Woodland Junior Wolves
Sports Physicals

To the parents of Woodland Junior Wolves athletes:

Your child is required to have a physical examination for participation in the Woodland Junior Wolves program. For your convenience, Premier Chiropractic & Pilates is offering to examine and evaluate students for athletic eligibility.

The cost for this evaluation will be $30. $10 will be donated directly back to the Woodland Junior Wolves program.

The examination performed exceeds the requirements as set forth by the California Interscholastic Foundation (Blue Book) rules, and is designed to discover any major problems prior to athletic competition. THIS EXAMINATION IS NOT A REPLACEMENT FOR A COMPLETE PHYSICAL EXAMINATION and it may be necessary for your child to have further evaluation before he/she is cleared for athletic participation. In addition, this examination may not cover discreet or hidden problems that could only be diagnosed after extensive testing, laboratory work and/or electronic monitoring. Any pre-existing problems that your child has should be revealed by the oral questions performed during the examination. If your child does not reveal a problem that currently exists or was a problem in the past, it may not be evaluated during this examination.

You are entitled to have your child examined by any doctor of your choice, and you are not required to have Dr. Christian Sherrill D.C. of Premier Chiropractic & Pilates do your child's pre-athletic physical. We do however; ask that all the required information be provided on a standardized form.

Athletic Medical Consent Form

Name of Student_____ Age_____ Grade_____
Address _____ Telephone_____
Student I.D. #_____

1. **Student Medical Profile:** To be filled out by Parent/Guardian
Has the above named student had any of the following: (Please answer each question)

	YES	NO	DATE	Explanation
a. Allergies				
b. Heart Disease				
c. Rheumatic Fever				
d. Kidney Disease				
e. Tuberculosis				
f. Diabetes				
g. Epilepsy				
h. Head Injury				
i. Neck or Back Injury				
k. Recurrent muscle and/or joint pains				
l. Injury of muscle, bone, joint, ligament, tendon				
m. Dental bridge or false teeth				
n. Wears contact lenses				
o. On medication				
p. Has been advised not to participate in competitive athletics				
q. Has an injury or physical condition that should be monitored				

2. Is there any **Additional Medical Information** the school physician should know about your child? Please Explain_____

3. Informed Consent: In accordance with the California Interscholastic Foundation, any student under the age of 18 must have permission of a parent or guardian before he/she can have a physical examination. By signing below I authorize the doctors of Premier Chiropractic to perform a pre-athletic physical on the above named student.

Parent/Guardian Signature_____ Date_____

Woodland Junior Wolves Sports Physicals

Location: Premier Chiropractic & Pilates
426 College Street Woodland
Ph: 666.6685

Physicals need to be completed by July 30th. Call as soon as possible to schedule your appointment. We will make every effort to accommodate all athletes.

The cost for this evaluation will be $30. $10 will be donated back to Woodland Junior Wolves program for each physical performed.

THIS FLYER MUST BE PRESENTED AT THE TIME OF THE PHYSICAL

I give permission for my child, _____, to receive a physical by Dr. Sherrill for the purpose of participating in athletics with the Woodland Junior Wolves.

_____ _____

Parent/Guardian Signature Date

Physical Form (Must be for this Calendar Year, dated after April 1st

Childs Name: _____ Age:_____

Date of Birth: ___/___/___

Any Known Allergies: Yes/No. If yes, please list allergies: _____

Any Known Disabilities: Yes/No. If yes, please list any: _____

Physicians Statement of Health:
I certify that I have examined _____

And have found no gross evidence of any abnormality that will keep him/her from participating in the Youth Sports Program.

Physicians Name: _____

Address: _____ Phone _____

Signature: _____ Date: _____

Physical Form (Must be for this Calendar Year, dated after April 1st

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DR STAMP REQUIRED HERE TO BE VALID