

**MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM
DALLAS PAROCHIAL LEAGUE**

Student's Name: _____ Sex: M F Date of Birth: _____

Parent/Guardian Name: _____ Family Doctor or Clinic: _____

All participants in the Dallas Parochial League must have a physical examination (yearly) by a licensed physician and must have a signed parent's permission slip to participate. These must be kept on file with the campus athletic director. All medical exams must be given before the first day of practice.

All blank spaces must be completed

Weight: _____ Height: _____ Pulse: _____ Blood Pressure: _____

Legend: N=Normal X=Abnormal NE=Not Examined

General body build _____ Skin _____

Eye _____ Ear _____ Nose _____ Throat _____ Teeth _____

Lungs _____ Heart _____ Chest _____ Neck _____ Liver _____

Spleen _____ Spine _____ Abdominal Masses _____

Joint Function: Neck _____ Shoulders _____ Elbows _____ Wrists _____

Hands _____ Hips _____ Knees _____ Ankles _____ Feet _____

Neurological _____ Hernia _____ Genitalia (male only) _____

Optional at discretion of physician: HGB or Hematocrit _____ Urinalysis _____

Description of abnormal findings: _____

I certify that I have examined this student and he/she may compete in supervised school activities with the exception of the following specific activities:

Special instructions or special limitations: _____

Date of examination: _____ Printed/ typed name of Physician: _____

Physician's address: _____ Physician signature: _____

DALLAS PAROCHIAL LEAGUE

SCHOOL: St. Rita Catholic School

CHILD'S NAME: _____

SPORT: _____

GRADE LEVEL: _____

SOCIAL SECURITY NUMBER: _____

* INJURY WAIVER *

I hereby consent and authorize for my child _____ (student name) to compete in the Dallas Parochial League ("DPL") in the sport of _____ during the _____ season, and to travel with coaches or other representatives of the school on any trips in conjunction with the DPL activities.

In consideration of my child participating in the sport of _____, I hereby waive and release any rights and claims against the Diocese of Dallas, the Dallas Parochial League, the Parish of St. Rita, and all coaches, whether paid or volunteer, for any liability or damage arising out of injury resulting from my child's association and participation in the DPL. In the event I cannot be reached in an emergency, I hereby give my permission to the school or coaches to secure proper emergency treatment for my child as named above.

I certify that my child is insured and that a physician has determined that my child is eligible to participate in the sport of _____.

DATE

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME

