

Athletes Only

If a student intends to participate in Kirkwood Pioneer sports during the 2010-2011 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 9, 2010 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. 2-6, 2010 (8 am - 4pm). Otherwise, you will need to pick up your card before practice on Mon. Aug. 9 (6:45 am - 4:00 pm).
- November 1, 2010 is the **FIRST DAY** of practice for wrestling.
November 8, 2010 is the **FIRST DAY** of winter practice for boys' and girls' basketball.
November 15, 2010 is the **FIRST DAY** of practice for girls' swim and dive.
- February 21, 2011 is the **FIRST DAY** for co-ed water polo.
February 28, 2011 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 1st 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