

**SPORTS CONSENT FORM**  
Our Savior Lutheran School  
5000 West Tidwell  
Houston, Texas 77091  
(713) 290-8277 FAX (713) 290-0850

For the health and safety of the child, this medical examination and consent form must be completed and filed with the school office **BEFORE** a student may take part in interscholastic athletics, TRYOUTS or any PRACTICES.

Valid one year from date signed.

STUDENT NAME \_\_\_\_\_ D.O.B \_\_\_\_\_ GRADE \_\_\_\_\_

**MEDICAL EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body Type (Maturation Status) \_\_\_\_\_ Hearing \_\_\_\_\_

Eyes \_\_\_\_\_ Ear, Nose, Throat \_\_\_\_\_ Heart \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Lungs \_\_\_\_\_

**JOINT FUNCTION:**

Shoulders \_\_\_\_\_ Elbows \_\_\_\_\_ Hips \_\_\_\_\_ Knees \_\_\_\_\_ Feet \_\_\_\_\_ Wrist \_\_\_\_\_

Ankles \_\_\_\_\_ Hands \_\_\_\_\_ **Dental** (Cavities/Prosthetics) \_\_\_\_\_

Skin (Fungus? Staph?) \_\_\_\_\_ Neur-Muscular \_\_\_\_\_

Genito-Urinary \_\_\_\_\_ Hernia \_\_\_\_\_

**Previous History:** (Circle and Explain)

Allergies	Bone or Joint Disease and/or Injury	Epilepsy
Head Injury	Heart Disease	Hypertension
Diabetes	Renal Disease and/or Injury	Unconsciousness

Emotional Disturbances

Explanation: \_\_\_\_\_

Is student taking any medication routinely? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

TB Test _____	Result _____	(ALL NEW STUDENTS)
Scoliosis Screening _____	Result _____	(6 <sup>th</sup> and 8 <sup>th</sup> Grade Students)
MMR _____	(12 yrs. or older or verification of illness)	
Last Tetanus immunization _____		

I certify that on this date I have examined the above student as indicated by items checked and recommend him/her as being physically able to participate in the supervised athletic activities listed below (PLEASE CIRCLE THOSE ACTIVITIES THAT THE STUDENT MAY **NOT** PARTICIPATE IN.)

Basketball   Track   Volleyball   Softball   Tennis   Baseball   Soccer   Cheerleading   Swimming

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Examining Physician

I hereby give my consent for the above student to compete in interscholastic League approved sports. The parent or guardian herewith grants permission for school employees to secure medical services for the above named student if necessary. It is understood that neither the Interscholastic League nor Our Savior Lutheran School assumes any responsibility in case an accident occurs. The under signed also agrees to be financially responsible for the safe and prompt return of all athletic uniforms and equipment issued to the above named student.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian