

**CARROLL COUNTY PUBLIC SCHOOLS  
ATHLETIC PARTICIPATION  
HEALTH EXAMINATION FORM AND PARENT PERMISSION FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Home Address \_\_\_\_\_ School \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Grade \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Significant Past Illness or Injury \_\_\_\_\_

Eyes \_\_\_\_\_ R 20/\_\_\_\_\_; L 20/\_\_\_\_\_; Ears \_\_\_\_\_ Hearing R 15/\_\_\_\_\_; L 15/\_\_\_\_\_;

Respiratory \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Musculoskeletal \_\_\_\_\_ Skin \_\_\_\_\_

Neurological \_\_\_\_\_ Genitalia \_\_\_\_\_

Laboratory: Urinalysis \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

Completed Immunizations: Polio (Date) \_\_\_\_\_ Tetanus (Date) \_\_\_\_\_

Other \_\_\_\_\_

I certify that I have on this date examined this pupil and find him/her physically able to compete in supervised activities NOT  
 CROSSED OUT BELOW.

BASEBALL	FOOTBALL	LACROSSE	SOCCER	CROSS COUNTRY
BASKETBALL	GOLF	SOFTBALL	TRACK	CHEERLEADING
VOLLEYBALL	FIELD HOCKEY	WRESTLING	TENNIS	

**Date of Examination:** \_\_\_\_\_ Signed: \_\_\_\_\_

Examining Physician

Physician's Address \_\_\_\_\_ Telephone \_\_\_\_\_

**AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS**

As parents or legal guardians of \_\_\_\_\_:  
 (Name of Student)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. We recognize that, even with proper training and equipment, there is always a risk of serious accidental injury or death inherent in interscholastic athletics and sports.

In consideration of the acceptance of our child by the Carroll County Public Schools in its athletic program, we agree to release and hold harmless the Board of Education of Carroll County, its members, the Superintendent of Schools, the Principal, all coaches, and assistant coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them, from any and all claims, costs, suits, actions, judgment, and expenses, arising from our child's participation in interscholastic athletics and sports.

We hereby give our consent and authorize the Board of Education of Carroll County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempt of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, and practice sessions, and during travel to and from athletic contests.

Students who have made a decision to take part in the athletic program will be required to practice and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games, and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Carroll County Public Schools as approved by the County Board of Education and the State Department of Education.