PARENT/GUARDIAN CONSENT FORM

Parent/Guardian consent, medical history, and physical evaluation are to be completed:
1. New Students
2. Students participating in school sports programs.

Student's Last Name: _____ First Name: _____ Middle Initial: ____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Mom/Guardian Name: _____

Home #: _____ Cell #: _____ Pager # _____

Work Place_____ Work #: _____

Father/Guardian Name: _____

Home #: _____ Cell #: _____ Pager # _____

Work Place_____ Work #: _____

Name of Insurance Provider: _____ Policy Number: _____

Name of Insured: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

HEALTH HISTORY: (Please explain any yes answers)

a) Any known chronic illness; Asthma, Cystic Fibrosis, Diabetes, Heart, etc. Yes: _____ No: _____

b) Any known allergies; drug, environmental, food; describe: Yes: _____ No: _____

c) History of head injury, concussion, seizure, etc.? Yes: _____ No: _____

d) History of hospitalization or surgery; explain: Yes: _____ No: _____

e) Any spinal injuries or spinal defects: Yes: _____ No: _____

f) List **all** medications taken on a daily basis: Yes: _____ No: _____

g) Note special concerns regarding participation in physical education, athletics or sports for your child:

h) Does your child wear contact lens (eyes) or have any orthodontic appliance in their mouth? Yes: ___ No:___

i) Any recurrent skin rashes, abscesses in past year? (Explain) Yes: _____ No: _____