



VERITAS CLASSICAL CHRISTIAN SCHOOL

6627-B Jahnke Road, Richmond, VA 23225 (804)272-9517

Athletic Participation/Parental Consent/Physical Examination Form

A "Sports Examination" is required for each school year

For School Year _____

Male ___ Female ___

PART I: ATHLETIC PARTICIPATION (To be completed and signed by student)

Name _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Date of Birth _____

I have read the condensed individual eligibility rules of Veritas Classical Christian School that appear below and believe I am eligible to represent Veritas in athletics.

INDIVIDUAL ELIGIBILITY RULES

Must have a minimum 2.5 cumulative grade point average for the quarter grading period to be eligible to participate in any extracurricular program at Veritas. If a student has a 2.5 grade point average, but has a failing grade (below 70) in one course, the Principal will determine eligibility of that student.

Must have submitted to the Principal before any kind of participation, including tryouts or practice as a member of any school athletic team, a completed Athletic Participation/Parental Consent/Physical Examination Form.

Eligibility to participate in athletics is a privilege you earn by meeting the above minimum standards, but also all other standards imposed by any league that Veritas is a member. If you have any question regarding your eligibility or are in doubt about the effort an activity might have on your eligibility, check with your Principal for interpretation.

Student Signature _____ Date _____

PART II: MEDICAL HISTORY

This form must be completed by parent/guardian prior to physical examination and should be taken with Part III of this form for review by the physician during the exam.

Yes	No	
_____	_____	1. Has your child ever had any of the following? Please explain "Yes" answers.
_____	_____	Heart murmur_____
_____	_____	High blood pressure_____
_____	_____	Other heart problems_____
_____	_____	Broken bones_____
_____	_____	Weak joints, ankles, knees_____
_____	_____	Concussion_____
_____	_____	Operations_____
_____	_____	Seizures or Epilepsy_____
_____	_____	2. Has your child ever fainted or passed out? _____
_____	_____	3. Has your child ever been knocked out? _____
_____	_____	4. Has your child ever been hospitalized? _____
_____	_____	5. Has your child ever had to stop running after ¼ to ½ miles for chest pain or shortness of breath? _____
_____	_____	6. Has your child ever had significant allergies to:
_____	_____	Bee stings_____ On medication? _____
_____	_____	Particular foods_____
_____	_____	Certain medications_____
_____	_____	Other_____
_____	_____	7. Does your child have a prescription for use of:
_____	_____	Adrenaline_____
_____	_____	Inhalers_____
_____	_____	Other allergy medicine_____
_____	_____	8. Does your child have asthma? _____
_____	_____	9. Does your child take any medicines regularly? _____
_____	_____	10. Has your child had any illness lasting a week or more such as mono, etc.? _____
_____	_____	11. Has your child had any blood disorders, including sickle cell trait anemia, etc.? _____
_____	_____	12. Has any family member had a heart attack, heart problems or sudden death before the age of 50? _____
_____	_____	13. Does your child wear contact lenses, eyeglasses or dental appliance? _____
_____	_____	14. Does your child have any missing or non-functioning organs such as testes, eye, kidney, etc.? _____
_____	_____	15. Has your daughter begun her menstrual cycle? _____
_____	_____	16. Does your child have any other significant health problems? _____
_____	_____	17. Is your child's Hepatitis B Immunization Series completed? _____
		18. DATE OF LAST TETNUS IMMUNIZATION _____

Parent/Guardian Signature: _____ Date _____

PART III: PHYSICAL EXAMINATION
(To be completed and signed by examining physician)

Name _____
Height _____ Weight _____ Sex _____ Age _____

*Tanner Stage or Maturation Index _____
*Percent Body Fat _____

BP _____
*Pulse: Rest _____
Exercise _____
Recovery _____

*Vision Corrected (L) _____ (R) _____ Both _____
Uncorrected (L) _____ (R) _____ Both _____

*Audiogram _____

Lab:
*Urine _____
*Hemoglobin or HCT and/or Fe Stores _____

Eyes _____	Cervical spine/neck _____
Ears _____	Back _____
Nose _____	Shoulders _____
Throat _____	Arm/Elbow/Wrist/Hand _____
Teeth _____	Knees/Hips _____
Skin _____	Ankles/Feet _____
Lymphatic _____	Lungs _____
Heart _____	Abdomen _____
Genitalia/Hernia _____	Peripheral Pulses _____

*When medically indicated

I have reviewed the above data, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

_____ Full Participation _____ Limited Participation*
_____ No Participation _____ Needs Additional Evaluation

If not full participation, give reasons and recommendations

Any recommendations or concerns on such items as:

- a. Weight loss or gain or restrictions of weight loss _____
- b. Slow and careful monitoring of condition because of being overweight or show an abnormal exercise testing _____
- c. Other _____

Physician Signature _____, M.D. Date _____

Physician Name (print) _____

Address _____

Telephone _____

PART IV: ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____ to participate in any of sport or team sponsored by Veritas Classical Christian School EXCEPT _____ (list ALL sports that you do NOT want your son or daughter participating in).

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I, hereby, waive and release any and all claims for damages, personal injury, death, loss of property or property damaged as a result of participation in sports. I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved.

I have provided Veritas Classical Christian School with a copy of my insurance card.

Signature of parent/guardian _____

Date _____