

HUNTINGTON COUNTY COMMUNITY SCHOOL CORPORATION

Parent and Physician Certificate

Andrews Elementary	Horace Mann Elementary	
Flint Springs Elementary	Roanoke Elementary	
Lincoln Elementary	Salamonie School	

Date _____ School Year _____

Name of Student _____

PARENT/GUARDIAN INFORMATION:

I hereby give my consent for the above named student to participate in the following physical education activities and/or interscholastic sports: Elementary Cross Country and/or Elementary Basketball.

I will not hold the school authorities responsible in case of accident or injury as a result of this participation.

He/she has adequate family insurance coverage. ____ Yes ____ No

Has your child ever had the following conditions: Heart Problems, Fainting Spells, Hospitalization, or Surgery? ____ Yes ____ No If Yes, explain _____

Is your child currently taking any medication? ____ Yes ____ No
If Yes, please list the medication(s) _____

Parent/Guardian Signature _____

PHYSICIAN (Please complete the following information)

Vital Signs	B/P	Pulse	Height	Weight	Duck Walk
Findings					

Exam findings:

Gross ENT: _____

Chest: _____

COR: _____

Marfanoid Features: ____ Yes ____ No **Abdominal/hernia** _____

PHYSICIAN RECOMMENDATION

This student is cleared for participation _____

This student needs clearance from their primary care provider _____

This student is NOT CLEARED for participation _____

Date

Physician Signature