

Oaklea Middle School

Medical History & Insurance Form

To be completed by parent/guardian.

Name of Student _____ Grade _____ School _____
Home Address _____ Phone _____
Parent's Name _____ Student's Birthday _____

In the past year, _____ (student's name): circle answers
Please explain any 'yes' answers

- | | Yes | No | |
|--|--------------------------|--------------------------|-------------|
| 1. Has had injuries requiring medical attention. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Has had illness lasting more than a week. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Is under a physician's care now. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Takes medication now. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Wears glasses: yes no Contact lenses | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Has had a surgical operation. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Has been in a hospital (except tonsillectomy) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Do you know any reason why this student should not participate in all sports? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Name of Physician _____ | | | |
| 10. In case of emergency, contact: _____ | | | phone _____ |

PARENT OR GUARDIAN PERMIT

I want my son or daughter to have the privilege of participating in competitive school athletics. _____, therefore has my permission to compete in all sports approved by the _____ (Name of Student) Board of Education of the local School District and to go with the coach on any regularly scheduled trips.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all player's equipment owned and issued by the school.

Please check any sport in which your son/daughter MAY NOT participate:

- Football Basketball Volleyball
 Track & Field Wrestling

INSURANCE ARRANGEMENTS

Please check one:

- My son/daughter is covered by insurance purchases at school, 20 __/20__ school year.

Check one: School Time Insurance (all sports except football)

Twenty-four hour Insurance

Football Insurance

- My son/daughter is fully covered by insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during athletic activities or travel for activities.

Name of Company with which insured _____

Parent Signature _____ Date _____

SCHOOL FEES: Have been paid. Yes No

ELIGIBILITY Requirements met. Yes No

Principal _____