

PRE-PARTICIPATION PHYSICAL EVALUATION 2024-2025 SCHOOL YEAR

To be completed by the Parent for School:

STUDENT NAME: _____ DOB: _____ AGE: _____ GENDER: _____

HOME ADDRESS: _____

SCHOOL: _____ GRADE: _____ SPORT(s): _____

FATHER/GUARDIAN NAME: _____ MOTHER/GUARDIAN NAME: _____

EMAIL: _____ EMAIL: _____

CELL PHONE: _____ CELL PHONE: _____

FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACTS	
NAME: _____	NAME: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____
RELATIONSHIP: _____	RELATIONSHIP: _____

PHYSICIAN NAME: _____ PHONE: _____

INSURANCE PROVIDER: _____ POLICY NUMBER: _____

NAME OF INSURED: _____ GROUP NUMBER: _____

MEDICINES: List all prescription, over-the-counter, and supplements the student is currently taking: _____

Parental Consent

I grant permission for my child to participate in extracurricular athletic activities. These activities will take place under the guidance and direction of school employees and/or volunteers. As a parent and/or legal guardian, I remain legally responsible for personal actions taken by my participating child. I agree on behalf of myself, my participating child, our heirs, successors, and assigns, to hold harmless and defend the school, its employees, officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with these activities, arising from or in connection with my child participating in these activities, or in connection with any illness, injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Archdiocese of Galveston-Houston, or representatives associated with the activity for reasonable attorney's fees or expenses arising in connection therewith. I hereby warrant to the best of my knowledge, that my child is in good health, and I assume all responsibility for the health and medical care of my child. In the event of a medical emergency, I hereby give permission to school employees and/or volunteers supervising the athletic event to obtain medical services and to transport my child to the nearest hospital/emergency care center for emergency medical or surgical treatment.

Parent/Guardian Signature: _____ Date: _____