Chaminade College Preparatory
Medical Card 2009-2010

Name Of Student: _____ Grade: _____
(Last) (First) (MI)

Address_____City_____Zip_____

Parent(s) or Legal Guardian(s) Permission/Consent

I request that the above named student be allowed to participate and engage in athletic activities as a representative of Chaminade College Preparatory, and hereby give my consent for the same. I also request that, and give my permission for, the above named student to accompany the team as a member to its non-home games. I give my permission for a physician to treat my son/daughter whenever necessary until other arrangements can be made and for the coach or athletic trainer to render first aid if he/she is qualified to do so. In case of injury, the Parent or Guardian will be notified and they are to refer the student to their own physician. IN CASE OF AN EMERGENCY, the Student will be taken to a facility that can treat him/her immediately.

Your signature in this situation is imperative and authorizes this treatment. It is also understood that as a parent/legal guardian, you accept full financial responsibility regarding medical treatment.

In case of emergency and I cannot be reached, I request and authorize Chaminade College Preparatory to contact the following person:
EMERGENCY CONTACT: _____PHONE: _____

I CONSENT TO HAVE EMERGENCY TREATMENT FOR: _____

Parent/Legal Guardian_____

Signed: _____ Date: _____

Home Phone: _____ Work Phone: _____

Chaminade College Preparatory Physical Examination for Athletes

Valid for one calendar year from date of exam, subject to re-examination should there be evidence of physical deterioration or impairment during the calendar year.

Student's Name: _____ Age: _____ Height: _____ Weight: _____ M ___ F___

Any Medications: _____ For What Condition: _____

Allergies to medications: _____

Medical history (Diabetes, Anemia, Asthma, Other Conditions)

(Specify)_____

_____

Chest – Heart – Murmurs – Rhythm _____

Comments: _____

Physician: I certify that I have on this date examined and found this student physically fit and able to participate in Inter-Scholastic Athletics.

Physician Signature: _____Date: _____ Phone: _____