

**Students**

**Exhibit - Certificate of Physical Fitness for Participation in Athletics** <sup>1</sup>

*To be submitted to the Building Principal. (please print)*

Student	Sport/Activity
Parent/Guardian	Home phone
Home address	Cell phone
Emergency contact ( <i>relationship to student</i> )	Contact phone

Physician \_\_\_\_\_ Physician phone \_\_\_\_\_

**Medical History:**      Date of Birth: \_\_\_\_\_      Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Heart condition       Diabetes       Asthma:       Requires child to self-administer medication

Epilepsy       Allergies:       Requires student to carry

[EpiPen®epinephrine](#)

Other \_\_\_\_\_

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*)

The footnotes should be removed before the material is used.

<sup>1</sup> Secondary schools should substitute the IHSA and IESA’s Pre-Participation Examination Form for this form when the sport is IHSA regulated. It is available at: [www.ihsa.org/resources/download-center](http://www.ihsa.org/resources/download-center)~~www.ihsa.org/Resources/Download-Center~~.

**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 my child's participation. I assume full responsibility for my child's physical condition and participation, and will notify you of any changes.
2. I have completed and submitted the *Authorization for Medical Treatment*<sup>2</sup> 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*.<sup>3</sup>

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Parent/Guardian signature

Date

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<sup>2</sup> See sample exhibit 7:300-E3, *Authorization for Medical Treatment*.

<sup>3</sup> See sample exhibit 7:270-E1, *School Medication Authorization Form*.