

South Lyon Panthers Physical Form

Please have parent/guardian fill out this side of form.

Child's Name _____
Last
First
Middle

Sex _____ Date of Birth _____ Grade This Fall _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Please answer yes or no to the following

	Yes	No	Comments – please fill out if answering yes
Chronic/recurrent Illness			
Hospitalization			
Surgery (other than tonsils)			
Injuries treated by a physician			
Current medications			
Organs missing			
Heat exhaustion/stroke			
Dizziness, fainting, convulsions, headaches			
Knocked out			
Concussion			
Wear contacts or glasses			
Hearing defects			
Dental appliances bridge/braces/cap/plate			
Problems with blood pressure, heart murmurs			
Cough/Pain			
Problems with spleen, liver or kidney			
Hernia			
Recurrent skin disease			
Bone/joint injury sprain/dislocation			
Injury that caused a missed game or practice			
Allergy to medication...please list			
Tetanus booster in the last 10 years			

The above statement is current and correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Please note, an examining physician must complete the second page.

