SCHOOL SPORTS CONSENT FORM

DEPOSIT MIDDLE/HIGH SCHOOL

To be completed by parent/guardian **BEFORE** the sports physical

STUDENT NAME: _____GRADE:_____DOB:_____

SPORT: _____ JV/VARSITY OR MODIFIED

PARENT/GUARDIAN: _____

HOME PHONE: _____ WORK OR CELL PHONE: _____

INJURIES (check any from past/present and state date)

___Head or neck
___Back
___Arm/hand
___Leg/foot
___Joint Dislocations
___Sprains/Strains
___Broken Bones
___Concussion
___Any other injury

MEDICAL PROBLEMS (check any from past/present)

___Head, eyes, ears, nose, throat
___Lungs-Asthma
___Heart murmur/other
___High Blood Pressure
___Diabetes
___Surgery_____
___Hospitalizations_____
___Hernia/rupture
___Skin rashes
___Mononucleosis
___Anemia
___Seizure/Convulsions
___Allergies_____
___Loss of vision/hearing
___Hepatitis
___Loss of kidney/testicle
___Sickle Cell Anemia
___Easy Bleeding
___Eyeglasses/Contacts

MEDICATIONS (please list all medications presently taking)

_____

_____

FAMILY HISTORY OF MEDICALLY UNEXPLAINED OR HEART RELATED SUDDEN DEATH UNDER THE AGE OF FIFTY? _____

SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED FOR PARTICIPATION

I hereby state that the above information is accurate and grant permission for the above named student to be examined by the school physician before participating in any organized school program. I understand that this medical information will become part of my child's school health record and will be available for review by authorized school personnel.

PARENT/GUARDIAN SIGNATURE:_____DATE:_____