

# OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

<b>NAME OF STUDENT</b>	<b>SEX</b>	<b>PARENT OR GUARDIAN</b>	
<b>HOME ADDRESS</b>	<b>GRADE/AGE</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>

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 Recurrant Illness?			HT.				
Hospitalizations?			WT.				
Operations?			BP.				
Taking Medications?			Pulse				
Organs Missing?			<b>GENERAL</b>				
Heat Exhaustion?			Head				
Dizziness, Fainting, Seizures?			Eyes				
Knocked Out?			Ent				
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:				
<b>X</b> Signature of Parent or Guardian			<b>X</b> Signature of Physician				
Date			Date				