



ST. MARK
Building for Life

Sports Consent Form (Grades 5-8) 2010-2011

St. Mark Lutheran School • 1515 Hillendahl, Houston, TX 77055
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Have doctor complete –
return to school office
By Aug. 1st

STUDENT NAME _____ **D.O.B.** _____ **GRADE** _____

For the health and safety of the child, this medical examination and consent form must be completed and filed with the school office BEFORE a student may take part in interscholastic athletics, TRYOUTS or any PRACTICES. (**Valid One Year from date signed.**)

I hereby give my consent for the above student to compete in Interscholastic League approved sports, and go with the coach or other representative of the school on any trips. The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. It is understood that neither the Interscholastic League nor the School assumes any responsibility in case an accident occurs. The under signed agrees to be financially responsible for the safe and prompt return of all athletic uniforms and equipment issued to the above named student.

PARENT or GUARDIAN Signature _____ **Date** _____

MEDICAL EXAMINATION

Height _____ Weight _____ Body Type (Maturation status) _____ Hearing- Left Ear# _____ Right Ear# _____

Sight: Left Eye _____ Right Eye _____ Ear, Nose, Throat _____ Heart _____ Blood Pressure _____ Lungs _____

Joint Function: Shoulders _____ Elbows _____ Hips _____ Knees _____ Feet _____

Wrist _____ Ankles _____ Hands _____ Dental (Cavities/Prosthetics) _____

Skin (Fungus? Staph?) _____ Neuro-Muscular _____

Genito-Urinary _____ Hernia _____ Acanthosis Nigricans Screening _____ Results _____

Previous History: Check & Explain:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bone or Joint Disease and/or Injury | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Renal Disease and/or Injury | <input type="checkbox"/> Unconsciousness |
| | | <input type="checkbox"/> Emotional Disturbances |

Explanation: _____

Is Student taking any medication routinely? No ___ Yes ___ Explain _____

All 6th Grade Students (State Requirement) - Scoliosis Screening _____ **Result** _____
Last MMR _____ Last Tetanus Immunization _____

*I certify that on this date I have examined the above student as indicated by items checked and recommend him/her as being physically able to participate in the supervised athletic activities listed below (PLEASE CIRCLE THOSE ACTIVITIES THAT THE STUDENT MAY **NOT** PARTICIPATE IN).*

Basketball Volleyball Running/Track Baseball/Softball Soccer Cheerleading

PHYSICIAN'S SIGNATURE _____ **DATE** _____