

**HEALTH FORM**

Name _____	Phone _____	Class Year _____
Address _____	Zip _____	Birthdate _____
Father/Guardian _____	Business Phone _____	Cell Phone _____
Occupation _____	Place of Business _____	
Mother/Guardian _____	Business Phone _____	Cell Phone _____
Occupation _____	Place of Business _____	
Emergency Contact _____	Phone _____	Cell Phone _____
Family Doctor _____	Phone _____	Exchange _____
Address _____	City/State _____	Zip _____

Please return completed health examination form to the school nurse. Any questions regarding completion of this form may be directed to the school nurse, 314/842-4429 ext. 275 PLEASE PRINT.

<b>THIS COLUMN TO BE COMPLETED BY PARENT</b>
ALLERGIES: _____ _____ _____
MEDICATIONS: _____ _____ _____
<b>HEALTH HISTORY</b> —Has student ever had any of the following? Please explain: ASTHMA _____ EPILEPSY _____ DIABETES _____ CHICKEN POX _____ OTHER SERIOUS ILLNESS _____
<b>OTHER CIRCUMSTANCES WHICH MAY AFFECT STUDENT'S SCHOOL PERFORMANCE:</b> ANXIETY ATTACKS _____ PANIC ATTACKS _____ HEADACHES _____ MIGRAIN HEADACHES _____ MENSTRAL CRAMPS _____ OTHER _____
<b>PERMISSION FOR:</b> Tylenol _____ Ibuprofen _____ (Max 2 doses) Adult dose per package
<b>PARENT SIGNATURE:</b> _____

<b>TO BE COMPLETED BY PHYSICIAN</b>	
<b>IMMUNIZATIONS—GIVE ALL DATES</b>	
<small>MONTH/DAY/YEAR ARE REQUIRED BY LAW</small>	
DPT	___/___/___ ___/___/___
	___/___/___ ___/___/___
DT BOOSTER	___/___/___ ___/___/___
POLIO	___/___/___ ___/___/___
	___/___/___ ___/___/___
MMR	___/___/___ ___/___/___
HEP B	___/___/___ ___/___/___
	___/___/___
HEP A	___/___/___ ___/___/___
TINE/PPD	___/___/___
OTHER	_____
<b>PHYSICAL FINDINGS</b>	
HEIGHT	WEIGHT
B/P	PULSE
EYES L	BOTH
R	
HEARING TEST	
ENT	
CHEST/LUNGS	
HEART	
ABDOMEN	
HERNIA	
LYMPH NODES	GENITALIA
NEUROLOGICAL	SCOLIOSIS
URINALYSIS SUGAR	ALBUMIN

<b>TO BE COMPLETED BY PHYSICIAN RECOMMENDATION FOR SCHOOL</b>
Medical Treatment at School:
ORTHOPEDIC EXAM (for sports participation)
ROM Back Neck/Shoulders
Upper Extremities/Arm/Hand
Lower Extremities/Hip/Leg/Foot
Head Injury
Other serious injury
RECOMMENDATION FOR SPORTS
Full unlimited participation
No participation
Limited participation
Clearance withheld until
Name of Examiner (please Print)
Signature of Examiner
Address
Phone ( )                      Date



**Student Agreement Regarding Conditions for Participation:**

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Permission and Authorization for Treatment:**

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We understand that the school may not provide transportation to all events, and permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school

year with \_\_\_\_\_  
(Name of Insurance Company)

\_\_\_\_\_  
(Policy Number) Date

Parents or Guardian's signature \_\_\_\_\_  
(All parents or guardians must sign)

\_\_\_\_\_ Date \_\_\_\_\_

**Please check the sport(s) your daughter will be trying out for:**

Fall		Winter	Spring
_____ Cross Country	_____ Softball	_____ Basketball	_____ Lacrosse
_____ Field Hockey	_____ Tennis	_____ Cheerleading	_____ Track
_____ Golf	_____ Volleyball	_____ Swimming	_____ Soccer