

## Medical History

Does your child have a previous history of:

	Yes	No
Bone/joint injury or disease? .....	<input type="checkbox"/>	<input type="checkbox"/>
Neck injury?.....	<input type="checkbox"/>	<input type="checkbox"/>
Being unconscious/knocked out?.....	<input type="checkbox"/>	<input type="checkbox"/>
Seizures/convulsion? .....	<input type="checkbox"/>	<input type="checkbox"/>
Frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding/blood disorders?.....	<input type="checkbox"/>	<input type="checkbox"/>
Heat illness.....	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (seasonal, insects)? .....	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (medications)?.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease? .....	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>
Viral infection (mono)?.....	<input type="checkbox"/>	<input type="checkbox"/>
Eye/vision problems? .....	<input type="checkbox"/>	<input type="checkbox"/>
Missing/non-functioning limbs .....	<input type="checkbox"/>	<input type="checkbox"/>
Asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
Emotional disturbance?.....	<input type="checkbox"/>	<input type="checkbox"/>
Take medication? .....	<input type="checkbox"/>	<input type="checkbox"/>
Had surgery in the past year?.....	<input type="checkbox"/>	<input type="checkbox"/>
Currently under physicians care? .....	<input type="checkbox"/>	<input type="checkbox"/>
Wearing contacts/glasses?.....	<input type="checkbox"/>	<input type="checkbox"/>
Date of recent immunizations:		

Tetanus: \_\_\_\_\_

Hepatitis: \_\_\_\_\_

Explain all "yes" answers. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Training Room Copy of Travel Card

To be completed by parents/guardians

### Insurance Information

My child is covered under the insurance policy of (check one):

father  mother  none

Insured's name \_\_\_\_\_

Insurance company \_\_\_\_\_

Insurance company address \_\_\_\_\_  
\_\_\_\_\_

Insurance company phone number \_\_\_\_\_

Group # \_\_\_\_\_

Policy # \_\_\_\_\_

## Parent Permit to Travel/Emergency Treatment Card

Sport \_\_\_\_\_ Sport \_\_\_\_\_

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  male  female

Student ID number: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

### Parent/Guardian 1:

Name \_\_\_\_\_ Employer: \_\_\_\_\_

Cell/Pager \_\_\_\_\_ Work Phone \_\_\_\_\_

### Parent/Guardian 2:

Name \_\_\_\_\_ Employer: \_\_\_\_\_

Cell/Pager \_\_\_\_\_ Work Phone \_\_\_\_\_

Family physician: \_\_\_\_\_ Physician's office number: \_\_\_\_\_

### Emergency contact in case parent/guardian cannot be reached

Contact name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Contact phone: (#1) \_\_\_\_\_ (#2) \_\_\_\_\_

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips. It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs. If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.