



Student Name _____ Sex: M F DOB _____

Grade _____ Current Sport _____

**Please
fill in
every
blank.**

Parent/Guardian Name _____

Address _____ Home Phone _____

Mother/Guardian Workplace _____ Work Phone _____

Father/Guardian Workplace _____ Work Phone _____

Health Insurance Co. _____

Group No. _____ Policy I.D. No. _____

Date of Last Physical _____ Family Physician _____ Phone _____

Emergency contact when a parent/guardian cannot be reached: _____ Work Phone _____

Name _____ Home Phone _____

Have you had any illness, injury or surgery that restricted activity in the past 12 months? Yes No

If Yes, please describe _____

Have you had any illness lasting more than one week in the past 12 months? Yes No

If Yes, please describe _____

Have you been examined by a physician or hospitalized in the past 12 months? Yes No

If Yes, please describe _____

Are you currently under a physician's care? Yes No

If Yes, please describe _____

Have you had an MRI, CT, bone scan, or X-ray in the past 12 months? Yes No

If Yes, please describe _____

Are you currently taking any medication? Yes No

If Yes, please describe _____

Please check "Y" (yes) or "N" (no) for all of the following. Explain any "Y" answers in the space provided (or use back of sheet). Include the current status of the condition. Please list any allergies or current medications.

Have you ever experienced:

CONDITION	Y	N	If Yes, Date	Explanation (Please complete this for any YES answer.)
Concussions	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stingers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sprains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Strains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Glasses/contacts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Allergies (bees?)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please list any medical conditions the staff should be aware of: _____

I give permission for my student to participate in ALL sports.

Yes No **If No, explain:**

Parent/Guardian Signature _____ Date _____