

**'FGNDCTVQĖ'UEJ QQN'''
CVJ NGVĖ'RTGRCTVĖĖRCVKQP'HQTO ''4232/4233**

.....**Ķĥqt o cĵqp'Wrf cvg'ĥqt 'Cvj rgĵe'Ret vĵkr cĵqp''**
, , , , Tgwwt p'vj k'ĥqt o 'vq'vj g'School Nurse'dghqt g'vj g'ĥt uv'r t cĵleg'qĥĵceĵ 'tr qt v'ĵgcĵqp/'pq''
gct rĵgt 'vj cp'82'f c{ u'r t ĵqt 'vq'dgi ĥpĵĵi 'qĥĥr qt v, , , ''

Name: _____ Grade: _____ Date of Birth: _____

Home Phone: _____ Date of Last Medical Examination: _____

Sport: _____ Season: Fall Winter Spring

Father's Name _____ cell phone _____

Mother's Name _____ cell phone _____

Physician's Name _____ phone _____

Chronic Medical Conditions _____

Orthopedic Conditions _____

Allergies _____

Medication(s) Taken _____

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Fĥt gĵĵqpur Since the last medical examination, the above named child has experienced the following medical changes (please explain in full any "YES" answers, including dates): You *must* respond to *each* question.

J GCNVJ 'J KUVQT| 'WRF CVG'UR'EG'NCUV'O GF ĖCN'GZCO Ė'CVĶQP''

1. Any injuries requiring medical attention? Yes No
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2. Any illness lasting more than five (5) days? Yes No
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3. Taking medicine or under licensed medical provider's care at this time? Yes No
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4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? Yes No
-
5. Any other information that the coach/trainer should know? Yes No
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I clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named above. I certify the information provided herein is accurate to the best of my knowledge as of the date of my signature, and my son has my permission to participate. I authorize the release of information contained in this document to those who may be responsible for my child's care.

Parental Consent:
In the event that I cannot be contacted, I give permission for such diagnostic, therapeutic and operative procedures as may be deemed necessary for my son.

Parent/Guardian Name (printed) _____

Signature: _____

Date: _____