



LOURDES CENTRAL CATHOLIC

A CATHOLIC LIFE PREPARATORY SCHOOL

Preparticipation Physical Evaluation

CLEARANCE FORM

Name: _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not cleared for : All Sports Certain Sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

Up to date (see attached documentation) Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO

ATTENTION PARENTS/GUARDIANS:*

The purpose of this section is to bring to your attention the existence of potential dangers associated with participation. Participation in any athletic activity may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis or death.

Even with the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

_____ Our son/daughter is covered by _____ Insurance Co.

_____ We will purchase the necessary insurance provided by the school to cover our son/daughter.

Signature of Student

Signature of Parent/Guardian

*This form **MUST** be signed for the student to participate in any athletic or school related activities.