

Office use only:
Number: _____ BP: _____
PE: _____

KENSTON FOREST SCHOOL
75 Ridge Road, Blackstone, VA 23824
434-292-7218



Athletic Participation/Parental Consent/Physical Examination Form

PART I – ATHLETIC PARTICIPATION

School Year _____ - _____ Male Female Grade _____ Yr. Enter 9th Grade (If applicable) _____

Name: (Last) _____ (First) _____ (MI) _____

Home Address: _____

City/State/Zip: _____

Date of Birth: _____ Place of Birth: _____

Kenston Forest Sports Agreement

- As an athlete at Kenston Forest School, I understand that all of my actions while playing for Kenston Forest will impact the way people view my school. Therefore, I will do my best to play as hard as I can at all times while following the rules of the sports that I play. I will exhibit good sportsmanship at all times. I will not engage in unsportsmanlike behavior of any type, including trash talk, the use of profanity, taunting, etc. I will not be disrespectful to officials, coaches, spectators, teammates, or opponents. I will refrain from using inappropriate language on and off the court/field. I will be gracious and humble in victory and defeat.
- I understand that I am to wear appropriate dress each day my team is scheduled to play a game, even if I am unable to participate in the game. I understand that failure to wear appropriate dress on a game day and during travel to away games will result in my not being allowed to play or travel on that day.
- I understand that I must pass 5 subjects every grading period and have above a 77 average to be eligible to participate in any sport.

I understand that I am responsible for returning all uniforms and equipment issued to me for each sport that I participate in and that failure to return these items will result in my being responsible for the cost of replacement. I understand that it is my responsibility to return uniforms and equipment to my coach within one week after the last game of the season.

As a Kenston Forest Cavalier, I agree to abide by the above guidelines and Athletic Handbook for Kenston Forest athletics.

▶▶ Student's Signature _____ Date _____

As the parent of the Student Athlete, I agree to support the above Kenston Forest Sports Agreement and Athletic Handbook.

▶▶ Parent's Signature _____ Date _____

I plan to participate in the following sports this year: Soccer Cheerleading Volleyball Cross Country
 Basketball Softball Golf Football Baseball Tennis



PART II – MEDICAL HISTORY – Explain “Yes” answers below

This form must be completed and signed prior to the physical examination, for review by examining practitioner.

Explain “Yes” answers below with number of question. Circle questions you don’t know the answers to.

General Medical History	Yes	No	Medical Questions (cont)	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have an ongoing medical condition? If so, Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	33. Are you currently taking any medication on daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion? If so, date of last injury?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, or pressure in you chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breathe than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	41. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a pacemaker or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	<input type="checkbox"/>	<input type="checkbox"/>	45. Are you trying to or has any professional recommended that you try to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS	Yes	No	47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	48. What is the date of you last Tetanus immunization? DATE:		
18. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	49. Do you have an allergy to medicine, food, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only 50. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	51. Age when you had your first menstrual period? _____		
21. Have you ever had a stress fracture of a bone?	<input type="checkbox"/>	<input type="checkbox"/>	52. How many periods have you had in the last 12 months? _____		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN “YES” ANSWERS BELOW:		
23. Do you currently have a bone, muscle, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	# _____		
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>	# _____		
25. Do you have a history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>	# _____		
MEDICAL QUESTIONS	Yes	No	# _____		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>			
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			

***List medications and nutritional supplements you are currently taking here:**

▶▶ Parent/Guardian Signature: _____ Date: _____ Athlete’s Signature: _____



PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1st of the preceding school year and is good through June 30th of the current school year)

NAME _____ DATE OF BIRTH _____ SCHOOL KENSTON FOREST SCHOOL

EXAMINATION					
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP	/	Resting Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/Thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site Inhaler Epinephrine Glucagon Other: _____

Comments:

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
- CLEARED WITH FOLLOWING RESTRICTIONS:** _____
- Cleared **AFTER** documented further evaluation or treatment for: _____
- Cleared for **Limited Participation** (check and explain "reason" for all that apply): *"Limited Until Date" when appropriate*
 - Not cleared for (specific sports) _____ Until Date: _____
 - Reason(s): _____
- NOT CLEARED FOR PARTICIPATION** Reason _____

I have examined the above-named student and completed the pre-participation physical evaluation.

Physician Signature: _____ (*MD, DO, LPN, PA) Date: _____

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City: _____ State: _____ Zip: _____

* Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted



PART IV – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)



I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports) _____.

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in the sports through meetings, written handouts, or some other means. I am aware that even though he/she has student medical/accident insurance available through the school, this insurance coverage through the school is secondary to our family policy with:

Name of Medical Insurance Company: _____
Policy Number: _____ Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student’s picture and name to be printed in any high school program, publication, or video.

▶▶ Signature of parent or guardian _____ Date _____

PART V – EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT’S NAME _____ GRADE _____ AGE _____

SCHOOL KENSTON FOREST SCHOOL CITY BLACKSTONE, VA 23824

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

Please list any allergies to medications, etc. _____

Is the student currently prescribed an inhaler or Epi-Pen? _____ List the emergency medication: _____

Is student presently taking any other medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Date of last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of KENSTON FOREST SCHOOL to hospitalize, secure proper treatment for and to order injection and or anesthesia and or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____
Evening time phone number (where to reach you in emergency) _____
Cell Phone _____

▶▶ Signature of parent or guardian _____ Date _____

Relationship to student _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

▶▶ I certify all the above information is correct _____

[PARENT/GUARDIAN SIGNATURE]

[DATE]