



Mount Prospect School District 57
Certificate of Physical Fitness for Participation in Athletics¹

To be submitted to the school front office (please print).

_____	_____
Student	All Interscholastic Athletics
_____	_____
Parent/Guardian	Home Phone
_____	_____
Home Address	Cell Phone
_____	_____
City, State Zip	
_____	_____
Emergency Contact (relationship to student)	Contact Phone
_____	_____
Physician	Physician Phone
Medical History:	Date of Birth: _____
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma:
<input type="checkbox"/> Other _____	<input type="checkbox"/> Allergies
	Height: _____ Weight: _____
	<input type="checkbox"/> Requires child to self-administer medication
	<input type="checkbox"/> Requires student to carry EpiPen®

List all medications (prescribed and over the counter)

Injuries (brief description and dates)

Surgeries (brief description and dates)

Physical activity restrictions (brief description and duration)

I certify that:

1. My child is in good health and is capable of participating in the above sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation, and will notify you of any changes.
2. I have completed and submitted the *Authorization for Medical Treatment* form allowing the school to seek medical treatment for my child in the event of a medical emergency when reasonable attempts to contact me are unsuccessful.
3. If my child requires or may need medication while participating in athletics, I have completed and submitted the *School Medication Authorization Form*.

Parent/Guardian Signature

Date

¹ Secondary schools should substitute the IHSA's Pre-Participation Examination Form for this form when the sport is IHSA regulated. It is available at:

<http://www.ihsa.org/documents/sportsMedicine/2014-15/Pre-participation%20Examination%20041114.pdf>