

INTERIM QUESTIONNAIRE

Last Name	First	Middle	Male/Female (circle one)	Date
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Since his/her last athletic physical examination, has this student:

	YES	NO	
(1) Had surgery	___	___	Year in School
(2) Been hospitalized	___	___	
(3) Been under a physician's care	___	___	
(4) Had a serious illness	___	___	
(5) Had an injury requiring a physician's care	___	___	
(6) Been rendered unconscious	___	___	
(7) Started taking any new medications	___	___	
(8) Developed any new drug allergies	___	___	
(9) Developed any health problems (Please explain all <u>yes</u> answers)	___	___	

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My child ___ should or ___ should not have a physical examination prior to participation in junior high athletics.

Signature of Parent or Guardian

Address

City Zip Code

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CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF STUDENT _____ DATE _____

NOTE: The original copy is to be returned to the school