

# Jenks Public Schools-Band Department 2026-2027 Medical Eligibility Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Grade (2026-2027): \_\_\_\_\_ Student ID#: \_\_\_\_\_ Sex: \_\_\_\_\_ Activity: \_\_\_\_\_ Date of Exam: \_\_\_\_/\_\_\_\_/20\_\_\_\_

This form may be submitted in lieu of the Preparticipation Physical Exam Form as long as it is fully completed and signed by the physician completing the preparticipation physical examination, parent/guardian and student. Incomplete forms will not be accepted.

\_\_\_\_ Medically eligible for all activity without restriction  
\_\_\_\_ Medically eligible for all activity with recommendations for further evaluation or treatment of: \_\_\_\_\_  
\_\_\_\_ Medically eligible for certain activity: \_\_\_\_\_  
\_\_\_\_ Not medically eligible pending further evaluation for: \_\_\_\_\_  
\_\_\_\_ Not medically eligible for any activity

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can practice in the sports(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care provider (print or type): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature of health care professional: \_\_\_\_\_

## Shared Medical Information

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medical Conditions (asthma, diabetes, anemia, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. I (we) hereby state, to the best of my (our) knowledge, my (our) answers to above questions are complete and correct.

Signature of athlete: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_