



# HICKORY GROVE CHRISTIAN SCHOOL 2020-2021 PHYSICAL ASSESSMENT FORM

THIS FORM MUST BE COMPLETED FOR ALL NEW STUDENTS.

**It is the responsibility of the student/parent to keep the original form completed by the physician and are responsible for providing all copies.**

Student Information: \_\_\_\_\_  
*Name as it appears on birth certificate* *Grade* *Date of birth*

Residence: \_\_\_\_\_  
*Street address* *City/ZIP*

Father/Mother/Guardian: \_\_\_\_\_

\_\_\_\_\_  
*Insurance Company* *Policy Number*

\_\_\_\_\_  
*Primary Phone Number* *Secondary Phone Number*

IN THE EVENT OF AN EMERGENCY AND I AM UNABLE TO BE CONTACTED, PLEASE CONTACT THE FOLLOWING:

\_\_\_\_\_  
*Name* *Relationship to named student* *Phone Number*

## EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for my child in the event of an emergency and immediate action is required or if no one listed above can be reached. I or the insurance company providing coverage for above named student guarantee payment of all charges incurred for medical treatment.

Allergies and/or special medical problems (asthma, diabetes, etc.) \_\_\_\_\_

Past history of any medical problems or surgeries \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Parent Signature \_\_\_\_\_

## STUDENT PARTICIPATION PERMISSION

Participation in competitive athletics may result in severe injury, including paralysis and death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Except for those activities crossed out below, I hereby give my consent for the above-named student to represent HGCS in band, flag corps, or athletic activities, including travel for local or out-of-town trips:

Baseball	Cross Country	Football	Soccer	Tennis	Volleyball
Basketball	Cheerleading	Golf	Softball	Swimming	Weightlifting

STATEMENT: I certify that all the information in this application is correct and I agree to abide by the eligibility rules and regulations governing athletics as set forth by HGCS.

\_\_\_\_\_  
*Legal Signature of Guardian* *Home/Work Telephone* *Relationship to Student* *Date*

**(THIS SECTION TO BE COMPLETED BY PHYSICIAN ONLY)**  
**HEALTH EXAMINATION**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

List significant past illness or injury \_\_\_\_\_

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

Cardiovascular \_\_\_\_\_ Respiratory \_\_\_\_\_

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

Musculoskeletal \_\_\_\_\_ Hernia \_\_\_\_\_

Neurological \_\_\_\_\_ Skin \_\_\_\_\_

Urinalysis \_\_\_\_\_ Genitalia (males) \_\_\_\_\_

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

I have examined this student and find him/her physically able to compete in the following supervised activities NOT CROSSED OUT below:

- |          |               |            |              |          |
|----------|---------------|------------|--------------|----------|
| Baseball | Soccer        | Softball   | Basketball   | Football |
| Tennis   | Cross Country | Volleyball | Cheerleading | Golf     |
| Swimming | Weightlifting |            |              |          |

**PLEASE ATTACH AN UP TO DATE RECORD OF IMMUNIZATION**

Actual date of physical \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_

Address of Physician \_\_\_\_\_

Licensed to practice medicine in North Carolina? \_\_\_ Yes \_\_\_ No

*This form will remain in the student's cumulative folder.*

Hickory Grove Christian School  
7200 E. WT Harris Boulevard, Charlotte, NC 28215

Main School office: 704-531-4198  
Health Room: 704-531-3481  
FAX: 704-531-4082