



**Section II.**

**Athlete's Directions:** Please review all questions with your parent or guardian and answer them to the best of your knowledge.

**Physician's Directions:** We recommend repeating the eleven questions listed below, carefully reviewing details of any positive answers.

YES	NO	DON'T KNOW	
			1. Has anyone in the athlete's family (grandmother, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?
			2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?
			5. Does the athlete have a history of a concussion (getting knocked out)?
			6. Has the athlete ever suffered a heat-related illness (heat stroke)?
			7. Does the athlete have anything he/she wants to talk to the doctor about?
			8. Does the athlete have a chronic illness?
			9. Does the athlete take any medicine?
			10. Is the athlete allergic to any medications or bee stings?
			11. Does the athlete have only one of any paired organs? (eyes, ears, kidneys, testicles, ovaries, etc.)

Elaborate on any positive answers here.

**PERMISSION FOR MEDICAL TREATMENT**

Address \_\_\_\_\_  
 Notify in case of emergency \_\_\_\_\_  
 Phone numbers home \_\_\_\_\_ work \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Parents' Insurance Policy Number \_\_\_\_\_

I have answered and reviewed the questions above and give permission for my child to participate in sports. In the event of an emergency requiring medical attention, I hereby grant permission for a physician, nurse, trainer, and/or coach, or other hospital personnel to attend to my son/daughter.

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