

# OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

Name of student	Sex	Parent or Guardian	
Home address	Grade/Age	Home phone	Work phone

PARENT OR GUARDIAN			PHYSICIAN				
STUDENT HEALTH HISTORY			VITALS	Satisfactory		Exam Comments	Follow Up
Parents or guardian please answer "yes" or "no" only to the following questions				yes	no		
	yes	no					
			HT.				
Chronic and/or recurrent illness?			WT.				
Hospitalization?			B.P.				
Operations?			Pulse				
Taking medications?			<b>GENERAL</b>				
Organs missing?							
Heat exhaustion?			Head				
Dizziness, fainting, seizures?			Eyes				
Knocked out?			ENT				
Concussion?			Dental				
Wear glasses/contacts?			Chest				
Hearing problems?			Heart				
Allergic to medications?			Abdomen				
High blood pressure?			Genitalia				
Hernia?			Skin				
Bone, joint spine injury?			Extrem., back, neck				
Liver, spleen, kidney or skin problems?							

Explain any yes answers or any other pertinent information concerning health history:     <input type="checkbox"/> Check here if additional comments are on reverse side.	SUMMARY OF COMMENTS:     <input type="checkbox"/> Check here if additional comments are on reverse side.
--	---

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, trainers, or other personnel properly trained.     <b>X</b>	Sports Participation approved: Yes _____ No _____ Deferred _____  Limitations or Follow-up:    <b>X</b>
Signature of Parent or Guardian / Date	Signature of Physician / Date