

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION AND PARENT CONSENT FORM

(must be filled out within 30 days of each season)

IMPORTANT UPDATE: This form is an addendum to your child's current physical on file. A current physical is one that is performed within 12 months of the first day of sports practice. If the physical was performed more than 30 days before the first day of practice, this form must be completed. PLEASE NOTE: this form CANNOT be completed and signed more than 30 days before the first date of practice.

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Sport: \_\_\_\_\_ (circle one): Male Female

HISTORY SINCE LAST PHYSICAL – TO BE COMPLETED BY THE PARENT/GUARDIAN

Date of last physical exam (month and year is sufficient) \_\_\_\_\_

Since the last physical exam, has your child \_\_\_\_\_ DATE

- 1. Experienced any type of head injury or concussion requiring medical attention?
2. Received any injury requiring medical attention?
3. Had any surgical operations, joint injuries, or fractured bones?
4. Been treated in a hospital or emergency room/walk-in?
5. Been diagnosed with any condition requiring medical attention?
6. Missed any practices and/or games due to illness or injury?
7. Been absent from school for 5 or more consecutive days due to accident or illness that required medical attention?
8. Had an injury or illness that has prevented them from exercise or other athletic activities?
9. Been prescribed any medication by a doctor?
10. Experienced any feelings of faintness or dizziness after exertion?
11. Had a change in vision (such as wearing glasses or contact lenses)?
12. Developed any allergies?

FEMALES ONLY: Date of Last Menstruation - \_\_\_\_\_

Please describe the conditions or situation that caused any questions listed above to be answered "YES": \_\_\_\_\_

Blank lines for describing conditions or situations.

Note: "Yes" to any of the above question does not mean automatic disqualification from an interscholastic activity. However, it will require a review and approval by the school physician before the student can report to practice and tryout.

PARENT CONSENT FORM: PARENTAL SIGNATURE REQUIRED:

I, the undersigned, clearly understand these questions are asked in order to determine if my child can safely participate in the interscholastic activity listed below. All answers are correct and of this date. I hereby give my consent for \_\_\_\_\_ to participate in \_\_\_\_\_ practice and contests

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_