ST. IGNATIUS COLLEGE PREPARATORY

2001-37th Avenue ★ San Francisco, California 94116 ★ Phone (415) 731-7500 ★ Fax (415) 682-5077 ★ www.siprep.org

MEDICAL CLEARANCE & PARENTAL CONSENT FORM
"TICKET TO PLAY"

STUDENT'S INFORMATION (Please Print)

_____ _____ _____

Last Name **First Name** **Middle Name**

_____ / _____/ _____ **Sex (Circle One)** **M** **F** **Year in School (Circle One)** **9** **10** **11** **12**

Date of Birth

_____ _____ _____ _____

Height **Weight** **Age** **Previous School**

AGREEMENTS & AUTHORIZATION FORM(S)

MEDICAL AGREEMENTS & AUTHORIZATION FORM

I understand that in the event of an illness or a serious injury to my child, the on-site administrator will attempt to contact me, or an emergency contact, by calling the phone numbers provided in the school's database. If I cannot be reached and the on-site administrator feels the illness or injury is serious enough to warrant emergency treatment, this person will phone our health care provider, and/or an ambulance, and my child will receive emergency treatment.

I authorize St. Ignatius College Preparatory to transport my child to, and arrange for, emergency medical treatment. I authorize any health care provider to release information of the medical condition of my child to a representative of the school as may be necessary should the health care provider not be able to contact me. This procedure is acceptable to me.

ACCEPTANCE OF THE ATHLETICS HANDBOOK

I am aware that participation in the St. Ignatius Athletic Department have some inherent risks and injury can occur. On rare occasions, these injuries can be very serious and life-threatening. In consideration of my child being allowed to participate in the St. Ignatius Athletic Program, I, the parent/guardian, assume the risk of injury and agree not to sue St. Ignatius College Preparatory, The Ignatian Corporation and their respected Officers, Board of Trustees, Regents, Directors, Coaches, Agents, and Volunteers for any and all injuries caused by or resulting from participating in the St. Ignatius Athletic Program.

I have also read and understand the AB 25 Concussion Mandate of Athletes (New Law—2012) located on the St. Ignatius Athletic Website, which states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider.

I authorize any health care provider to release information of the medical condition of my child to a representative of the school as may be necessary should the health care provider not be able to contact me.

- By signing below, I have read, understand, and will abide by the policies set forth in the St. Ignatius Athlete & Parent Handbook.
- By signing below, I further understand that St. Ignatius College Preparatory will enforce all rules and regulations contained in the St. Ignatius Athlete & Parent Handbook.
- By signing below, I understand and agree to the proecedures in the Medical Agreement & Authorization form.
- By signing below, I agree to keep all medical and contact information up to date with St. Ignatius College Preparatory.
- By signing below, I have read the sport specific syllabus and agree to all it's terms, information, and policies.
- By signing below, I understand there are costs and fees associated with specific sport programs.

Parent/Guardian Name Printed _____ Signed _____Date_____
Parent/Guradian Home Phone _____ Parent /Guardian Cell Phone _____

Parent/Guardian Name Printed _____ Signed _____Date_____
Parent/Guradian Home Phone _____ Parent /Guardian Cell Phone _____

Student Legal Name Printed _____ Signed _____Date_____

MEDICAL INFORMATION - STUDENT'S HISTORY (Please Print)

LAST NAME _____ FIRST NAME_____ HEIGHT _____WEIGHT _____

1. Chronic or recurrent illness?	Yes ❑ No ❑	12. Injuries requiring Doctor's treaments?	Yes ❑ No ❑
2. Illness lasting over 1 week?	Yes ❑ No ❑	13. Neck or back injury?	Yes ❑ No ❑
3. Hospitalization?	Yes ❑ No ❑	14. Knee injury?	Yes ❑ No ❑
4. Surgery other than removal of tonsils?	Yes ❑ No ❑	15. Shoulder or elbow injury?	Yes ❑ No ❑
5. Missing organs (eye, kidney, testicle)?	Yes ❑ No ❑	16. Ankle injury?	Yes ❑ No ❑
6. Problems with heart or shortness of breath during exercise?	Yes ❑ No ❑	17. Other serious joint injury?	Yes ❑ No ❑
7. Dizziness or fainting with exercise?	Yes ❑ No ❑	18. Broken bones or fractures?	Yes ❑ No ❑
8. Fainting, bad headaches, or convulsions?	Yes ❑ No ❑	19. Other serious injury?	Yes ❑ No ❑
9. Has any family member had a heart attack at less than 35 years of age?	Yes ❑ No ❑	20. Has any family member died suddenly at less than 40 years of age of causes other than an accident?	Yes ❑ No ❑
10. Heat exhaustion, heatstroke, or other problems with heat?	Yes ❑ No ❑	21. Concussion or loss of consciousness?	Yes ❑ No ❑
11. Wear eyeglasses or contact lenses?	Yes ❑ No ❑	22. Any ongoing medical condition (Asthma, diabetes, etc.)	Yes ❑ No ❑

Explain "Yes" answers here:

_____

_____

Doctor's Examination	Normal	Abnormal Findings	Musculoskeletal	Normal	Abnormal Findings
Appearance			Neck		
Eyes/ears/nose/throat			Back		
Hearing			Shoulder/Arm		
Lymph Nodes			Elbow/Forearm		
Heart			Wrist/Hand/Fingers		
Mummurs			Hips/Thighs		
Pulses			Knee		
Lungs			Leg/Ankle		
Abdomen			Foot/Toes		
Genitourinary Skin (males only)					

Explain "Abnormal Findings" answers here:

_____

_____

List prescribed medications: _____ Time & Dosage of Medications: _____

List drug allergies: _____ List food allergies: _____

❑ Cleared without restriction.

❑ Cleared with the following restrictions/recommendations:

_____

_____

Doctor Office Official Stamp

_____ ____/____/____

Signature of Physician Mo. Day Year

Note: This form must be turned into the coach on your first tryout or off-season workout or sent to the Athletic Office by August 1, 2018.