



SPORTS HEALTH INFORMATION / PARENTAL PERMISSION

Please complete and sign this form. Your son/daughter **CANNOT** participate in any interscholastic sport unless this form is completed, signed and returned to the School Nurse **prior** to the start of practice. **Your child must also have a current physical exam (within the past year) signed by your healthcare provider on file with the School Nurse before participating in any interscholastic sports.**

Date of last physical exam: _____ **(MUST BE WITHIN THE PAST YEAR).**

Last Name	First Name	Date of Birth
Home Address	Town	Home Phone
Parents/ Guardians Name(s)		Emergency Contact Number
Health Insurance	Group Number	Physician's Name/ Phone Number

CHECK ANY HEALTH PROBLEMS:

	YES	NO	
Allergies: Please List: _____	___	___	PLEASE EXPLAIN ANY "YES" RESPONSES: _____ _____
Has an Epi-Pen?	___	___	
Asthma	___	___	
Uses Inhaler?	___	___	PLEASE LIST ALL MEDICATIONS TAKEN IN THE PAST MONTH: _____ _____
Cancer	___	___	
Convulsions/Seizures	___	___	
Concussions (Head Injuries)	___	___	
Diabetes	___	___	
Fainting Spells	___	___	
Heart Condition	___	___	
Operations	___	___	
Past Injuries:			
Ankle	___	___	
Back	___	___	
Hip	___	___	
Knee	___	___	
Neck	___	___	
Shoulder	___	___	
Other	___	___	
Single Organ (ex. Kidney)	___	___	
Wears Corrective Eye Lens (glasses)	___	___	HEIGHT: _____
Wears Dental Appliance (braces)	___	___	WEIGHT: _____

I give my son/daughter permission to participate in interscholastic activities and to accompany the team as a member on its off-campus trips. In case of illness or injury, every effort will be made to contact parents and/or guardians listed above. In the event of an emergency that requires immediate medical attention, I give my permission to delegated school officials to secure proper treatment, including transportation via ambulance to the nearest medical facility, the administration of anesthesia and any other necessary medication to my child as determined by healthcare providers. I hereby waive on behalf of the above named child and myself any liability of the Innovation Academy, its agents or employees, arising out of such treatment.

Signature of Parent/ Guardian _____ Date _____