

**Department of Defense Dependents Schools**

**Physical Examination/ Parent Consent**

**Interscholastic Sports SY 2003-2004**

Privacy Act Statement on next page

Name of Applicant:

Last

First

MI

Date of Birth:

Place of Birth:

Month Day Year

**TO BE COMPLETED BY EXAMINING PHYSICIAN**

1. Allergies to medicines

2. Immunizations check

3. Blood pressure check

4. Urine analysis:

Protein

Sugar

5. Measurements:

Height

Weight

6. Heart check

Satisfactory

Unsatisfactory

7. Lungs check

Satisfactory

Unsatisfactory

8. Is there evidence of HERNIA?

Would athletic competition be likely to be injurious?

9. Is the general condition of the FEET, EARS, EYES, and NOSE Satisfactory?

If no, please explain

10. Are there apparent cavities in any teeth?

Is there a BRIDGE or FALSE TEETH?

I certify that I have on this date examined the above pupil and recommend him/her as being physically able to compete in supervised athletic activities NOT CHECKED below.

Athletics

Basketball

Cheerleading

Cross Country

Dance Team

Football

Soccer

Softball

Swimming

Tennis

Track/Field

Volleyball

Wrestling

Other:

Date:

Signature of Examining Physician

Physical Examination/ Parent Consent

Interscholastic Sports SY 2003-2004

**TO BE COMPLETED BY STUDENT**

**PARTICIPATION STATEMENT FOR SCHOOL YEAR 2003-2004**

This application to participate in athletics in a DoDDS-E school is voluntary on my part and is made with the understanding that I have never received any money or any athletic award exceeding two dollars (\$2.00) in value for participation in athletic events, other than medals, fobs, ribbons, letters, and trophies which are usually given, and that I have never competed under an assumed name. After I have represented my school in any sport, I promise not to compete in any outside athletic contest in this sport until after the school season has completed.

Date:

Applicant's signature:

**TO BE COMPLETED BY PARENT/GUARDIAN**

**PARENT OR GUARDIAN'S APPROVAL**

I hereby give my consent for the aforementioned pupil to engage in physical education, intramural, and interscholastic athletics in DoDDS-E approved sports EXCEPT THOSE NOT CHECKED ABOVE and to accompany the team as a member on its out-of-town trips.

Date:

Signature of Parent/Guardian:

Name of sponsor:

SSN of sponsor:

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title V, USC Section 301 Principal Purpose: To obtain written parental/ sponsor permission for physical examination of students participating in athletic programs.

**ROUTINE USES:** Used for legal authority for physical examination of students to ensure physical fitness to participate in school sports programs.

**MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE:** Non-disclosure on non-authorization will result in student not being accepted for participation in athletic events.