

# BISD Athletics Physical Form(2010-2011)

Grade: 7 8 9 10 11 12 School: \_\_\_\_\_ Sport: \_\_\_\_\_

Sex: Male / Female Date of Birth: \_\_\_\_\_

Athlete's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell# \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell# \_\_\_\_\_

MD's Name: \_\_\_\_\_ Work# \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

## Consent to Treat

If, in the judgment of any representative of the school, the above named student requires immediate care and treatment as a result of any injury or sickness; I do hereby, authorize, and consent to such care and treatments may be given to said student by a physician, athletic trainer, nurse, hospital, or school representative.

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

## Consent to Administer Medication

The Bastrop Independent School District Trainers have at their disposal a variety of NON\_PRESCRIPTION oral medications in their training rooms. These medications can be purchased over-the-counter at drug stores and super markets and pharmacies.

They include Aspirin, Advil, Motrin, Tylenol, Excedrin, Pepto-Bismol, Alka-Seltzer, along with electrolyte tablets and solution (Fosfree, Power-aide). These medications are distributed judiciously by staff trainers and/or a doctor.

- By checking "YES" you agree to allow the administration of over the counter oral medication to your child.

-By checking "NO" you are not allowing the administration of over the counter oral medication to your child.

\_\_\_ YES \_\_\_ NO

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

## Consent for Random Drug Testing

All BISD student-athletes must be eligible for random drug testing prior to participation. BISD will drug test for marijuana, opioids, PCP, enfedimines, cocaine, and ecstasy on a random selection of student-athletes several times during the school year. For a student-athlete to be eligible for random drug testing a parent of legal guardian of the student-athlete must sign the consent statement below.

I, (parent or legal guardian) \_\_\_\_\_ agree to allow (student-athlete) \_\_\_\_\_ to be eligible for random drug testing while attending any BISD school. I understand that the student-athletes drug tested will be drawn from a randomly generated list of all BISD athletes, and that the results will remain confidential.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_