

HOMEDALE MIDDLE SCHOOL

3437 JOHNSTONE Rd.

HOMEDALE, IDAHO 83628

PHONE: (208) 337-5780

FAX: (208) 337-5782

Last Name (Please Print) First MI

Since his/her last athletic physical examination, has this student:

CONDITIONS	YES	NO
Had surgery		
Been Hospitalized		
Been under physician's care		
Had a serious illness		
Had an injury requiring a physician's care		
Been rendered unconscious		
Started taking new medications		
Developed any new allergies		
Developed any health problems		

Please explain all yes answers.

My child ___ should ___ should not have a physical examination prior to participating in Middle School Athletics.

School Health Insurance needed: ___yes ___no (If no, is your child covered by a family health insurance policy? ___ yes ___ no)

Signature of Parent/Guardian

Date

CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

Signature of Parent/Guardian _____ Date _____

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Physical Examination

Student Name:	
Date:	Grade:
Age:	Date of Birth:
Height:	Weight:

Eyes:	Heart:
Ears:	Lungs:
Throat	Hernia:
Glands:	Feet & gait
Knees:	Other:

Restricted Activity:

Is this student able to participate in interscholastic sports?

YES NO

Date: _____

Physician giving examination