

Date _____

UNION CHRISTIAN ACADEMY**ATHLETIC COMPETITION HEALTH SCREENING AND CONSENT FORM**

NAME:			FAMILY PHYSICIAN:				
SCHOOL:			SPORTS:				
AGE:		GRADE:					
DATE OF BIRTH: ____/____/____		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	VITALS	PHYSICAL EVALUATION COMMENTS	RECOMMENDED FOLLOW-UP	
HEALTH HISTORY (PARENT OR GUARDIAN)			HT				
			WT lbs				
Answer "yes" or "no" ONLY			YES	NO			
Chronic/Recurrent illness?				GENERAL			
Hospitalization?							
Surgery other than tonsils?							
Injuries treated by a physician?							
Current Medications?							
Organ missing?							
Heat exhaustion/stroke?				HEAD	ORTHOPEDIC EVALUATION		
Dizziness, Fainting, Convulsions and/or Headaches?							
Knocked out?							
Concussion?				EYES			
Wears glasses or contacts?				ENT			
Hearing defects?				HEART			
Problems with blood pressure, heart or murmurs?					SUMMARY OF CONTENTS		
Problems with liver, spleen or kidney?				ABDOMEN			
Hernia?				GENITALIA			
Bone/Joint injury?				EXTREMITY			
Sprains/Dislocation?				BACK			
Allergic to medications?				NECK	SPORTS PARTICIPATION APPROVED		
NAME:					ALLERGY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tetanus Booster in the last 10 yrs.					LIMITATIONS:		
DATE:							
PARENT'S OR GUARDIAN SIGNATURE				PHYSICIAN SIGNATURE			

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UNION CHRISTIAN ACADEMY

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NAME: _____ DATE OF BIRTH: _____

I hereby give my consent for the above student to compete in approved sporting events and ride school provided transportation on any approved trips.

In any sport there is always a chance a participant can be injured. In a small percentage of cases a participant could sustain a very serious injury. It is understood the school assumes no responsibility in case an accident or injury occurs to your child. Union Christian Academy does not carry supplemental insurance.

I give my consent, in case of an accident or injury occurs, to the coaches of Union Christian Academy to secure treatment at the best facilities available to them.

Parent or Guardian's contact information

Home #

Signature of Parent or Guardian

Work # and Cell #

Date

Insurance Information

Insured's name

Group Number

Insurance Company

For athletes with asthma: Generally wheezing during exercise can be prevented by using his/her inhaler 15 minutes prior to exercise. This should protect the athlete from exercise-induced asthma for 2-4 hours.

He/she can still participate in vigorous sports but must pay close attention to his/her breathing. If the athlete starts wheezing or having chest tightness, he/she should stop exercising and use his/her inhaler. If this stops the wheezing, then he/she can resume exercise. If it does not relieve the wheezing, then the athlete is through exercising for the day.

If the inhaler stopped the wheezing and the athlete returned to exercise, but started to wheeze again, he/she should use the inhaler again, but the athlete is through exercising for the day.

IT IS IMPERATIVE THAT THE ATHLETE STOP EXERCISING WHEN HE/SHE STARTS WHEEZING. HE/SHE SHOULD NOT TRY TO EXERCISE THROUGH THE WHEEZING.

The inhaler that should be used prior to exercise may vary but usually it is albuterol or a similar chemical (Proventil, Ventolin, pirbuterol, Maxair inhaler or Autohaler, metaproterenol, Alupent, Metaprel, Proventil-HFA, terbutaline, Breathine). Intal (cromolyn) or Tileade (nedocromil) can also be used prior to exercise but will not relieve wheezing once it occurs. Serevent should be used at least 1 hour prior to exercise but should also be effective in preventing the exercise-induced asthma. It is not effective in relieving wheezing once it occurs. The steroid inhalers are not useful for this purpose. These include the following and others: Vanceril, Beclovent, beclomethasone, Folvent, azmacort, Pulmicort, Aerobid, etc.

In the absence of a physician, THE ATHLETE OR HIS PARENTS HAVE TO BE THE JUDGE OF WHETHER OR NOT HE/SHE IS WHEEZING. If the athlete persistently has wheezing which interferes with his/her exercise, the athlete should consult his/her primary physician or specialist for further evaluation or treatment.

PHYSICIAN'S SIGNATURE: _____ GUARDIAN'S SIGNATURE: _____