

DVRHS Student Athlete Pre-Existing Condition Form

In order to participate in Summer Phase 1 workouts, a pre-existing condition form must be on file with the school.

If you have any pre-existing conditions please have this form filled out by your physician overseeing your care. Pre-existing conditions include, but are not limited to, asthma, diabetes, cardiovascular, sickle cell anemia, auto-immune disorders, mental health disorders, ADHD/ADD treatments and medication, testosterone treatment via medications, etc.

**You will need one form for each medical condition. Please make copies and attach as needed.

Athlete Name: _____

Date: _____ Sport: _____

Date of Birth: _____ Grade: 9 - 10 - 11 - 12

Medical Condition: _____

Physician name: _____

Contact phone number: _____

Address: _____

Physician Signature: _____ Date: _____

Please check one of the boxes below if the athlete may participate in Summer Session Workouts at Delaware Valley Regional High School.

Cleared to participate in Summer Session Workouts at Delaware Valley Regional High School with no limitations.

Cleared to participate in Summer Session Workouts at Delaware Valley Regional High School with limitations.

Physician Office Stamp

If this form is not completed by the athletes physician or medical home, then the form will not be accepted and the athlete will not be allowed to attend Summer Session Workouts. If this form is not stamped by your medical office it will not be accepted.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

