

**LAKE NORMAN CHRISTIAN MIDDLE SCHOOL SPORTS MEDICAL FORM** (Confidential)  
**(to be completed by parent/guardian)**

Because the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parental consent. It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

**EMERGENCY INFORMATION**

Name \_\_\_\_\_ Sport(s) \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parents' Name(s) \_\_\_\_\_  
Father's SS# \_\_\_\_\_ Mother's SS# \_\_\_\_\_  
Father's Telephone Information (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Mother's Telephone Information (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Emergency Contact Person: Name \_\_\_\_\_ Telephone Information \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy and Group #'s \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

**TRANSPORTATION AUTHORIZATION**

Since school-related transportation to and from certain sports contests and practices is not always possible, LKNC must have parental approval for students to ride with other parents or coaches. Parents must not hold Lake Norman Christian School or its representatives liable in case of accident or injury.

**TMA/TSSAA Pre-Participation Medical Evaluation Form**

(Explain all "Yes" Answers on Back of Form) YES NO

1. Have you ever been hospitalized? \_\_\_ \_\_\_  
Have you ever had surgery? \_\_\_ \_\_\_
2. Are you presently taking any medications? \_\_\_ \_\_\_
3. Have you ever passed out during exercise? \_\_\_ \_\_\_
4. Have you ever been dizzy during or after exercise? \_\_\_ \_\_\_  
Do you tire more quickly than your friends during exercise? \_\_\_ \_\_\_  
Have you ever had high blood pressure? \_\_\_ \_\_\_  
Have you ever been told that you have a heart murmur? \_\_\_ \_\_\_  
Have you ever had a racing of your heart or skipped heartbeats? \_\_\_ \_\_\_  
Has anyone in your family died of heart problems or a sudden death before the age of 50? \_\_\_ \_\_\_
5. Do you have any skin problems (itching, rashes, acne)? \_\_\_ \_\_\_
6. Have you ever had a head injury? \_\_\_ \_\_\_  
Have you ever had a seizure? \_\_\_ \_\_\_  
Have you ever had a stinger, burner, or pinched nerve? \_\_\_ \_\_\_
7. Have you ever had heat or muscle cramps? \_\_\_ \_\_\_  
Have you ever been dizzy or passed out in the heat? \_\_\_ \_\_\_
8. Do you have trouble breathing or do you cough during or after activities? \_\_\_ \_\_\_
9. Do you use special equipment (pads, braces, neck roll, mouth/eye guard)? \_\_\_ \_\_\_
10. Have you had any problems with your eyes or your vision? \_\_\_ \_\_\_  
Do you wear glasses or contacts or protective eyewear? \_\_\_ \_\_\_
11. Have you ever sprained/strained/ dislocated/fractured/broken or had repeated swelling  
Of any bone or joint? \_\_\_ Head \_\_\_ Thigh \_\_\_ Neck \_\_\_ Elbow \_\_\_ Knee \_\_\_ Chest  
\_\_\_ Forearm \_\_\_ Shin/Calf \_\_\_ Back \_\_\_ Wrist \_\_\_ Ankle \_\_\_ Hip \_\_\_ Hand \_\_\_ Foot
12. Have you ever had any other medical problems (Infectious mononucleosis, diabetes)? \_\_\_ \_\_\_
13. Have you had a medical problem since your last evaluation? \_\_\_ \_\_\_
14. When was your last tetanus shot? \_\_\_\_\_ measles immunization? \_\_\_\_\_
15. When was your first menstrual period? \_\_\_\_\_ Last period \_\_\_\_\_  
What was the longest time between your periods last year? \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the above are correct, and I give my consent for student athletic participation, treatment, and transportation.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Student Name \_\_\_\_\_

**-Participation Medical Evaluation Form**

**(to be completed by physician)**

**General Physical Examination** *Examiner* \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20 / \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected \_\_\_\_ Yes \_\_\_\_ No Pupils \_\_\_\_\_

\_\_\_\_\_ Normal \_\_\_\_\_ Abnormal Findings

Ear, Nose, and Throat \_\_\_\_\_

Heart \_\_\_\_\_

Skin / Lymphatics \_\_\_\_\_

Abdominal \_\_\_\_\_

Genitalia / Hernia \_\_\_\_\_

Musculoskeletal Examination *Examiner* \_\_\_\_\_

Upper Extremities \_\_\_\_\_

Lower Extremities \_\_\_\_\_

Flexibility \_\_\_\_\_

*Optional Lab*

Urine Sugar \_\_\_\_\_

Urine Protein \_\_\_\_\_

Urine Hematest \_\_\_\_\_

**Official Recommendation**

A. This athlete \_\_\_\_\_ may \_\_\_\_\_ may not compete in athletics/physical education based on the data gathered from this exam.

B. Prior to participation, treatment or follow-up on the following is recommended:

\_\_\_\_\_

C. Recommend further consultation with \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Signature of Physician / Nurse Practitioner