

The King's School

Preparing Tomorrow's Leaders Today!

P.O. Box 300, Lake Luzerne, NY 12846 ~ Office 518-654-6230 ~ Fax 518-654-7310

ATHLETIC PHYSICAL EXAM FORM

An athletic physical form is required for any student playing in any sports activity at The King's School.

The athletic physical exam form can NOT be used as a school physical exam form which has different requirements.

Name _____ Date of Exam _____

Date of Birth _____ Grade _____

Allergies: ___LIFE THREATENING ___ Seasonal

Current Medical Conditions _____

Current Medications _____

PHYSICAL EXAM

_____ Height	_____ Weight	_____ BMI	_____ Eyes	_____ Ears
_____ Lymph Nodes	_____ Thyroid	_____ BP	_____ Nose	_____ Tonsils
_____ Teeth	_____ Heart		_____ Lungs	_____ Hernia
_____ Genitourinary	_____ Musculo-skeletal		_____ Feet	_____ Skin
_____ Epilepsy	_____ Nervous System		_____ Speech	_____ Nutrition

Is this student able to participate in regular physical education classes? _____ Yes _____ No

IMMUNIZATIONS ~ Please attach current immunization record.

Physician's Signature _____

Date _____

Name of Practice _____

Phone # _____ Fax # _____

Physician's Stamp if Possible

The King's School

P.O. Box 300, Lake Luzerne, NY 12846 ~ Office 518-654-6230 ~ Fax 518-654-7310

STANDING PHYSICIAN'S ORDERS

To be completed by a licensed physician and reviewed annually.

Name _____ School Year _____

Date of Birth _____ Grade _____

PHYSICIAN MUST INDICATE WITH A "X" WHICH ORDERS APPLY:

- Ibuprofen** - according to weight/age dosage on package for pain, headache, or fever above 100.
- Acetaminophen** - according to weight/age dosage on package for pain, headache, or fever above 100.
- Alieve** - according to weight/age dosage on package for pain, headache, or fever above 100.
- Excedrin** - according to weight/age dosage on package for pain, headache, or fever above 100.
- Robitussin DM** - according to weight/age dosage on package for cold symptoms.
- Pepto** - according to weight/age dosage on package for an upset stomach.
- Hydrogen Peroxide** - to aid in preventing risk of infection in minor cuts, scrapes, and burns.
- Isopropyl Rubbing Alcohol** - to aid in preventing risk of infection in minor cuts and scrapes.
- Neosporin, Bacitracin or Triple Antibiotic Ointment** - for minor cuts or skin abrasions.
- Sunscreen SPF 30** - PABA free to all exposed skin surfaces prior to sun exposure.
- Benadryl Elixir** - according to weight/age dosage on package for allergic symptoms.
- Benadryl Tabs** - according to weight/age dosage on package for allergic symptoms.
- Caladryl/Benadryl Lotion Cream or Gel** - Apply sparingly to affected area of bug bite, rash, or minor skin irritation.
- Sudafed Nasal Decongestent** - according to weight/age dosage on package for cold/allergy symptoms.
- Loratadine** - according to weight/age dosage on package for cold/allergy symptoms.
- Orajel** - for mouth/tooth pain relief as needed.
- Carmex, Chapstick or Lip Moisturizing Ointment** - Apply as needed for chapped or dry lips.
- Cough Drops** - As needed for cough and/or scratchy throat.
- Other Medications** -
- NO STANDING ORDERS ARE APPLICABLE**

I assess this student to be self-directed Yes No

Student may self carry and self administer medication Yes No

Authorization: I do hereby grant permission for the school to follow the above orders for medication.

Physician's Signature _____ Physician's Name (print) _____ Date _____