



FAITH CHRISTIAN SCHOOL

2024-2025 Athletic Participation & Physical Exam Card

Note: Student CANNOT practice/participate without turning in this form.

RETURN TO FCS
Athletic Director
BEFORE First Practice

SECTION 1: ATHLETE INFORMATION

Student Name _____ Date of Birth _____ Incoming Grade _____
Address _____ City _____ Zip _____
Phone Number Parent/Guardian (____) _____ Alternative Phone Number Parent/Guardian (____) _____
Parent/Guardian Names _____
Medical information that affects athlete in practice or games (i.e. allergies, medications) _____

SECTION 2: PERMISSIONS

I hereby give my permission for the above-named student to practice, compete, travel with, and represent Faith Christian School in WIAA approved interscholastic sports except those restricted on this card.

EMERGENCY MEDICAL CARE

Parents/guardians need to provide all health concerns/protocols/medications to the coach/athletic trainer. I grant permission for the above student, in case of accident or injury during athletic participation, to be given emergency attention/care by the athletic trainer, team physician, or any other physician present and to be conveyed to an emergency medical facility if needed. I understand that all costs associated with such treatment will be the responsibility of the parents/guardians, and that Faith Christian School will assume no liability for the costs.

Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPPA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as, but not limited to: principal, athletic director, athletic trainer, team physician(s), team coach(es), assistant athletic director and/or other professional health care providers, for purposes of treatment, emergency care and injury record keeping.

INFORMED CONSENT

I understand and accept that there are certain physical risks incumbent upon participation in athletics. I realize that Faith Christian School is not responsible for and does not provide insurance of any kind for its students. Knowing this, I hereby give the above-named student permission to participate in athletics for this school year. Faith Christian School does not carry a student insurance policy, student-athletes are covered under family policies.

FCS CODE OF CONDUCT

The above-named student will be participating in a sport at Faith Christian School. A copy of the Athletic Handbook is on the school website, available in the FCS Athletic Office, and at registration. By signing this form, we are attesting to the fact that we have read, understand, and will abide by all of the information contained in the handbook. We further certify that if we have not understood any information contained in this document, we have sought and received an explanation of the information prior to signing this statement. We realize the rules and regulations are in effect year-round, on and off the playing court/field.

Parent/Guardian Signature _____ Student-Athlete Signature _____
Date _____ Date _____

SECTION 3: COMPLETE ONLY ONE OF THE BOXES BELOW AS IT APPLIES TO YOUR ATHLETE.

ALTERNATE YEAR CARD

ALTERNATE YEAR CARD - ONLY IF YOU FILED A SPORTS PHYSICAL LAST YEAR. (Note: Freshmen complete Sports Physical Exam Card)

- ☐ Check this box ONLY if you filed a sports physical with FCS Athletics last school year; AND the student has not had a surgery, serious injury or illness that needs another medical evaluation prior to participating in athletics this school year.

Date of Last Physical: _____

NOTE: Physicals dated AFTER April 1 are good for the following TWO SCHOOL YEARS. Physicals dated BEFORE April 1 are good for the remainder of that school year and the following school year.

IF YOU NEED A NEW SPORTS EXAM (due to a surgery or serious medical condition), **OR** you are an incoming freshman, junior, transfer, OR haven't had a physical since April 1, 2023 you need a sports physical. Have the doctor complete the card below.

PHYSICIAN COMPLETES SPORTS PHYSICAL EXAM CARD

SPORTS PHYSICAL EXAM CARD - PHYSICIAN COMPLETES (Physician/PA/APNP Completes AND Signs)

- ☐ **CLEARED** without restrictions for all sports Date of Exam _____
☐ **NOT CLEARED** ___ Pending further exam ___ For all sports ___ For certain sports

Give reason/restriction if not cleared _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians.)

Signature of Licensed Physician (MD or DO)/PA/APNP _____

Clinic _____ Phone _____

Address _____ City _____ State _____ Zip _____

**Physicians may authorize Nurse Practitioners to stamp this card with the physician's signature or name of clinic.*