

**Medical History**  
**(To be made out by physician)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Vision (R) \_\_\_\_\_ (L) \_\_\_\_\_ Correction (R) \_\_\_\_\_ (L) \_\_\_\_\_  
Nose and Throat \_\_\_\_\_ Ears \_\_\_\_\_ Teeth \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_  
Skin Condition \_\_\_\_\_ Posture \_\_\_\_\_ Hernia \_\_\_\_\_

Physician's Recommendations: \_\_\_\_\_

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Physician's Recommendations to the Athletic Participant – Trinity Lutheran School  
(check the one best suited to the student's health status)

1. \_\_\_\_\_ May engage in regular athletic program
2. \_\_\_\_\_ Should be excused from the athletic program
  - a. \_\_\_\_\_ Permanently
  - b. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
  - c. This student may engage in interscholastic athletics EXCEPT THOSE  
CROSSED OUT.

Basketball      Soccer      Track      Volleyball      Softball      Cheerleading

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Date of Examination)

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Health and Medical Information  
(To be made out by parent)

Athlete \_\_\_\_\_ Birthdate \_\_\_\_\_ School: Trinity Lutheran  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies, medications, contacts/glasses, or special care  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF SERIOUS ATHLETIC INJURY

In case of serious illness or injury, I hereby request and give my full consent for authorized school personnel to transport my child directly to the nearest hospital, or send by ambulance, if needed, and I will assume all financial obligations. I further authorize any licensed physician or dentist and/or hospital to provide necessary treatment. I understand this permission will continue to be in effect as long as the student is enrolled at Trinity Lutheran School unless revoked in writing.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN      DATE