MEDICAL/INSURANCE/PARENTAL CONSENT FOR ATHLETIC PARTICIPATION FORM

STUDENT'S NAME

SCHOOL

DRESS:				D/C)/B:		SEX
Family History (Parents)				Health History (Student's)			
YES NO				Have you recently had or do you now have:			
High Blood Pressure					YES	NO	Explain all Yes answer
Heart Problems				Frequent Headaches			
Fainting Spells				Concussion			
Seizures				Seizures			
Diabetes				Fainting Spells			
				Heat Stroke			
Kidney Disease Sudden Deaths				Vision Disorders			
				Eyeglasses or Contact Lenses			
Loss of Vision				Loss of Vision of Either Eye			
Bleeding Disorders				Dental (Braces, False Teeth			
Strokes				Hearing/Loss			
Explain all YES answers	5:			Frequent Earaches			
				Nosebleeds			Allergies: None
				Rapid Hear Beat at Rest			Allergies: None
							·
				High Blood Pressure			Madiant's set N
				Heart Murmur			Medications: None
				Other Heart Problems			
				Swollen Ankles			
MEDICAL H	HISTORY	(STUDEN	(<u>T)</u>	(other than sprains)			II
Have you ever had the following illnesses?				Shortness of Breath			Hospitalizations: None
				Asthma			
	YES	DATE	NO	Pneumonia			
ТВ				Lung Problems			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Mononucleosis				Chest Pain			Surgery: None
Rheumatic Fever				Constant Coughing			
Measles				Ulcers			
Chickenpox				Unexplained Jaundice			
Mumps				Unexplained Fevers			
				Kidney Problems			
Diabetes				Urinary Infections			
PPD				Blood in Urine			
Allergies: None				Blood Transfusion			
				Anemia (low blood)			
				Thyroid Problems			
				Easy Bruising		П	
Medications: None				Hot or Cold Spells			
-				Arthritis			
				Knee Injuries			
Hospitalizations: None				Knee Pain			
				Dislocations			
				Fractures			
Immunization: Date				Neck Injury			
DTAP				Weak Ankles			
MMR				Back Aches			
POLIO							
VARICELLA							
PPD							
HEP B SERIES							

I certify that the information on the above form is true: