



**GENESEE HIGH SCHOOL INTERIM QUESTIONNAIRE AND CONSENT FORM**  
**PLEASE PRINT NEATLY**

**PERSONAL HISTORY**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Gender: M F  
Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade in School: 7 8 9 10 11 12  
Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
**Primary (1<sup>st</sup>) Contact** (Parent/Guardian): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relation to Athlete: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Secondary (2<sup>nd</sup>) Contact** (Parent/Guardian): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relation to Athlete: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Tertiary (3<sup>rd</sup>) Emergency Contact:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relation to Athlete: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

**See reverse of form for additional information regarding insurance**

**IS YOUR SON/DAUGHTER COVERED BY A FAMILY HEALTH INSURANCE POLICY?** \_\_\_\_\_ YES \_\_\_\_\_ NO

Primary Insurance Company: \_\_\_\_\_  
Policy# \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_  
Group# \_\_\_\_\_

**MEDICAL INFORMATION**

Last Physical: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_ **Allergies:** \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_ Current Prescriptions \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SINCE HIS/HER LAST ATHLETIC PHYSICAL EXAMINATION, HAS THIS STUDENT...**

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
1) Had surgery	_____	_____	5) Had an injury requiring a Physician	_____	_____
2) Been hospitalized	_____	_____	7) Had a concussion	_____	_____
3) Been under a physician's care	_____	_____	8) Been unconscious	_____	_____
4) Had a serious illness/injury	_____	_____	9) Developed any health problems	_____	_____

**PLEASE EXPLAIN ALL YES ANSWERS**

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT FORM**

- ◆ I hereby consent to the above named student-athlete participating in the interscholastic athletic program at Genesee High School. This consent includes travel to and from athletic contests and practice sessions.
- ◆ I hereby consent that the Athletic Trainer or coach may apply first aid treatment for any injury or injuries sustained during practice or games in inter-school athletics sanctioned by Genesee High School, until the parents/guardians can be contacted.
- ◆ I hereby consent that in case the parents/guardians cannot be reached, a member of the Genesee staff or a coach may secure medical first aid, ambulance service, and if necessary emergency room care, when needed, as a result of injury during participation in sanctioned practices/games scheduled by Genesee High School.
- ◆ I hereby consent to the release of the information contained in this form to carry out treatment and healthcare operations for the above named student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

My Participation in interscholastic athletics for Genesee High School is entirely voluntary on my part and with the understanding that I have not violated any of the eligibility rules and regulations of the IHSAA and the Genesee School District.

Signature of Student Athlete \_\_\_\_\_ Date \_\_\_\_\_

## **ATHLETIC INSURANCE / CONCUSSION EDUCATION**

The Idaho High School Activities Association (I.H.S.A.A.) does not require, nor does the Genesee School District provide medical insurance while a student is participating as an athlete or cheerleader in the Genesee School District.

The Genesee School District, through the I.H.S.A.A., does provide "Catastrophic Insurance" coverage for all students participating in I.H.S.A.A. activities. This coverage takes effect if medical expenses exceed \$25,000.

The Genesee School District does recommend that all students participating in activities be covered by a medical insurance plan. Many students are covered by their parents' existing medical program. If the student is not covered by such a program, coverage can be obtained through private insurance companies.

In order for the Genesee School District to have accurate files regarding the insurance coverage of activities participants, please complete and return this form to the coach, advisor, Athletic Trainer, or school office.

I hereby certify that I am aware that the Genesee School District does not carry medical insurance on activities participants. I hereby agree to hold the Genesee School District harmless for any medical expenses incurred as a result of participation in such activities. In addition, I authorize the District-appointed supervisor to initiate medical attention for my child when the supervisor deems it necessary.

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(Parent/Guardian Signature)

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(Date)

### **Concussion Information**

I hereby certify that I have received concussion information from the Genesee School District, and will read through the materials provided regarding concussion education. I realize that concussions may occur in sports and activities, and there is a greater risk in contact sports.

In the event my son/daughter experiences a concussion, I will work with the athletic trainer and school personnel to follow the District approved recovery plan. Additionally, I authorize the District-appointed supervisor to initiate medical attention for my child when the supervisor deems it necessary.

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(Parent/Guardian Signature)

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(Date)