



HICKORY GROVE BAPTIST CHRISTIAN SCHOOL PHYSICAL ASSESSMENT FORM

"To Know Christ and To Make Him Known Through Christian Education"

This form must be completed for students:

- entering Kindergarten or TK
 - entering 6th grade
 - entering HGBCS as a new student
 - trying out for any athletic sport at HGBCS
- The student's physical must be completed 365 days prior to the above.***

It is the responsibility of the student/parent to keep a copy for each sport the student tries out for. The Health Room Nurse cannot make copies for you.

STUDENT INFORMATION: _____
Name as it appears on birth certificate Grade / /
Date of Birth

RESIDENCE: _____
Street Address City/Zip / /
Social Security Number

FATHER/MOTHER/GUARDIAN _____
Insurance Company Policy 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, or 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 HGBCS 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	Track	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 HGBCS.

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 _____
Musculo-skeletal _____	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	Gymnastics
Football	Tennis	Cross Country	Volleyball	
Cheerleading	Golf	Track	Weightlifting	

RECORD OF IMMUNIZATION (Enter date of EACH dose – Mo/Day/Year)					
Vaccine	#1	#2	#3	#4	#5
DTP					
DT					
OPV					
Hib					
MMR					
HEPATITIS B					
VARICELLA					

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 Baptist Christian School
6050 Hickory Grove Road
Charlotte, NC 28215

Main School Office: 704-531-4008
Health Room: 704-531-3481
Fax: 704-531-4082