



INTERIM QUESTIONNAIRE

PLEASE PRINT!!

Date _____

Last Name _____ First _____ Middle _____

Grade in 17-18 _____ Male/ Female _____

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

	YES	NO
(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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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 _____