SPRING PERMISSION SLIP/INTERVAL HEALTH HISTORY FORM

Prior to the start of practice of each sports season, each participant must have had an updated sport's physical and filed this form with the school health office.

Student:	Age:		Grade: _
Date of Birth://			
Sport/Level (check): Baseball Softball Track & Field	Varsity Varsity Varsity	Modified Modified Modified	
O BE COMPLETED BY THE PA	ARENT OR GUA	ARDIAN:	
N THE PAST 30 DAYS:			
. Any injuries requiring medical attention?		Yes	No _
2. Any illness lasting more than 5 days?		Yes	No_
. Taking medication at present time?		Yes	No_
Under a physician's care at the present time?		Yes	No_
5. Any feeling of faintness/fatigue after exercising?		Yes	No_
6. Change in wearing glasses or contact lenses?		Yes	No_
7. Any treatment in a hospital or E.R.?		Yes	No_
3. Any new allergies or chronic disease?			No_

SEE BACK

PARENTAL PERMISSION:

if my child can safely participate on the athletic team mer are correct as of this date and he/she has my permission	tioned above. The answers	
SIGNED: DA	DATE:	
	·	
TO BE COMPLETED BY THE SCHOOL HEATLH OFFICE	E:	
Sports Participation (check):		
. , ,		
Approved Referred	to School Physician	
Signed:	Date:	
If referred to school physician (check):		
Requalified Disqualif	ied	
Signed:	Date:	

* RETURN THIS FORM TO THE ATHLETIC OFFICE *

For JV and Varsity sports, this form must be submitted to the Athletic Office by March 4, 2019, the starting date for JV and Varsity sports. Forms submitted after the 4th will result in delayed eligibility.

For participation in Modified sports, this form must be submitted by March 11, 2019, the starting date for modified sports. Forms submitted after the 11th will result in delayed eligibility.