



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