



HEALTH INFORMATION FORM

9733 Olive Blvd. Olivette, MO 63132

www.ilsolivette.org

314-993-5004 – P | 314-993-0311 - F

To be Completed by Parent: *(to be completed annually for all students)*

Student Name: _____

Address: _____ City, State Zip _____

Date of Birth: _____ Gender: *(circle one)* M F Grade: _____

Parent/Guardian: _____

Home Phone # _____ Cell Phone # _____

Health History *Has this child ever had any of the following? (Please circle.) If yes, please explain.*

Asthma	Y	N	Allergies	Y	N	Surgeries	Y	N
			<i>(If yes, please list what child is allergic to.)</i>					
Epilepsy	Y	N				Other Serious Injury	Y	N
_____						_____		
Diabetes	Y	N				Head Injury	Y	N
_____						_____		
Chicken Pox	Y	N	Medications	Y	N	Neck/Back	Y	N
_____			<i>(current or past)</i>			_____		
Other Serious Illness	Y	N				Hip/Leg/Foot	Y	N
_____						_____		

NOTES:

Rev. 09.9.20

Parent's or Guardian's Permission for Interscholastic Sports Activities

I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on this form by the physician. I also give my consent for him/her to accompany the team in its travels to practices, games or related activities sponsored by the school and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice such as medical care as is reasonably necessary for the welfare of the student, if she/he is injured in the course of school athletic activities. I also give consent for the school nurse or administrator to contact the child's physician concerning health issues.

Parent's Signature _____ **Date** _____