

## 2025-2026 MOUNT MADONNA HIGH SCHOOL SPORTS PHYSICAL FORM

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

### WARNING OF SERIOUS PHYSICAL INJURY

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage, and improvements in equipment have reduced these risks, but it is impossible to totally eliminate occurrences from athletics.

Players can reduce the chance of injury by obeying all safety rules in their sport, reporting physical problems to their coaches, following a proper conditioning program and inspection of their own equipment daily. Damaged equipment must be replaced immediately. Even if all these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur. As a condition of participation in athletics at Mount Madonna School, we acknowledge that we have read and understand this warning statement.

Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_

### ATHLETICS AND SUBSTANCE ABUSE POLICY

As a parent/guardian of this student, I recognize that my child must remain chemically free to participate fully in this activity. Therefore, I acknowledge the policies of Mount Madonna School, which prohibit the use of alcohol and drugs (except those legally prescribed) while under the jurisdiction of the school, for the term of this activity.

As a student-participant, I acknowledge the policies of Mount Madonna School regarding substance abuse. I realize that this policy prohibits my possession and use of alcohol and drugs (except those legally prescribed) while under the jurisdiction of the school, for the term of this activity.

Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_

### CONSENT TO TREAT AND TRANSPORT

I hereby give my consent for the above-named to compete in sports and to go with a representative of the school on sports related trips. In case this student is injured, you are authorized to have him/her treated.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### SPORTS PHYSICAL EXAMINATION

#### PHYSICIAN'S STATEMENT

**Cleared for all sports without restriction.**

**Cleared for all sports without restriction with recommendations for further evaluation of treatment for**

**Not cleared pending further evaluation.**

**Not cleared for any sports.**

**Not cleared for the following sports:**

**Reason:**

**I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, and the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

**Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_**

**Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_**

**Signature of physician \_\_\_\_\_**