

Camelot Academy

809 Proctor Street, Durham, NC 27707
Phone (919) 688-3040 * Fax (919) 682-4320

Medical Consent Form

* This form must be completed and signed by a physician before any student is allowed to participate in interscholastic athletic practices/games.

Student Name _____ Grade _____

Date of Birth _____ Gender _____

Special Information:

Major Injuries (especially recent Orthopedic) _____

Referral _____

Major Illnesses _____

Protective Equipment Required (beyond that required by sport) _____

Comments _____

Review by Physician _____ Full, Unlimited Participation

_____ Limited Participation **

**Limitations _____

Physician's Name: _____ and _____
(Please Print) (Signature) (Date)

Address: _____

Office Phone: _____