



HICKORY GROVE CHRISTIAN SCHOOL 2021-2022 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