RACINE UNIFIED
SCHOOL DISTRICT

Middle School Athletics – Physical Examination and Permit Form

ALL STUDENTS PARTICIPATING IN ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Student Name: _____ Date of Birth: ___/___/___

Place of Birth (Country and State): _____ Grade:_____ Age:_____ Gender:_____

School: _____ City: _____

Height: _____ Weight: _____

Present Address: _____ Phone: _____

Parent/Guardian's Place of Employment: _____

Name of Insurance Carrier: _____

Family Physician: _____ Family Dentist: _____

I hereby give my permission for the above named student to practice, compete, and represent the school in RUSD approved sports excepting those restricted on this form and as parent (or legal guardian) of the above named student. I agree to be financially responsible for the safe return of all athletic equipment issued to her/him. I also attest to the fact that the above named student has not had a significant operation, serious illness, or injury requiring prolonged treatment since the last pre-participation evaluation. I further grant permission for my son/daughter, named above, to be given immediate emergency care in case of injury as the result of athletic competition by the team physician or any other physician present.

_____ _____

Signature of Parent/Guardian Date

Although a dental examination is not required by RUSD as a prerequisite to athletic participation, it is recommended that your son/daughter visit a dentist regularly and that a good program of oral hygiene be maintained.

The above named student has been examined and there are no apparent contradictions to participating in athletic activities except as follows: (**Physician Note –** Please refer to the Guide or Athletic Disqualification).
School activities or sports in which this student cannot participate are (if none-write NONE):

_____

If student is restricted or disqualified, please indicate reason(s): _____

Signature of Licensed Physician or Surgeon:_____
Date: __/___/___

Address: _____ City and State: _____ Phone:_____