Students

Exhibit - Certificate of Physical Fitness for Participation in Elementary Athletics Clubs

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

Student	Sport/Activity
Parent/Guardian	Home phone
Home address	Cell phone
Emergency contact *(relationship to student)*	Contact phone
Physician	Physician phone

Medical History: Date of Birth:_____ Height:_____ Weight:_____

☐ Heart condition ☐ Diabetes ☐ Asthma: ☐ Requires child to self-administer medication

☐ Epilepsy ☐ Allergies: ☐ Requires student to carry epinephrine

☐ 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)*

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* 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*.

Parent/Guardian signature	Date

APPROVAL: