PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Medicines and Allergies: Piesse list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medicines and Allergies: Piesse list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medicines and supplements (herbal and nutritional) that you are currently taking medicines and supplements (herbal and nutritional) that you are currently taking medicines and supplements (herbal and nutritional) that you are currently taking medicines and supplements (herbal and nutritional) that you are currently taking medicines and supplements (herbal and nutritional) that you are currently taking medicines (herbal and supplements (herbal and nutritional) and supplements (herbal and nutritional) that you are currently taking medicines (herbal and nutritional) and supplements (herbal and nutritional) an	e			Date of birth		
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18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or lodk red? 25. Do you have any history of juvenile arthritis or connective tissue disease?					1	
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	ature of athlete Signa	ture of parent/	guardian _	Date		

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HEDIOS

GWINNETT COUNTY CONSENT, INSURANCE AND ATHLETIC PHYSICAL FORM

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION – MUST BE COMPLETLEY FILLED IN

<u>WARNING</u>: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, you acknowledge that you have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (we	hereby give consent for to:						
(1)	Compete in athletics at High School of the Gwinnett County School District in Georgia High School Association approved sports.						
(2)	To accompany any school team of which the student is a member on any of its local or out-of-town trips;						
(3)	and, I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.						
The	udent is domiciled at the above address located in theHigh School District.						
Have	you attended this Gwinnett County school for at least one full school year? Yes No						
EM	RGENCY CONTACTS - PLEASE PRINT CLEARLY:						
NAN	E of FATHER/GUARDIAN) TELEPHONE (C)						
	E of MOTHER/GUARDIANTELEPHONE (C)						
Date	of birth DATE OF PHYSICAL						
Date	entered 9th grade Your grade level this year						
This	This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.						
	INSURANCE INFORMATION						
Pleas	INITIAL one of the following statements regarding insurance coverage for your son/daughter for the school year, then sign below.						
	My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics (including, but not limited to, varsity and junior varsity football). Company providing insurance:						
	I wish to purchase the Benefit Plan provided by the Gwinnett County School System. (A signed copy of this Benefit Plan should be stapled to this form.)						
	<u>AUTHORIZATION</u>						
I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child,							
	******************* <u>PLEASE SIGN HERE:</u> ***********************************						
INS SCI	THIS SIGNATURE CONSENTS TO ATHLETIC PARTICIPATION, MEDICAL AUTHORIZATION, VERIFICATION OF INSURANCE COVERAGE AND PERMISSION TO USE THE ATHLETES PICTURE AND/OR VIDEO ON OUR SCHOOL WEB SITE, AND ALL OTHER FORMS OF MEDIA AVAILABLE TO MILL CREEK HIGH SCHOOL.						
SIG	NATURE(S) OF PARENT(S) OR GUARDIAN(S) Date Date Relation to Student: Mother Father Other						