

**COVENANT CHRISTIAN ACADEMY  
ATHLETIC PHYSICAL FORM  
2011-2012**

I hereby give my consent for the student athlete, \_\_\_\_\_, Grade \_\_\_\_\_, to compete in Covenant Christian Academy approved sports and go with the coach or other representative of the school on any trips. The above named student is my child, and is now under my control and in my custody. I authorize Covenant Christian Academy and its representatives to consent to and obtain emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip, such treatment to be administered by such physicians, other medical personnel, hospitals, and/or clinics as may be selected by Covenant Christian Academy or its representative. I hereby assume responsibility for such professional services. It is understood that CCA and TAPPS assume no responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the student athlete. The student athlete has our permission to return home with his/her parent/guardian or another parent-appointed driver from away games if needed. The student athlete needs to be sure to check out with his/her coach before leaving. The parents/guardians release CCA from responsibility if an accident occurs.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

Whom do we notify in case you cannot be reached?: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Personal Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Does your student have asthma?: \_\_\_\_\_ Does your student have seasonal allergies?: \_\_\_\_\_

Does your student carry a rescue inhaler (such as Albuterol or Maxair)?: \_\_\_\_\_

Medications taken daily (including inhalers): \_\_\_\_\_

1. Has the student had a medical illness or injury since the last checkup or sports physical? \_\_\_\_\_ Diabetes? \_\_\_\_\_  
Explain: \_\_\_\_\_
2. Has the student ever had a seizure? \_\_\_\_\_ Head injury? \_\_\_\_\_ Concussion? \_\_\_\_\_ When? \_\_\_\_\_  
Explain: \_\_\_\_\_
3. Has the student taken the IMPACT evaluation? \_\_\_\_\_ Date of evaluation: \_\_\_\_\_
4. Has the student ever had a broken or fractured bone or dislocation? \_\_\_\_\_ Explain: \_\_\_\_\_
5. Has the student ever been knocked out or lost consciousness? \_\_\_\_\_ Explain: \_\_\_\_\_
6. Does the student have any problems with any muscles, tendons, bones, or joints? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
7. List all previous surgeries and hospitalizations with dates: \_\_\_\_\_  
\_\_\_\_\_
8. Does the student have any heart conditions including murmurs or arrhythmias? \_\_\_\_\_
9. Has the student ever had chest pain, racing of the heart, or skipped heartbeats during or after exercise? \_\_\_\_\_  
Explain: \_\_\_\_\_
10. Is the student missing any paired organs? \_\_\_\_\_ Explain: \_\_\_\_\_
11. Has a physician ever denied or restricted the student's participation in sports? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

**NOTARY**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Subscribed and sworn before me by said affiant on this day, to certify which witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal here)

Notary Public in and for the State of Texas

\_\_\_\_\_

**COVENANT CHRISTIAN ACADEMY  
ATHLETIC PHYSICAL CARDIOVASCULAR SCREENING  
2011-2012**

Student's Name: \_\_\_\_\_

***This form must be filled out by Parent***

The Recommendations for Preparation Cardiovascular Screening of Competitive Athletes, published in *Circulation: Journal of the American Heart Association*

The screening includes 12 questions about personal and family medical history, and a physical examination to uncover aspects of a potential athlete's health that could signal a cardiovascular problem.

*Parents must fill out this form by answering yes or no*

**This form is NOT to be filled out by the student.**

**Personal History**

- Chest pain/discomfort upon exertion or exercise \_\_\_\_\_
- Unexplained fainting or near-fainting upon exertion or exercise \_\_\_\_\_
- Excessive and unexplained fatigue associated with exercise \_\_\_\_\_
- Prior recognition of a heart murmur \_\_\_\_\_
- High blood pressure \_\_\_\_\_

**Family History**

- One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50 \_\_\_\_\_
- Close relative under age 50 with disability from heart disease \_\_\_\_\_
- Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy in which the heart cavity or wall becomes enlarged, long QT syndrome which affects the heart's electrical rhythm, Marfan Syndrome in which the walls of the heart's major arteries are weakened, or clinically important arrhythmias or heart rhythms. \_\_\_\_\_

**Physical examination (done by physician)**

- Heart murmur (auscultation should be performed in the supine and standing positions)
- Femoral pulses to exclude narrowing of the aorta
- Physical appearance of Marfan Syndrome
- Brachial artery blood pressure (taken in a sitting position in both arms)

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

