



INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Date of birth: _____ Sex: M / F
Address: _____ Phone: _____
School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Had surgery? | ☐ | ☐ |
| 2. Been hospitalized? | ☐ | ☐ |
| 3. Been under a physician's care | ☐ | ☐ |
| 4. Had serious illness? | ☐ | ☐ |
| 5. Had an injury requiring a physician's care? | ☐ | ☐ |
| 6. Been rendered unconscious? | ☐ | ☐ |
| 7. Been diagnosed with a concussion? | ☐ | ☐ |
| 8. Started taking any new medications? | ☐ | ☐ |
| 9. Developed any new drug allergies? | ☐ | ☐ |
| 10. Developed any health problems? | ☐ | ☐ |

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

"I hereby consent to the above-named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to the student receiving health care services deemed necessary by health care providers or designated school authorities for any condition resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out health care services including but not limited to screening, examination, and treatment for the above-named student. This meets the parental consent requirements set forth in Idaho Code Section 32-1015. If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from civil liability as specified in said section."

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the Eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE _____

Note: The original copy of this form MUST be returned to the school

Student Name _____

2026-2027

ELEMENT OF RISK

Participation in Parma School District athletics has many rewards and can provide tremendous enjoyment. However, it is important for both the participant and his or her parents or guardians to realize that an element of risk is present in athletics. The purpose of this statement is to clarify the school's position in terms of insurance coverage and to obtain your permission to secure the quickest assistance possible if your child should be injured. Parma's insurance coverage, like that of most schools, does not cover personal injury that is the result of athletic participation. It is most important that you check with your own insurance carrier to be certain that athletic injury would be covered by your own policy, especially if your son or daughter is participating in a contact sport. The school's insurance policy does provide coverage for injuries resulting from a traffic accident involving school transportation going to or from practice or game sites. The school's insurance does not cover transportation in non-school vehicles.

PHS Athletic Participation Medical Emergency Information

Please complete and submit the following to the PHS office before the first practice of the sport season.

Student Name _____ DOB _____ Age _____

Current Grade _____ Sports _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian #1 _____ Phone # _____

Parent/Guardian #2 _____ Phone # _____

Relative or Friend responsible for child if you cannot be reached:

Name-Relation _____ Phone # _____

My son/daughter takes the following medication: _____

Allergies _____

Health/Accident Insurance Carrier _____ Policy # _____

Describe any previous injuries, conditions, or hospitalizations that may affect the performance or treatment of this child-reason and date: _____

I hereby give permission to the proper Parma School District authorities to seek appropriate medical care for my child in the event of illness or injury. I likewise understand that Parma School District is not liable for the payment of medical costs incurred in the event of injury or illness sustained in athletic participation. I have also read the activity rules and have discussed them with my son or daughter.

ACKNOWLEDGEMENT OF RECEIPT OF CONCUSSION GUIDELINES

Concussion References: <https://idhsaa.org/concussion>

Parent/Guardian

I hereby acknowledge that Parma School District has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury in accordance with standards of the Centers of Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

Parent/Guardian Signature _____

Date _____

Signature of Student _____

Date _____

Note: Both signature lines must be completed and the original form must returned to the PHS office prior to the student athlete participating in any school athletic leagues or sports.