

**CAPISTRANO UNIFIED SCHOOL DISTRICT PHYSICAL SCREENING FORM**

SPORTS: \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Insurance \_\_\_\_\_

I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM**

<u>Any past or present:</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Problems with vision	_____	_____	Surgeries	_____	_____
Eyeglasses	_____	_____	Dental problems	_____	_____
Contacts	_____	_____	braces	_____	_____
Problems with hearing	_____	_____	false teeth	_____	_____
Hearing aid	_____	_____	Painful joints	_____	_____
Blacking out or fainting	_____	_____	Broken bones	_____	_____
Unconsciousness	_____	_____	Part, date _____	_____	_____
Convulsions, seizures	_____	_____	Knee or ankle problems	_____	_____
Heart problems	_____	_____	Require support/brace	_____	_____
Rheumatic fever	_____	_____	Need for medication	_____	_____
Bleeding disorders	_____	_____	Name _____	_____	_____
Blood sugar problems	_____	_____	Menstruation problems	_____	_____
Hypoglycemia	_____	_____	Hernias	_____	_____
Diabetes	_____	_____	Asthma	_____	_____
Allergies - type _____	_____	_____	<b>OTHER HEALTH ASPECTS THE DOCTOR</b>	_____	_____
Bee or insect stings	_____	_____	<b>AND SCHOOL SHOULD BE AWARE OF:</b>	_____	_____
Hospitalizations	_____	_____	_____	_____	_____

PHYSICAL EXAM:   DATE \_\_\_\_\_   HEIGHT \_\_\_\_\_   WEIGHT \_\_\_\_\_

PULSE:           RESTING \_\_\_\_\_   AFTER ACTIVITY \_\_\_\_\_   B.P. \_\_\_\_\_

EYES	_____	LYMPH GLANDS	_____	POSTURE	_____
EARS	_____	THYROID	_____	MUSCLE TONE	_____
NOSE	_____	HEART	_____	REFLEXES	_____
THROAT	_____	LUNGS	_____	ORTHOPEDIC	_____
TEETH	_____	ABDOMEN	_____	SKIN	_____
BRACES	_____	HERNIA	_____	OTHER	_____

I have examined the above student and do recommend that s/he is physically fit for full participation in sports.

Name of physician \_\_\_\_\_ MD or DO   Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone number \_\_\_\_\_

Special doctor recommendations or restrictions \_\_\_\_\_

\*\*Please stamp with office stamp\*\*

**CAPISTRANO UNIFIED SCHOOL DISTRICT**  
ATHLETIC INSURANCE VERIFICATION 2008-09

California Law, Education Code, Section 32220-24 requires that every member of a high school athletic team have accidental bodily injury insurance, providing at least \$1500 of scheduled medical/hospital benefits. The parent or guardian must provide proof that their family coverage satisfies the Code in relation to medical coverage.

If you **have** the \$1500, accidental bodily injury insurance, please fill out **ITEM 1** below.

If you **do not have** accidentally bodily injury benefits for your son, daughter, or ward, please fill out **ITEM 2** below.

---

**ITEM 1** The athlete **has** accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits.

\_\_\_\_\_  
ATHLETE'S NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

---

**PROOF OF INSURANCE IS REQUIRED**

**PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD HERE**

---

**ITEM 2** The athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVENSON & TOOHEY & CO., INC. APPLICATION

\_\_\_\_\_  
**ATHLETE'S NAME**

Listed are the appropriate fees for accidental bodily injury insurance with **MYERS-STEVENSON TOOHEY & CO., INC.**

INTERSCHOLASTIC TACKLE FOOTBALL 9-12 GRADES	<b>\$190.00</b>	<b>\$235.00</b>	ENTER AMT HERE \$ _____
---	-----------------	-----------------	----------------------------

---

ALL OTHER SPORTS P-12 GRADES SCHOOL TIME ACCIDENT INSURANCE	<b>\$45.00</b>	<b>\$55.00</b>	ENTER AMT HERE \$ _____
--	----------------	----------------	----------------------------

---

24 HOUR ACCIDENT	<b>\$183.00</b>	<b>\$230.00</b>	ENTER AMT HERE \$ _____
------------------	-----------------	-----------------	----------------------------

---

DENTAL	<b>\$20.00</b>	<b>\$17.00</b> (if in addition to another plan)	ENTER AMT HERE \$ _____
--------	----------------	--	----------------------------

---

We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested. (Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)

---

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Do not attach checks without a completed application!**



**CAPISTRANO UNIFIED SCHOOL DISTRICT**

**INFORMED CONSENT AND  
AWARENESS OF SPORTS INJURY RISK**

**By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur.**

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. NO amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligation of parents/guardians and students in making this choice to participate cannot be overstated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instruction.

If any of the foregoing is not completely understood and you have questions, please contact the athletic director or school administrator for further information.

We have read and understand the information above and I give permission to my son/daughter, \_\_\_\_\_ to participate.

Parent/Guardian's name \_\_\_\_\_  
(printed)

Parent/  
Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete's signature \_\_\_\_\_ Date \_\_\_\_\_