



HAWTHORN MIDDLE SCHOOL

Athletic Department

INTERSCHOLASTIC PHYSICAL FORM



Middle South 600 N. Aspen Vernon Hills, Illinois 60061 (847) 816-8317

Middle North 201 Hawthorn Parkway Vernon Hills, Illinois 60061 (847) 990-4400

Directions To The Parent/Guardian: Please fill out this portion. Grade: 6 7 8 School Year: 20__-20__

Student's Name: _____ Birth Date: _____

LIST ANY ALLERGIES, SURGERY, PHYSICAL HANDICAPS, HEALTH CONCERNS, MEDICATIONS AND/OR RESTRICTIONS:

Directions To The Physician: Please fill out as necessary to confirm that this student may participate in the interscholastic athletic program.

	Findings		Findings
Height		Nose	
Weight		Throat	
Blood Pressure		Glands	
Eyes - Abnormalities noted		Thyroid	
Ears - Abnormalities noted		Heart	
Nutrition*		Lungs	
Skin		Abdomen	
Scalp		Hernia	
Posture		Nervous System	
Orthopedic		Other (Specify)	

The above named student is physically able to participate in:

Physical education and interscholastic sports.

Regular Physical Education Only

If limited, please specify modifications _____

*Illinois law requires cases of evidence of malnutrition to be reported to the Illinois Department of Public Health by a school administrator. Check Box if evidence of malnutrition is present.

Physician's Signature _____ Date _____

Address _____ Phone _____

_____ has my permission to participate in the interscholastic program at Hawthorn Middle School during the current school year. I understand that I will provide transportation home from Hawthorn after practice and athletic contests. The latter applies to students who normally use the bus to and from school.

Parent/Guardian Signature

Date