

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

**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)

**TRANSPORTATION AGREEMENT – PLEASE, check on of the boxes.**

**WALKERS must provide a note.**

- My child will be **PICKED UP** from Tuba City Primary School on practice days at 4:45 p.m.
- OUT OF TOWN** students **ONLY: My child will take the late activity bus home at 4:45 p.m.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN this FORM to the front office by \_\_\_\_\_  
in ORDER TO PARTICIPATE. Thank you.**