

Students

Exhibit - Certificate of Physical Fitness for Participation in Athletics 1

To be submitted to the Building Principal. (please print)

Student	Sport/Activity
Parent/Guardian	Home phone
Home address	Cell phone
Emergency contact (<i>relationship to student</i>)	Contact phone
Physician	Physician phone
Medical History: Date of Birth: _____ Height: _____ Weight: _____ <input type="checkbox"/> Heart condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma: <input type="checkbox"/> Requires child to self-administer medication <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies: <input type="checkbox"/> Requires student to carry EpiPen® <input type="checkbox"/> Other _____	

List all medications (*prescribed and over the counter*)

Injuries (*brief description and dates*)

Surgeries (*brief description and dates*)

Physical activity restrictions (*brief description and duration*)

I certify that:

1. My child is in good health and is capable of participating in the above sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation, and will notify you of any changes.
2. I have completed and submitted the *Authorization for Medical Treatment* form allowing the school to seek medical treatment for my child in the event of a medical emergency when reasonable attempts to contact me are unsuccessful.
3. If my child requires or may need medication while participating in athletics, I have completed and submitted the *School Medication Authorization Form*.

Parent/Guardian signature	Date
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The footnotes should be removed before the material is used.

1 Secondary schools should substitute the IHSA's Pre-Participation Examination Form for this form when the sport is IHSA regulated. It is available at: www.ihsa.org/documents/sportsMedicine/Pre-participation%20Examination.pdf.