

Altoona Parochial League

ATHLETIC PERMISSION/PHYSICAL EXAMINATION INFORMATION

Revised July 2003

A completed permission slip, authorization for medical treatment, physical history form, and physical examination form must be on file prior to a student athlete practice or participate in a school sponsored interscholastic athletic activity.

The schedule for obtaining a physical for each season follows:

For fall season sports: football, cheerleading, girl's basketball plus any addition

AFTER JULY 1st,

For winter season sports: boy's basketball, instructional basketball plus any additions

**AFTER SEPTEMBER 30th
OR WITHIN 6 WEEKS PRIOR TO THE FIRST PRACTICE**

For spring season sports: volleyball, plus any additions

**AFTER JANUARY 20TH
OR WITHIN 6 WEEKS PRIOR TO THE FIRST PRACTICE**

Prior to each sport season's, practice or games, student athletes must have turned in to the principal a completed packet that includes the following forms:

**Altoona Parochial League permission slip
Authorization for Medical Treatment
Physical History Form
Physical Examination**

Copies of all the forms are maintained with the coach, principal and the APL.

**FAILURE TO SUBMIT A COMPLETED PACKET SHALL RESULT IN THE
ATHLETE BEING PROHIBITED FROM PARTICIPATING IN PRACTICE AND
GAME ACTIVITIES.**

Diocese of Altoona Johnstown
Altoona Parochial League
Altoona, Pennsylvania

**INSTRUCTIONS FOR ALL ALTOONA PAROCHIAL LEAGUE ATHLETES AND
CHEERLEADERS**

All A.P.L. Athletes and Cheerleaders must fill out this form and return it to your School Principal before participating in any practices or games for any A.P.L. sponsored inter-scholastic sport.

Name _____ Date of Birth _____
Address _____ Phone _____
_____ E-mail _____
Name Of School _____ Sport: _____

PERMISSION TO PLAY

I/We hereby grant permission for my/our son/daughter _____ to participate in the Altoona Parochial League. I/We agree to release the above named school, the Altoona Parochial League, the Diocese of Altoona Johnstown, and any supervisor, or coaches of any responsibility that might accrue presently or in the future from any injury sustained at practice, in the game itself, or in connection with said school and Altoona Parochial League athletics in any manner, whatsoever.

HEALTH INSURANCE INFORMATION

All athletes and cheerleaders in the Altoona Parochial League must be covered by insurance before participating in any practices or games for any A.P.L. sponsored inter-scholastic sport. Parents are asked to fill in the appropriate information below.

My son/daughter is covered by our family insurance policy which is:

Insurance Company _____ POLICY NUMBER _____

I/We are aware that all completed forms must be on file in the principal's office for our child to practice or play in any Altoona Parochial League athletic activity.

Parent/Guardian Initials

Date

Parent/Guardian Initials

Date

Diocese of Altoona Johnstown

Altoona Parochial League

Altoona, Pennsylvania

AUTHORIZATION FOR MEDICAL TREATMENT

Name _____ Grade _____ Age _____
 Address _____ Home Phone _____
 City _____ State _____ Zip _____
 Physician _____ Phone _____
 Dentist _____ Phone _____
 Health Insurance Co. _____ Policy Number _____

In case of emergency I/We **DO** give permission for the coaches or supervisors responsible for supervising my/our child, _____, to arrange medical/dental care inclusive of diagnostic testing whenever in the course of such supervision the Coach/ Advisor or any attending physician or other competent medical professional deems such are to be immediately needed for the safety of the child and time does not permit giving personal notice of obtaining personal consent to proceed. I/We **Do** give consent to all emergency medical and dental procedures that are deemed necessary by the attending physician, dentist, or other competent medical professional to preserve his/her life or prevent impairment of his/her health in case time does not permit obtaining my/our personal consent to these procedures.

Medical History: Date of most recent Tetanus Inoculation _____
 List allergies, medications taken, etc. that medical personnel should be alerted to:

Transport child to nearest hospital. Altoona _____ BonSecur _____ Other _____

I/We certify, that I/We, the parents(s)/guardians, have read and understand this consent form and approve the same.

