

# PALMYRA AREA SCHOOL DISTRICT

## Pre-Participation Physical Packet – Instructions to Parents & Guardians

### STEP 1 - Please read & complete the following sections:

1. Player Eligibility Form
2. Player Emergency Information
3. PIAA CIPPE:
4. Section 1: Personal & Emergency Information
5. Section 2: Certification of Parent/Guardian
6. Section 3: Health History
7. Section 4: Physical Evaluation Form – *Top Section Only*
8. Optional Drayer Student Athlete Release Information.

*Note: Please be sure to **Sign & Date** all forms where designated*

### STEP 2 – Physical Examination (Time & Date T.B.A.)

1. Height & Weight Measurements
2. Pulse & Blood Pressure Measurements
3. Physical Exam – Heart, Lungs & Orthopedic Assessment

*Note: Wrestling Weight Certification – Inquire at the athletic office for specific time & date*

### STEP 3 – Medical Clearance

1. Medical clearance is granted by a *Physician, Physician's Assistant* or *Nurse Practitioner* – No exceptions
2. In order for a physical to be considered “**official**”, it must contain the **signature** of the licensed examiner and the **date** of exam
3. If a student should fail the physical examination, he/she will be considered ineligible to participate

*Note: Work physicals will **not** be granted by the medical staff of the Palmyra Area School District*

# PLAYER ELIGIBILITY

NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

(Please note the seasons of completion in the sport, beginning in 7<sup>th</sup> grade and including the current or upcoming year.)

Circle all grade levels that apply:        **7**    **8**    **9**    **10**    **11**    **12**

## PLAYER EMERGENCY INFORMATION

(Information to be kept with coaches for away events)

Sport: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address: \_\_\_\_\_

( ) Contact Mother: Name Phone: Work Cell \_\_\_\_\_

( ) Contact Father: Name Phone: Work Cell \_\_\_\_\_

( ) Emergency Contact: Name/Relationship Phone: \_\_\_\_\_

( ) Contact Family Physician: Name Phone: \_\_\_\_\_

( ) Preferred Hospital: \_\_\_\_\_

( ) Insurance Information: Company Policy Number: \_\_\_\_\_

( ) List Any Pertinent Medications, Allergies or Medical Conditions: \_\_\_\_\_

*In case of an emergency, I give my permission for my child to receive emergency medical treatment.*

**Sign & Date Here** → \_\_\_\_\_

Parent/Guardian Signature & Date