_\_\_\_

Have you ever had a stinger, burner or pinched nerve? \_\_\_\_\_

Have you ever had heat or muscle cramps? \_\_\_\_\_

Do you have any trouble breathing or do you cough during exercise? \_\_\_\_\_

Do you wear any special equipment (pads, braces, neck rolls, eye or mouth guards)? \_\_\_\_\_

Do you have any vision problems? Do you wear glasses or contacts? \_\_\_\_\_

Do you have any hearing problems? Is a hearing aid used? \_\_\_\_\_

Have you had any other medical problems (infectious mononucleosis, diabetes, asthma, rheumatic fever)? \_\_\_\_\_

Do you have any neurological, muscular or skeletal problems of which the school should be aware? \_\_\_\_\_

Do you have a family history of Marfans or Sickle Cell Disease? \_\_\_\_\_

Any physical reasons for limiting participation in physical education or strenuous physical activities? \_\_\_\_\_

**Required: Date of Most Recent Tetanus Shot** \_\_\_\_\_

Orthopedic History: Have you ever sprained, strained, dislocated, fractured, broken, or had repeated swelling or other injuries of any bones or joints. Mark the ones that apply and explain below with dates: \_\_\_ Head; \_\_\_ Shoulder; \_\_\_ Thigh; \_\_\_ Neck; \_\_\_ Elbow; \_\_\_ Knee; \_\_\_ Chest; \_\_\_ Forearm; \_\_\_ Shin/Calf; \_\_\_ Back; \_\_\_ Wrist; \_\_\_ Ankle; \_\_\_ Hip; \_\_\_ Hand; \_\_\_ Foot

Please list the name, dosage and schedule of any medicines taken on a regular basis: \_\_\_\_\_

Please use this space to explain any answers: \_\_\_\_\_

You have my permission to treat my child in a medical emergency if I cannot be reached.

Hospital Preferred \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

All statements answered on this record are true to the best of my knowledge. There are no abnormalities, limitations, or restrictions not mentioned in the record. I understand that this information is used to help determine fitness to participate in strenuous school activities, including physical education and sports.

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

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

**(Please Complete Reverse Side)**

**ATHENS ACADEMY MIDDLE AND UPPER SCHOOL--STUDENT/PARENT INFORMATION**

Must be Completed, Signed and Submitted by the First Day of Practice for Fall Athletes or by the first Day of School for Others  
Please update this information with your division throughout the school year as needed.

Student's Last Name \_\_\_\_\_; First Name (Called) \_\_\_\_\_; Grade in 09-10 \_\_\_\_\_  
Advisor (US) or Homeroom (MS) \_\_\_\_\_; Address \_\_\_\_\_  
Student's Home Telephone \_\_\_\_\_; Student's Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Business \_\_\_\_\_  
Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Business \_\_\_\_\_  
Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Local emergency contacts other than parents

Name \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Cell \_\_\_\_\_

Local emergency contacts other than parents

Name \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Cell \_\_\_\_\_

Please list the names of any brothers or sisters and give their ages:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

How is the student transported to and from school:

Parent \_\_\_\_\_ Drives a Car \_\_\_\_\_ Bus \_\_\_\_\_ (Which Days) \_\_\_\_\_  
Car Pool \_\_\_\_\_ Drivers \_\_\_\_\_

Please give us any information which may be helpful to us as we work with your student, including special interests or hobbies:

\_\_\_\_\_  
\_\_\_\_\_

Please complete if your child will be in grades 7-12 and a member of an athletic team.

**ATHENS ACADEMY ATHLETICS PARENT-GUARDIAN PERMISSION TO PARTICIPATE IN SPORTS**  
VALID AUGUST 1, 2009 THROUGH JULY 31, 2010

**I. INHERENT RISK IN SPORT/PHYSICAL EXAMINATION**

I/we do hereby give our permission for my child to participate in athletics at Athens Academy, realizing that such participation involves the potential for injuries and health problems, including those that are life-threatening, which are inherent in all sports. I/we acknowledge that even with the best of coaching, use of the most advanced protective equipment, and strict observance of rules, injuries and sports-related health problems are still a possibility.

Such permission is extended to all school athletics except as noted below. Furthermore, I understand my child must have completed a physical examination by a licensed physician before he/she will be permitted to try out for any athletic team. I understand such physicals are valid for one calendar year.

Exceptions: \_\_\_\_\_

**II. MEDICAL RELEASE AND INFORMATION**

An attempt will be made in case of minor or major injury to contact parents concerning decisions for medical treatment. I/we agree that if parents cannot be reached, Athens Academy personnel may admit my child for medical treatment.

**III. ATHENS ACADEMY INSURANCE**

Athens Academy carries insurance for school-related student injuries. The insurance is secondary to the parent's own medical insurance. **Payment of claims is subject to the terms and conditions of the policy and may not cover the entire balance of charges.** Claim forms should be submitted to the insurance company along with the parent's explanation of benefits from the parent's insurer **and the itemized bill for treatment.** Please assist our coaches and Business Office by notifying them when an injury requires medical treatment.

**IV. SIGNATURE GIVING PERMISSION TO PARTICIPATE**

I/we acknowledge that I/we have read and understood the information presented herein concerning: I. Inherent Risk, II. Medical Release, III. AA Insurance, and by signing below. I/we give permission for my child (named at top of page) to participate in athletics at Athens Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**(Please Complete Reverse Side)**