



# Queen's Grant Preparatory High School

10323 Idlewild Rd, Matthews NC 28105

(ph) 704-545-0736 (fx) 704-545-0738

## Athletic Medical Consent Form

### TO BE COMPLETED BY THE PARENT

Both parts of this form must be completed before your son/daughter can participate in interscholastic athletic practices or contests. Your cooperation is appreciated.

Student's Legal Name: \_\_\_\_\_  
Last (please print) First Date

Grade (circle): 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Sex (circle): M F Name of Sport: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Place (State and Country) \_\_\_\_\_

School Attended Last Year: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

I hereby apply to participate in interscholastic athletics at Queen's Grant Preparatory High School. I agree to abide by the Athletic Policy and Code of Conduct set forth by the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

### TO BE COMPLETED BY THE DOCTOR

Student: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Disease History:  
Allergies: \_\_\_\_\_

Seizures: \_\_\_\_\_

(over)

**Athletic Medical Consent Form - Continued**

Concerns as to why this student should not participate in athletics \_\_\_\_\_

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I hereby certify that I have examined the above – named student and there appears to be no medical reason why he/she is not physically able to complete in supervised athletic activities at his/her academy.

Doctor Signature: \_\_\_\_\_ Date of Actual Physical: \_\_\_\_\_

**If the physical is more than one year old, it is not acceptable.**