MEDICAL HISTORY*
(To be completed by parent or guardian)

Name_____Grade_____
Last First

Phone _____Emergency Phone_____

1. Has there been in the past 3 months any:

Yes		No	Describe
___	Surgery	___	_____
___	Injury	___	_____
___	Illness	___	_____

2. Is there any past history of:

Yes		No	Describe
___	Concussion	___	_____
___	Epilepsy	___	_____
___	Rheumatic Fever	___	_____
___	Heart Murmur	___	_____
___	Bone or Joint Injury	___	_____
___	Pneumonia or Asthma	___	_____
___	Diabetes	___	_____

3. Has child had any operations other than tonsillectomy?

   Yes ___ No ___ Explain Yes _____

4. Do you know of any reason why this student should not participate in all sports?
   Yes ___ No ___

   Explain Yes _____

_____ _____
Signature of Parent or Guardian **Date**

**** Medical history information is required in grades 8-10-12***