PARENTS' PERMISSION BLANK

Our son or daughter (named on reverse side of this card) has our permission to take part in:

Cross-Country, Baseball, Softball, Wrestling, Basketball, Volleyball, Track and Field Sports , Flag Football, Coed Volleyball

(cross out those not approved)

under the direction of the school during the year of

20____ - 20____

20____ - 20____

20____ - 20____

20____ - 20____

The school will take reasonable care and precaution to prevent accidents, but the school, or teachers, are not responsible if any accident should occur in practice or games.

I am in full accord with this agreement.

1st year — Date_____ _____
Parent's Signature

2nd year — Date_____ _____
Parent's Signature

3rd year — Date_____ _____
Parent's Signature

4th year — Date_____ _____
Parent's Signature

Physical examination must be done annually.
Each exam is good for a one-year period.

IESA 56 (08/00) Pro-Type Printing

KEY
0 No Defect
✓ Slight Defect
X Marked Defect

Illinois Elementary School Assn.

PHYSICIAN'S CERTIFICATE FOR ATHLETES

If student transfers, this card should be sent to new school.

Name_____ School_____ Birth Date_____

REQUIRED:	20____	20____	20____	20____	RECOMMENDED	20____	20____	20____	20____
MONTH-DAY					URINE: Spec. Grav.				
HEIGHT					Albumen				
WEIGHT					Sugar				
GEN. POSTURE					Casts				
HEART: Murmur					TONSILS				
Rhythm					NOSE AND THROAT				
Blood Pressure					GLANDS				
RATE: Normal					EARS: Right				
After 15 Hops					Left				
After 2 Min.					TEETH				
HERNIA					EYES: Right				
LUNGS: Percussion					Left				
Auscultation					BLOOD TESTS:				
ORTHOPEDIC: Feet					TUBERCULIN TEST:				
Spine					OTHER DEFECTS:				
CONTAGION:									

IN THE SPACE BELOW, INDICATE ATHLETIC ACTIVITIES IN WHICH STUDENT SHOULD NOT PARTICIPATE:

20_____ _____

20_____ _____

20_____ _____

20_____ _____

EXAM BY:

1st : _____ M.D.

2nd : _____ M.D.

3rd : _____ M.D.

4th : _____ M.D.

Please complete both sides

I-ECA-2