



ANNUAL INTERVAL HISTORY FORM

(To be completed during the years when a physical exam is not required)

Sport _____ Received by _____ Date _____ Fees _____

TO BE COMPLETED BY PARENT/GUARDIAN:

Student Name _____ Grade _____ School _____ Birthdate _____

Home Address _____ Phone _____

Parent/Guardian Name _____ Phone _____ Cell Phone _____

Physician _____ Phone _____

In the past year the above student:

Yes No

If Yes, please explain below

- 1. Has had injuries requiring medical attention:
- 2. Has had illness lasting more than a week:
- 3. Is under a physician's care now:
- 4. Takes medication now:
- 5. Wears glasses/contact lenses (*circle which apply*)
- 6. Has had a surgical operation:
- 7. Has been in a hospital (except tonsillectomy):
- 8. Do you know any reason why this student should not participate in all sports?

PARENT OR GUARDIAN PERMIT:

I want my ()son or ()daughter to have the privilege of participating in competitive school athletics. _____ ,
therefore, has my permission to compete in all sports approved by the Board of Education (Name of Student)
of the local School District and to be transported according to District Transportation Policy.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that there are risks of injury when participating in athletics and the District assumes no financial obligation for any injury that may occur. I am advised that students are held responsible for all player's equipment owned and issued by the school.

I hereby give permission to the physician selected by the school director, or in his or her absence their designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Person to contact in case of emergency if I cannot be reached:

Emergency Contact Name _____ Relationship _____

Address _____ Phone _____ Cell Phone _____

INSURANCE ARRANGEMENTS:

Please check one:

- My son/daughter is covered by insurance purchased at school, 20___/20___ school year. Check below:
 - 24 Hour Plan School-Time Plan Interscholastic/Tackle Football Plan
 - Other Interscholastic Sports 24-Hour Dental Plan
- My son/daughter is fully covered by insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during athletic activities or travel for activities.

Name of Insurance Company with which insured _____

Insurance Co. Phone _____ Group # _____ Member # _____

Signature of Parent/Guardian _____ Date _____