

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

NAME OF STUDENT	SEX	PARENT OR GUARDIAN
HOME ADDRESS	GRADE/AGE	HM PHONE
		WK PHONE

PARENT or GUARDIAN	PHYSICIAN
STUDENT HEALTH HISTORY	
Parent or Guardian Please answer "Yes" or "No Only to the Following Questions	
YES/NO	YES/NO

Chronic and/or Recurrent Illness	Vitals	Satis- Factory	Exam Comments	Follow Up
Hospitalization?	HT.			
Operations?	WT.			
Taking Medication?	BP.			
Organs Missing?	Pulse			
Heat Exhaustion?	GENERAL			
Dizziness, Fainting, Seizures?	Head			
Knocked Out?	Eyes			
Concussion?	Ears			
Wear Glasses/Contacts?	Dental			
Hearing Problems?	Chest			
Allergic to Medications?	Heart			
High-Blood Pressure?	Abdomen			
Hernia?	Genitalia			
Bone, Joint, Spine Injury?	Skin			

Liver, Spleen, Kidney or Skin Problem
 Explain any yes answers or any other pertinent information concerning health history:

Check if additional comments are on the reverse side. _____

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above mentioned to participate in activities. I understand the risk of injury in athletic participation. If any son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches trainers or other personnel properly trained.

SUMMARY OF COMMENTS:

SPORTS PARTICIPATION APPROVED
 YES _____ NO _____ DEFERRED _____
LIMITATIONS or FOLLOW-UP:

X

Signature of Parent or Guardian / Date

X

Signature of Physician / Date