

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

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

To be Completed by Physician: *(If new to ILS, entering K, 4th or 7th grade) or intending to participate in sports)*

Immunizations (date: _____)	Is child under care at this time? Y N	Orthopedic Exam (for sports participation)	
HIB _____	If yes, please explain: _____	RCM _____	
DPT _____		Back _____	
Tdap _____	Physical Findings	Neck/Shoulder _____	
Polio _____		Upper Extremities _____	
MMR _____		Lower Extremities _____	
PPD/TB _____		Recommended for Sports (check one)	
Hep B _____		_____ Full Unlimited Participation	
Chicken Pox _____		_____ No Participation	
Other _____		_____ Limited Participation	
		_____ Clearance withheld until _____	
Name of Examiner (please print) _____		Cover Test _____	Recommended for School
Signature of Examiner _____		ENT _____	
Date _____	Chest/Lungs _____	Medical Treatment at School Y N	
Address _____	Heart _____		
Phone _____	Abdomen _____		
Fax _____	Hernia _____		
	Lymph Nodes _____		
	Genitalia _____		
	Neurology _____		
	Scoliosis _____		

Rev. 11.05.19

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** _____