



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/Guardian (*annually* for all students)

Student Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Gender: _____ Grade: _____

Parent/Guardian: _____

Home Phone # _____ Cell Phone # _____

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

Asthma Yes No

Epilepsy Yes No

Diabetes Yes No

Chicken Pox Yes No

Other Serious Illnesses Yes No

Allergies Yes No

Medications Yes No

Surgeries Yes No

Other Serious Injuries (*Head, Neck, Back, Hip, Leg, Foot*) Yes No

NOTES: (*Please add anything else you think we should know*)

Parent/Guardian Permission for Interscholastic Sports Activities

I hereby give my consent for my child (listed above) to represent ILS (Immanuel Lutheran School) in interscholastic activities, except those stated by their physician on their physical form.

I also give my consent for my child to accompany the team in its travels to practices, games or related activities sponsored by ILS and will not hold ILS responsible in case of accident or injury. I also give consent and authorize ILS to obtain, through a physician of its choice, medical care as is reasonably necessary for the welfare of my child, if she/he is injured during school athletic activities. I also give consent for the school nurse or administrator to contact my child's physician concerning health issues.

In signing this document, I acknowledge that I have provided the correct health information for my child to the best of my knowledge.

Parent/Guardian Signature

Date