

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

NAME OF STUDENT _____	SEX _____	PARENT OR GUARDIAN _____	
HOME ADDRESS _____	GRADE/AGE _____	HOME PHONE _____	WORK PHONE _____

PARENT or GUARDIAN			PHYSICIAN				
STUDENT HEALTH HISTORY			VITALS	SATIS-FACTORY		EXAM COMMENTS	FOLLOW UP
Parents or Guardian Please Answer "YES" or "NO" Only to the Following Questions				YES	NO		
Chronic and/or Recurrent Illness?			HT.				
Hospitalizations?			WT.				
Operations?			BP.				
Taking Medications?			Pulse				
Organs Missing?			GENERAL				
Heat Exhaustion?			Head				
Dizziness, Fainting, Seizures?			Eyes				
Knocked Out?			Ears				
Concussion?			Dental				
Wear Glasses/Contacts?			Chest				
Hearing Problems?			Heart				
Allergic to Medications?			Abdomen				
High Blood Pressure?			Genitalia				
Hernia?			Skin				
Bone, Joint, Spine Injury?			Extrem., Back, Neck				
Liver, Spleen, Kidney, or Skin Problem?			SUMMARY OF COMMENTS:				
Explain any yes answers or any other pertinent information concerning health history:			<input type="checkbox"/> Check here if additional comments are on the reverse side.				
<input type="checkbox"/> Check here if additional comments are on the reverse side. The above information is correct to the best of my knowledge. I hereby give my informed consent for the above mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter is injured, necessary medical care can be instituted by physicians, coaches, trainers or other personnel properly trained.			Sports Participation approved: yes _____ no _____ deferred _____ Limitations or Follow-up:				
X Signature of Parent or Guardian			X Signature of Physician				
Date			Date				