INTERIM QUESTIONNAIRE

PLEASE PRINT!!

_____Male/Female_____

Last Name First Middle (circle one) City Date

Since his/her last athletic physical examination, has this student:

		YES	NO	_____ Year in School
(1)	Had surgery	___	___	
(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 **yes** answers)

_____

_____

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

School health insurance needed: ___Yes ___No

If yes, a premium charge will be required prior to participation in any IHSAA athletic activity. More information may be obtained from the local school district.

If no, is your child covered by a family health insurance policy? ___Yes ___No___

_____
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.

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