

Mountain Christian School
Physician's Sports Physical Form
2009-2010

The administration of Mountain Christian School requires that a physician's clearance be obtained for each student planning to participate in extra curricular sports activities. This form must be signed by both the parent/guardian and the physician in order for your child to be able to participate in extra curricular sports for the 2008-2009 school year.

MCS sports planned for the 2009-2010 include, but are not limited to, cross country, cheerleading, soccer and basketball. The first team sport of the year is Cross Country. Running is a strenuous sport, which will involve periods of physical activity at, or approaching, maximum heart rate. Athletes with asthma may experience difficulty with racing and with the more strenuous workouts, particularly on days with poor air quality or high pollen. Running on hard surfaces (track and street) and uneven surfaces (trails) may lead to pain and stiffness in muscles and joints, which can be more pronounced if the athlete does not wear shoes that are specifically designed for running. There is a small risk of dehydration, particularly during warmer weather, which can be negated by drinking sufficient water during workouts and between races.

MCS coaches are familiar with these conditions. When these conditions are recognized, the workout can be modified or terminated to reduce the potential for more serious injury. However, the coaches are not trained to provide medical assistance in a medical emergency, and are not authorized to administer medication. If you child has a known medical condition, you should specifically discuss this condition with your physician to determine whether it is appropriate for your child to participate in extra curricular sports.

I grant permission for my child _____, to participate in extra curricular sports programs (including, but not limited to, those mentioned above) at Mountain Christian School for the 2009-2010 school year.

I understand that if my child has any pre-existing physical conditions which may require medications such as an inhaler, epi-pen, allergy medication, etc., that I must accompany my child to his/her competitions and will be responsible for the administration of any such medications.

(Parent/Guardian Signature)

The above named child is physically able to participate in extracurricular sports for the 2009-2010 school year.

(Physician's Signature)

(Date)

(Physician's Printed Name or Stamp)