

## Students

### **Exhibit - Certificate of Physical Fitness for Participation in Athletics**<sup>1</sup>

*To be submitted to the Building Principal. (please print)*

|                                                                                                             |                                                                       |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Student                                                                                                     | Sport/Activity                                                        |
| Parent/Guardian                                                                                             | Home phone                                                            |
| Home address                                                                                                | Cell phone                                                            |
| Emergency contact ( <i>relationship to student</i> )                                                        | Contact phone                                                         |
| Physician                                                                                                   | Physician phone                                                       |
| <b>Medical History:</b> Date of Birth: _____                                                                | Height: _____      Weight: _____                                      |
| <input type="checkbox"/> Heart condition <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma: | <input type="checkbox"/> Requires child to self-administer medication |
| <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies:                                       | <input type="checkbox"/> Requires student to carry epinephrine        |
| <input type="checkbox"/> Other _____                                                                        |                                                                       |

List all medications (*prescribed and over the counter*)

Injuries (*brief description and dates*)

Surgeries (*brief description and dates*)

Physical activity restrictions (*brief description and duration*)

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<sup>1</sup> Secondary schools should substitute the IHSA and IESA's Pre-Participation Examination Form for this form when the sport is IHSA regulated. It is available at: [www.ihsa.org/resources/download-center](http://www.ihsa.org/resources/download-center).

**I certify that:**

1. My child is in good health and is capable of participating in the above sport or activity. No need exists to limit my child's participation. I assume full responsibility for my child's physical condition and participation, and will notify you of any changes.
2. I have completed and submitted the *Authorization for Medical Treatment*<sup>2</sup> form allowing the school to seek medical treatment for my child in the event of a medical emergency when reasonable attempts to contact me are unsuccessful.
3. If my child requires or may need medication while participating in athletics, I have completed and submitted the *School Medication Authorization Form*.<sup>3</sup>

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Parent/Guardian signature

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Date

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<sup>2</sup> See sample exhibit 7:300-E3, *Authorization for Medical Treatment*.

<sup>3</sup> See sample exhibit 7:270-E1, *School Medication Authorization Form*.