



TUKWILA SCHOOL DISTRICT #406
DECLARATION OF ATHLETIC ELIGIBILITY STATUS
 (ALL INFORMATION MUST BE PROVIDED TO BE ELIGIBLE TO PARTICIPATE)

PHYSICAL EXAMINATION
 PARENT'S CONSENT
 POTENTIAL INJURY
 INSURANCE WAIVER
 FORM

Name _____ Address of _____
 bonafide residence _____

Birth date _____ Birthplace _____ Grade 7 8 9 10 11 12

ACKNOWLEDGEMENT OF POTENTIAL INJURY. I agree to permit my child to be taken to a doctor in the vicinity of the school if injured in participation and the family physician is not available.

In any athletic there is potential risk of injury. The injuries incurred may result not only in serious injury, but in serious impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and generally enjoy life.

I understand the dangers and risks involved in playing or practicing a sport and agree to the above statement, and hereby Grant permission for my son/daughter to participate in all sports except _____.

 Student's Signature Date

 Parent's Signature Home Number Cell Number

Person to be notified in emergency if unable to contact parent:

 Relative or Friend Relationship Phone Cell Phone

Hospital preference _____ Phone _____ Family Physician _____ Phone _____

History

Yes	No	If Yes explain	
			Have you had any illness/injury recently, or now?
			Do you have any chronic or recurrent illness?
			Have you ever had any surgery?
			Do you have any organ missing?
			Are you taking ANY medications?
			Do you have ANY allergies (medicines, bees, foods or other factors)
			Have you ever had chest pain, dizziness, fainting, passing out during exercise?
			Do you have any skin problems?
			Have you ever had any fainting, convulsion, seizures, or severe dizziness?
			Do you have frequent severe headache?
			Have you ever been "knocked out" or "passed out"?
			Have you ever had a neck or head injury?
			Have you ever had heat exhaustion?
			Have you ever had asthma, or trouble breathing, or cough during or
			Do you have asthma, trouble breathing or coughing after exercise?
			Do you have vision problems?
			Do you wear any dental appliance?
			Have you ever had a severe joint injury (knee, ankle or shoulder)?
			Have you ever had a broken bone (fracture)?
			Has it been more than 5 years since your last tetanus booster shot?
			Are you worried about your weight?
			FEMALES: Have you any menstrual problems?
			Have you any medical concerns about participating in your sport?

PHYSICAL EXAMINATION (To be completed by a licensed medical authority or signed consent if no physical is given)

HEIGHT _____ inches WEIGHT _____ Pounds Age _____ Years

PULSE _____ BLOOD PRESURE _____ Visual Acuity: Left20/____ Right20/____

NORMAL	ABNORMAL (Describe findings below)
() Head	()
() Eyes (pupils), ENT	()
() Teeth	()
() Chest, Lungs, Heart	()
() Abdomen	()
() Genitalia	()
() Neurologic	()
() Skin	()
() Physical Maturity	()
() Spine, Back	()
() Shoulders, Upper Extremities	()
() Lower Extremities	()
() Urinalysis	()
() Blood Count	()

Assessment: () **No restrictions to full participation**
Check One () Has following limitations, but may participate

() Participation restricted for the following reasons:

PHYSICIANS RECOMMENDATIONS: (equipment, taping, rehabilitation, etc:

I certify that this pupil is physically able to compete if supervised in interscholastic activities except: _____

Examiner's Name (Print or Stamp)

Examiner's Signature

Date of Exam

Examiner's Phone Number

REQUEST FOR WAIVER OF ACCIDENT PLAN COVERAGE: (I have personal insurance which covers interscholastic athletics and DO NOT wish to enroll my child in the School Time Accident Insurance programs offered by the school district. I accept full responsibility for the cost of treatment for any injury my child may suffer while participating in an interscholastic athletic program.

I have read, and understand, the above request to waive my child's enrollment in the school sanctioned insurance program, and permit him/her to participate.

The name of the company providing coverage for my child is _____ Policy # _____

Signature of Parent or Guardian: _____