

Interscholastic Athletic Medical Consent Form



TO BE COMPLETED BY THE PARENT

Both parts of this form must be completed before your son/daughter can participate in interscholastic athletic practices or contests. Your cooperation is appreciated.

School Name Queen's Grant Community School

Name _____ Date _____
Last (please print) First

Grade (circle): 6th 7th 8th Sex (circle): M F Name of Sport _____

Birth Date _____ Place of Birth (State and Country) _____

School Attended Last Year _____

Name of Doctor _____ Phone (_____) _____

Doctor's Address _____

TO BE COMPLETED BY THE DOCTOR

Student _____ Height _____ Weight _____

Medical History:

Allergies _____

Seizures _____

Concerns as to why this student should not participate in athletics _____

I hereby certify that I have examined the above-named student and there appears to be no medical reason why he/she is not physically able to compete in supervised athletic activities at his/her academy.

Doctor Signature

Date of Actual Physical

If the physical is more than one year old, it is not acceptable.