

# Athletes Only

If a student intends to participate in Kirkwood Pioneer sports during the 2009-2010 school year, each student must turn in:

1. a current physical form and 2. a permission form.  
(See below for a detailed explanation of each form.)

**1.** You need a **PHYSICAL** given by a doctor; filled out and signed by the doctor on the yellow sheet attached. The student's parent/guardian must also fill out student information on the front of the yellow form. *Please remember: No student will be allowed to participate in any manner (tryouts, practice or games), without a completed physical form on file.*

**2.** You need a **PERMISSION FORM** filled out in FULL and signed by the athlete and parent/guardian. *Please make sure you have filled out all the information including the medical history.* The information you provide on this card is what the coach will have in case of an emergency with your student athlete. All blanks on this form must be filled in. If a question does not apply to the student athlete, please mark NA or put a line through the question. Any incomplete forms will be sent back to the student athlete and will prevent the athlete from participating in Kirkwood athletics.

**These forms must be turned in TOGETHER to the Athletic Office by the first day of team practice.**

## MARK YOUR CALENDAR

- August 10, 2009 is the **FIRST DAY** of fall practice for boys' and girls' cross country, field hockey, football, girls' golf, boys' soccer, softball, boys' swim and dive, girls' tennis and girls' volleyball.
- **FALL ATHLETES:** You may pick up your practice card early by coming by the athletic office Aug. 3—7, 2009. Otherwise, you will need to pick up your card before practice on Mon. Aug. 10.
- November 2, 2009 is the **FIRST DAY** of practice for wrestling.  
November 9, 2009 is the **FIRST DAY** of winter practice for boys' and girls' basketball.  
November 16, 2009 is the **FIRST DAY** of practice for girls' swim and dive.
- February 22, 2010 is the **FIRST DAY** for co-ed water polo.
- March 1, 2010 is the **FIRST DAY** of spring practice for baseball, boys' golf, girls' lacrosse, girls' soccer, boys' tennis, boys' and girls' track and field and boys' volleyball.
- **ALL ATHLETES: DON'T FORGET** that after you turn in your physical and permission form to the athletic office you will need to get **YOUR PRACTICE CARD**. (Athlete brings this card to the coach on first day of practice so coach knows athlete has all paperwork into athletic office.)



# KIRKWOOD HIGH SCHOOL REPORT OF PHYSICAL EXAMINATION

*The Missouri State High School Activities Association requires a yearly exam prior to participation in interscholastic athletics in grades 9 through 12. This exam must be dated on or after February 1<sup>st</sup> to be valid for the following school year.*

School \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Pupil's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Exchange \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Exchange \_\_\_\_\_

Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Exchange \_\_\_\_\_

**Complete Immunization Records are required by state law, please attach a record from your health care provider or previous school. Month, day and year must be provided for all immunizations, including infant series.**

Health History: Enter the year(s) in which your child had the following:

ALLERGIES \_\_\_\_\_ ANEMIA \_\_\_\_\_ ASTHMA \_\_\_\_\_ CHICKEN POX \_\_\_\_\_

DIABETES \_\_\_\_\_ MEASLES \_\_\_\_\_ MENINGITIS \_\_\_\_\_ MUMPS \_\_\_\_\_

RUBELLA \_\_\_\_\_ SEIZURE DISORDER \_\_\_\_\_ TUBERCULOSIS \_\_\_\_\_

HEPATITIS A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

**Health Information:** Please list any allergies, injuries, operations, serious illness, heart conditions, vision problems, hearing loss, and/or any other health information you feel would be helpful

\_\_\_\_\_  
\_\_\_\_\_

Is your child on medication at home? (please list): \_\_\_\_\_

\_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO THE ATHLETIC OFFICE

**OVER** ⇨

Is your child currently under medical care? (please list): \_\_\_\_\_  
\_\_\_\_\_

**NOTE: PHYSICIAN TO COMPLETE THIS SECTION.**

Physical Findings:

Height_____	Weight_____	Pulse_____
Blood Pressure_____	Nutrition_____	Skin_____
Scalp_____	Teeth_____	Gums_____
Nose_____	Throat_____	Ears_____
Eyes_____	Glasses/Contacts_____	Heart_____
Lymph_____	Lungs_____	Ortho_____
Scoliosis_____	Abdomen_____	Genitalia_____
Reflexes_____	Urine_____	Hernia_____

Significant concerns: \_\_\_\_\_  
\_\_\_\_\_

Can pupil carry a full program of school work? YES \_\_\_\_\_ NO \_\_\_\_\_

Should physical activity be restricted? YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

May participate in competitive sports? YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

*(Nurse practitioners must show proof of collaborative practice)*

\*\*\*\*\*LICENSED CARE PROVIDER: PLEASE SIGN AND STAMP BELOW\*\*\*\*\*

\_\_\_\_\_  
**Signature, Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Stamp**

\_\_\_\_\_  
**Phone**

**PLEASE RETURN THIS COMPLETED FORM TO THE ATHLETIC OFFICE**