



Health History: Intramurals/After-School Conditioning

School/Activity: _____

Sponsor: _____

Dates: _____

Updated 7/1/19

This permission slip must be completed and signed by the parent/guardian prior to participating in any intramural or after school program that requires the student to be physically active.

Student Name (First and Last) _____ Grade _____ Date of Birth _____ Age _____

Address _____

Parent/Guardian Name (First and Last) _____ Phone _____

Home Address _____

Name of Emergency Contact _____ Relationship to Student _____ Phone _____

Address _____

MEDICAL/HEALTH HISTORY: (Check those that apply and give appropriate dates)

Date of last health physical: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Musculoskeletal Disorders | <input type="checkbox"/> Cardiac Conditions |
| <input type="checkbox"/> Asthma _____ Rescue Inhaler | <input type="checkbox"/> Seizures | <input type="checkbox"/> Orthopedic Concerns |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Severe Allergies** | <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Other (Specify) _____ | Food _____ | |
| | Insect _____ | |
| | Medication _____ | |

Are there any activity/PE restrictions? Explain. _____

If yes to any of the above, explain: _____

** If severe allergy noted above - Student uses: EpiPen _____ Benadryl _____ No Medication _____ Other _____

Since last health physical, has participant had:

- | | |
|---|--|
| <input type="checkbox"/> Serious injury requiring medical attention | <input type="checkbox"/> A surgical operation or fracture |
| <input type="checkbox"/> Treatment in a hospital or emergency room | <input type="checkbox"/> Any prescribed or over-the counter medication |

Please explain: _____

This medical/health history is correct to the best of my knowledge and I give permission for my son/daughter to participate in this physical activity. I fully understand and acknowledge that risks and dangers exist in my child's participation in this activity which may result in injury, illness, and in some cases death; and I hereby accept and assume risks and dangers on behalf of my child.

Parent/Guardian Signature: _____ Date: _____

School Nurse Initials with date reviewed; _____

