

ARCHBISHOP RIORDAN HIGH SCHOOL
MEDICAL EXAMINATION AND RELEASE FORM

RETURN TO ATHLETIC DEPARTMENT

KEEP BOTTOM COPY FOR YOUR RECORDS

School Year 20 ___ - ___

It is a state law and a school requirement that all students must have a complete physical examination each year in order to participate in interscholastic athletics. There can be no exception in this matter. **Please complete this form (printing clearly) and return it to the Athletic Office.**

Student Name _____ Grade _____
Address _____ City _____ Zip _____
Home Phone _____
(Mother) Cell # _____ (Father) Cell # _____
Emergency Contact Person _____
(relationship to student) _____ Phone _____

FINAL RESULTS TO BE COMPLETED BY PHYSICIAN DATE OF EXAM / /
The above student has (please circle) PASSED EXAM PASSED CONDITIONALLY FAILED

PLEASE LIST ANY MEDICAL CONCERNS/MEDICATIONS OR SIGNIFICANT FINDINGS THAT WOULD PROHIBIT THIS INDIVIDUAL FROM COMPETING IN INTERSCHOLASTIC ATHLETICS:

Signed by PHYSICIAN: _____ ADDRESS: _____
PHONE: _____

AUTHORIZATION FOR CONSENT TO TREATMENT

I (We) the undersigned parents/guardians of _____ do by authorize the Riordan Staff/Coaches/Faculty Members as agents for the undersigned to consent to any necessary medical treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician licensed under the provisions of the Medical Practice Act or any specially licensed or trained health care professional.

Date / / Signed _____

TRANSPORTATION WAIVER

I (We) hereby give my/our consent for the above student to represent his school in interscholastic athletics. I/We also give him permission to travel in school approved transportation on trips and will not hold the school responsible in case of accident or injury, whether it be enroute to or from a school practice or an event. We hereby agree to hold the school, the Archdiocese of San Francisco and all its employees harmless from any and all liability which may arise in connection with the activities related to interscholastic athletics.

Date / / Signed _____

FOOTBALL INSURANCE WAIVER

If your son is involved in the FOOTBALL program he must be covered by insurance before he is allowed to practice. The ARHS school student policy does not cover the sport of football. Therefore he must be covered by either your family plan or you may choose a special plan offered by the school. Please **CHECK** the space below.

____ I/WE the undersigned parent/s/guardians/s certify that the above student is insured against injury by the following insurance: Plan _____ Company/Plan # _____

____ We wish to take out the special insurance policy offered at Archbishop Riordan High School

Signed _____ (Parent/Guardian)