

RSU 71 Sports Permission and Health Questionnaire
Parent/Student Agreement and Proof of Insurance
Must be completed yearly

Full Name of Student _____ Date of Birth _____
Parent/Guardian Name _____ Phone # _____
Grade _____ School _____

Please circle or mark any sports that you DO NOT give permission for your child to participate in:

Baseball	Basketball	Cheering	Cross Country	Field Hockey	Football	Golf
Soccer	Softball	Swimming	Tennis	Track/Field	Wrestling	

Emergency Data

In the event the above named child becomes ill or is injured while participating in sports, and I can not be contacted, school authorities have my permission to contact and release my child to the custody of one of the following:

Name	Relationship to child	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IN CASE OF EMERGENCY: If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child. All medical expenses are the responsibility of the parent/guardian.

I give my consent for my child to represent his/her school in approved athletic activities and accompany any school team of which he/she is a member on any of its local or out of town trips.

I understand that participation in any sport has an inherent risk of injury. In addition, I understand that my child must have the following forms on file before they will be allowed to draw equipment, to practice or to compete in interscholastic athletics:

- Parent/Student Agreement
- Health Questionnaire/Medical History (completed yearly by parent/guardian, on reverse side)
- Proof of Insurance
- Physical Examination (must be completed every 2 years by healthcare provider: MD, DO, NP or PA)

I hereby certify that my child has personal injury insurance and that the coverage will continue throughout the sports season(s) in which he/she participates.

Insurance company _____

By signing this form I attest that all information is accurate. Furthermore, this signature grants permissions, acknowledges proof of residency requirements and medical responsibility in case of emergency, illness or injury as outlined above.

Signature of Parent/Guardian _____ Date _____

Medical History (must be completed by parent/guardian every year and shared with your child's doctor)

Student's Name _____ M F Date of Birth _____ Age _____

Medications and Allergies: Please list all of the prescription and over-the-counter medications and supplements (herbal and nutritional) that your child is currently taking: _____

Does your child have any allergies? Yes No If yes, please identify below:

Medicines _____ Foods _____ Stinging Insects _____

Environmental _____ Other _____

Emergency Medications _____

Explain "yes" answers below. Circle questions you do not know the answers to.

General Questions	Yes	No
1. Has a doctor ever denied or restricted your child's participation in sports for any reason?		
2. Does your child have any ongoing medical conditions: ___ Asthma ___ Anemia ___ Diabetes ___ Infections ___ Other _____		
3. Has your child ever spent the night in the hospital?		
4. Has your child ever had surgery?		
Heart Health Questions	Yes	No
5. Has your child ever passed out or nearly passed out DURING or AFTER exercise?		
6. Has your child ever had discomfort, pain, tightness, or pressure in their chest during exercise?		
7. Does your child's heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that your child may have a heart problem?		
9. Has a doctor ever ordered a test for your child's heart? (for example, ECG/EKG, echocardiogram)		
10. Does your child get lightheaded or feel more short of breath than expected during exercise?		
11. Has your child ever had an unexplained seizure?		
Heart Health Questions About Family	Yes	No
12. Has any family member or relative died of heart Problems or had an unexpected or unexplained death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		

Bone and Joint Questions	Yes	No
13. Has your child ever had an injury to a bone, muscle, ligament, or tendon that caused them to miss a practice or game?		
14. Has your child ever had any broken or fractured bones or dislocated joints?		
15. Has your child ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
Medical Questions	Yes	No
16. Does your child cough, wheeze or have difficulty breathing during or after exercise?		
17. Has your child ever used an inhaler or taken asthma medicine?		
18. Has your child ever had a head injury or concussion?		
19. Has your child ever become ill while exercising in the heat?		
20. Does your child get frequent muscle cramps when exercising?		
21. Has your child had any problems with their eyes or vision?		
22. Does your child wear glasses, contact lenses or protective eyewear?		
23. Do you or your child have any concerns that you would like to discuss with a doctor?		

Explain "yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Parent/Guardian _____ Date _____