

INTERIM INTERSCHOLASTIC SPORTS FORM

Name _____

Grade _____

Sport _____

Date of Birth _____

This form is to be completed before the start of each sports season except the season in which the athlete has had a sports physical.

Since his/her last sports physical has this student: (please explain any yes answers).

- | | | | |
|-----|---|-----|----|
| 1. | Had any illness lasting more than one week? | Yes | No |
| 2. | Had any injury or illness requiring a doctor's care? | Yes | No |
| 3. | Had any head injury with or without loss of consciousness? | Yes | No |
| 4. | Had sustained a concussion? | Yes | No |
| 5. | Had an operation, fainted, had a convulsion, epilepsy, or diabetes ? | Yes | No |
| 6. | Been hospitalized for any reason | Yes | No |
| 7. | Been evaluated for chest pain or a heart condition? | Yes | No |
| 8. | Taken any medication for a week or longer? | Yes | No |
| 9. | Is there any reason why your son or daughter should not participate in the above-named sport? | Yes | No |
| 10. | Any new family history of heart disease? | Yes | No |

While every effort is made to ensure your child's safety during participation in interscholastic athletics, the possibility of serious injury always exists. We also understand that there is a greater risk of injury in contact sports and we have opted to participate with that knowledge in mind.

I hereby give my son/daughter _____ permission to engage

In _____ for the school year 20_____-20_____.

Parent's Signature

Student's Signature

Date

Revised 12/2025