 Parents'/Guardian's Signature Date Parents'/Guardian's Signature Date

EMERGENCY CONTACTS

Name _____ Phone (H) _____ (W) _____ (Cell) _____
 Name _____ Phone (H) _____ (W) _____ (Cell) _____
 Name _____ Phone (H) _____ (W) _____ (Cell) _____

This form must be kept on file in the principal's office and by the coach and be available during all Altoona Parochial League practices and events.

Diocese of Altoona Johnstown

Altoona Parochial League

Altoona, Pennsylvania

Name: _____ Grade: _____ Sport _____ Date: _____

****PARENT/GUARDIAN: COMPLETE AND PRESENT FOR THE PHYSICIAN TO REVIEW AT THE TIME OF THE PHYSICAL EXAMINATION****

DIRECTIONS: For each question circle "Y" for yes or "N" for no.

- | | | |
|---|---|---|
| 1. Have you had a medical illness or injury since your last physical? | Y | N |
| 2. Have you ever had surgery? Describe _____ | Y | N |
| 3. Are you taking prescription or over the counter medications? Inhaler? | Y | N |
| 4. Do you have any allergies? List _____ | Y | N |
| 5. Has a physician ever denied your participation in sports for any reason? Describe _____ | Y | N |
| 6. Have you ever been dizzy or passed out during or after exercise? | Y | N |
| 7. Have you ever had chest pains during or after exercise? | Y | N |
| 8. Have you ever been told you have high blood pressure/high cholesterol? | Y | N |
| 9. Have you ever been told you have a heart murmur? | Y | N |
| 10. Have you ever had racing heart or skipped heartbeats? | Y | N |
| 11. Do you have skin problems (itching, rashes, warts, fungus, etc.)? | Y | N |
| 12. Have you ever developed a rash or hives after exercise? | Y | N |
| 13. Have you ever had a head injury/concussion? | Y | N |
| 14. Have you ever been knocked out or unconscious? | Y | N |
| 15. Have you ever had a seizure? | Y | N |
| 16. Have you ever had numbness, tingling in your arms, hands, legs or feet? | Y | N |
| 17. Have you ever had a stinger, burner or pinched nerve? | Y | N |
| 18. Have you ever had heat or muscle cramps? | Y | N |
| 19. Have you ever been dizzy or passed out from the heat? | Y | N |
| 20. Do you have asthma? | Y | N |
| 21. Do you cough, wheeze or have trouble breathing during or after activity? | Y | N |
| 22. Do you have any problems with your eyes or vision? | Y | N |
| 23. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?
If yes please circle all that apply.
Head Shoulder Thigh Neck Elbow Chest Forearm
Shin/Calf Back Wrist Ankle Hip Hand Foot | Y | N |
| 24. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.) the physician should be aware of? Please describe. | | |

25. Dates of most recent immunizations: Tetanus _____
Measles _____ Hepatitis B _____ Chickenpox _____

To the best of my knowledge, the above information is complete and accurate.

Parent/Guardian Signature _____ Date: _____

(Copies: Coach, Principal)

(Revised: 5-20-03)

Altoona Parochial League

ATHLETIC PHYSICAL EXAMINATION INFORMATION

Revised July 2003

NAME: _____ GRADE: _____ DATE: _____

SPORT: _____ AGE: _____

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____ PULSE: _____

VISION: R20/ _____ L20/ _____ GLASSES/CONTACTS Yes No

Medical Exam	Normal	Abnormal Findings	Initials
EENT			
Heart/Pulses			
Lungs			
Abdomen			
Genitourinary			
Neurological			
Skin			
Other			
<i>Musculoskeletal</i>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Special Test (Based on History Form)			

Recommendation: Please check the appropriate response.

___ This student may compete with NO restriction.

___ This student may compete with the following restriction _____

___ This student may complete AFTER completing evaluation and rehabilitation for _____

___ This student may NOT COMPETE.

Signature of Examiner

Date

Phone Number of Physician

Copies: Coach, Principal