A parent or guardian must complete this form**. This is NOT the physical exam form.**

HEATLH HISTORY: ***Must be completed and signed by a parent or guardian.***

Name: _____

Male ρ Female ρ Birth Date _____ Grade _____

Home address _____ Zip _____ Phone # _____

Work phone # _____ Cell # _____ Pager # _____

Has your child ever had?	**NO**	**YES**	**IF, YES PLEASE INDICATE TREATMENT**
Allergies/Environmental/Food (please indicate what are the allergies)			
Anemia			
Bladder/Kidney Problems			
Fainting Spells			
Ear/Hearing Problems			
Headaches			
Frequent Sore Throat			
Head injury/Concussion			
Fractures/Dislocations			
Skin Rashes			
Chicken Pox			
Asthma			
Arthritis			
Convulsions/Seizures			
Diabetes/Hypoglycemia (low blood sugar)			
Eye/Vision Problems			
Contacts/Glasses			
Frequent Stomach Aches			
Frequent Nose Bleeds			
Back/Neck Problems			
Dental braces/bridges/plates/dental implants			
Menstruation: _____ start date			
Anxiety/Depression/Emotional Problems			
Learning Disability			
Autism/Asperger's syndrome			

Please explain the details of the items marked "Yes": _____
_____

Please list any illnesses, hospitalizations, operations, or injuries that have not been listed above: _____
_____

PARENT OR GUARDIAN PERMISSION AND RELEASE: I hereby give my consent to the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated on the back by the licensed professional. I also give my permission for the team's coach, athletic trainer, and other qualified personnel to give first aid treatment to my son/daughter at an athletic event in case of injury.

Parent/Guardian Name **PRINTED**: _____ **SIGNATURE**: _____

Signature of Student Athlete: _____ Date: _____