



INTERIM QUESTIONNAIRE

PLEASE PRINT

_____ Male/Female
 Last Name First Middle (circle one) City Date

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	___	___

 Year in
 School

(Please explain all yes answers)

My child ___ **should** or ___ **should not** have a physical examination prior to participation in high school athletics.

School health insurance needed: ___ Yes ___ No

If yes, a premium charge will be required prior to participation in any IHSAA athletic activity. More information may be obtained from the local school district.

If no, is your child covered by a family health insurance policy? ___ Yes ___ No ___

 Signature of Parent or Guardian

 Address

 City Zip Code

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. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

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 _____

NOTE: The original copy of this form must be returned to the school.