

ST. PAUL LUTHERAN SCHOOL ATHLETIC PHYSICAL EXAMINATION CARD

(Examinations taken after April 1st are good for the following two school years. Examinations taken before April 1st are good for the remainder of that school year and the following school year.)

Name: _____

Grade: _____ Age: _____ Sex: _____

The above named student has been examined and there is no apparent contraindication to participating in interscholastic athletic activities except as follows:

Restrictions: (If none – write NONE)

Signature of Licensed Physician: _____

Address: _____ City/State: _____

Telephone: _____ Date of Exam: _____

**ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE
AT SCHOOL PRIOR TO PRACTICE OR PARTICIPATION**

(Please see other side of card for more information)

ST. PAUL LUTHERAN SCHOOL – ATHLETIC PERMISSION CARD

Name: _____ Date of Birth: _____

Present Address: _____

Telephone: _____

Mother's Place of Employment: _____

Father's Place of Employment: _____

Family Physician: _____ Dentist: _____

Name of Private Insurance Carrier: _____

Policy Numbers and Address: _____

* I hereby give my permission for the above named student to participate and compete and represent the school in St. Paul approved interscholastic sports excepting those restricted on this card.

* I further grant permission for any medical records pertaining to the health of the above named student be made available to the proper school personnel.

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

(Please see other side of card for more information)