

**Annual Health Questionnaire for Sports Participation  
Grades 1-8**

**Sports to be played:** \_\_\_\_\_  
**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
**Family Physician:** \_\_\_\_\_  
**Physician Telephone Number:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_

Please answer the following questions by circling the answer:

- |  |            |           |
|--|------------|-----------|
| 1. During the past 12 months was your child hospitalized?  | <b>Yes</b> | <b>No</b> |
| 2. During the past 12 month has your child had surgery?  | <b>Yes</b> | <b>No</b> |
| 3. during the past 12 months has your child had any injuries<br>required medical attention?                                  | <b>Yes</b> | <b>No</b> |
| 4. Does your child take medication on a daily basis?   | <b>Yes</b> | <b>No</b> |
| 5. Do you feel that there should be limits on your child's sports<br>participation because of symptoms of illness or injury? | <b>Yes</b> | <b>No</b> |
| 6. Do you feel there should be limits on your child's sports<br>participation because of family history?                     | <b>Yes</b> | <b>No</b> |
| 7. Has your child ever passed out while exercising?  | <b>Yes</b> | <b>No</b> |

If you answered "yes" to any question your child will need a pre-participation physical exam by a physician to be cleared to play. Please arrange this.

We the undersigned have answered the above questions to the best of our ability. The information given is true. We understand that school personnel will rely on the information provided.

I agree to participation of my above named child in the sports program listed above. In addition I consent to practice sessions and travel for the sports listed above. I agree to emergency treatment as deemed necessary by medical personnel designated by the program authorities.

**Student Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ *(permission valid for 365 days unless revoked)*