

Greenville Christian Academy

PARENTAL PERMISSION AND MEDICAL EXAMINATION FORM

This form is to be filled out completely and submitted to the Athletic Director before the student can participate in the GCA athletic programs.

Student: _____ Grade: _____ Date: _____

Mailing Address of Student: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Address of Physician: _____

I hereby apply for permission to participate in the following interscholastic sports: _____

I certify that the information in this application is correct, and I agree to abide by the eligibility rules and regulations governing athletics as set forth by Greenville Christian Academy.

Signature of Student: _____

Date: _____

MEDICAL HISTORY
(To be completed by parents)

Student: _____ Age: _____

Is there a known history of?

- A. Birth deformities (one eye, one kidney, etc.)? Yes No
B. Known past illness of more than one week's duration? Yes No
C. Medical conditions currently under treatment? Yes No
D. Fractures or other disability injuries? Yes No
E. Any permanent deformity or disability? Yes No
F. Allergy (drugs, food, clothing, etc.)? Yes No
G. Mental disorder, convulsions, or seizures? Yes No
H. Concussions? Yes No
I. Diabetes? Yes No

Explain any questions answered 'yes': _____

Date of last tetanus shot: _____

PARENTAL PERMISSION

As parent or legal guardian of _____, I hereby give my consent for (him / her) to practice and play in the athletic events listed above.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

I agree to the need for a screening medical examination and certify that the medical history given is accurate to the best of my knowledge.

Signature of parent: _____

or

Guardian: _____

Date _____

**Greenville Christian Academy
INSURANCE COVERAGE**

[] The above named child is covered under the following health insurance policy:

Name of Insurance Company _____ Policy # _____

[] The above named child is not covered under any health insurance plan.

- GCA carries a secondary insurance policy on every student which will pay medical costs resulting from accident or injury while at school or on a school activity which are not covered by your insurance policy.

MEDICAL EXAMINATION

Height: _____

Weight: _____

Blood Pressure: _____

| Normal | | Abnormal | Describe Abnormalities |
|----------|---------------------------|----------|------------------------|
| 1. _____ | Eyes | _____ | |
| 2. _____ | E/N/T | _____ | |
| 3. _____ | Heart | _____ | |
| 4. _____ | Lungs | _____ | |
| 5. _____ | Abdomen | _____ | |
| 6. _____ | Genitalia (males only) | _____ | |
| 7. _____ | Musculoskeletal | _____ | |
| 8. _____ | Neurological | _____ | |
| 9. _____ | Skin | _____ | |

I certify that I have examined this student and find him or her to be medically (qualified / not qualified) to compete in interscholastic sports listed above.

I am licensed to practice medicine in North Carolina. _____ Yes

Print Name of Doctor: _____

Signature of Doctor: _____

Address: _____ Date: _____

If student is not qualified, list reasons for disqualification: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions, seizures or concussions, absence of one kidney, eye, or testicle).