

Trinity Prep School

4546 Atlanta Hwy
Loganville, GA 30052

512 Hodges Street
Loganville, GA 30052

PHYSICAL EXAMINATION FORM ATHLETIC PARTICIPATION

2011-2012 SCHOOL YEAR

I do hereby certify that I have examined _____ of this school and (do or do not) recommend him/her to be physically able to participate in athletic sports. The following points were particularly checked and the condition noted as follows:

Heart:

Before exercise _____
Immediately after exercise _____
After Brief Period _____
Blood Pressure _____
Murmurs _____

Lungs:

Is there history of
Chronic cough _____
Sputum _____
Other _____

Weight in its relation to height (According to accepted charts)

Weight _____ Height _____

Noticeable:

Underweight _____
Overweight _____
Satisfactory _____

General Condition: Excellent Good Fair Below Par
(circle one)

Physician Signature and Date

Parents or Guardians Permission and Release

Accepting the finding of the examining physician, I hereby give my consent (on the above named student) to represent his/her school in athletic activities.

Printed name of parent/guardian

Signature and date

Parent Form

The administration of Trinity Prep School desires to provide a safe and peaceful environment for the members of all athletic teams. Several circumstances may arise that are addressed below.

1. In the event that your child becomes ill or injured during a sporting event or on the way to or from an event and the personnel of Trinity Prep School is unable to reach you or any persons listed in case of an emergency, we reserve the right to call an ambulance and have your child treated if the EMT's deem necessary. If we consider it necessary for your child to be seen by a physician, we reserve the right to either contact your family doctor or take your child to a physician nearby. If the injury is minor, the coaching staff or administrative staff will administer appropriate treatment such as applying antiseptics, ointment and/or band aids and ice packs. If the injury is serious, we reserve the right to authorize necessary treatment.
2. Your child will be transported in some cases to practices and all away games in school provided transportation. This may include but not limited to school vans or buses, staff members or parent's cars. If your child becomes ill or sustains injury either on the way to or from a practice or sporting event, or during participation in the event, or there is an accident on the road, Trinity Prep School, the staff or parent volunteer transporting the students will not be held liable. If this situation occurs, the staff will act responsible and do everything in their power to insure that your child receives adequate attention.
3. In the event that it is deemed necessary to transport your child to a physician or nearest emergency care facility, you do hereby agree to accept complete financial responsibility for bills incurred in the rendering of medical attention to your child. The insurance information completed below will be presented to any medical facility that your child will be taken to.

I have read, acknowledge and consent to the above statements.

(Parent/Guardian Signature and Date)

Students Name _____ Grade _____

Primary Insurance Coverage

Insurance Company: _____ Policy Number: _____

Phone Number: _____ Expiration Date: _____

Physicians Name: _____ Phone Number: _____

Emergency Contacts: Please list below person of whom the school should contact in case of an emergency beginning with the parental or custodian information first and other relations second.

Name	Relationship	Home #	Work #	Cell #
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1. _____

2. _____

3. _____

4. _____