SOUTH COUNTRY CENTRAL SCHOOL DISTRICT
Interscholastic Athletic Participation form/Interval Medical Questionnaire

Name:_____ Date of Birth:_____
Address:_____

STUDENT STATEMENT

I, _____, _____ wish to participate in _____
Full Name Grade Sport
this year _____.

I do solemnly promise to abide by all requirements, rules, and regulations issued by the Athletic Director and/or Board of Education in connection with the Athletic Program when practicing with my teammates and/or against my opponents.

Player's Signature: _____

NOTE TO PARENTS (GUARDIANS)

Your son/daughter will not be allowed to participate until this sheet is completed and returned to the coach. All questions below **must** be completed by a parent/guardian. All **"YES"** answers must be explained.

	YES	NO
1. Any injuries requiring medical attention since last sports physical? If yes, explain:_____	_____	_____
2. Any serious illnesses since last sports physical? If yes, explain:_____	_____	_____
3. Treated in a Hospital or Emergency Room? If yes, explain:_____	_____	_____
4. History of Asthma? If yes, explain:_____	_____	_____
5. Suffered any head injuries/concussions during lifetime? If yes, explain:_____	_____	_____
6. Taking any medications or under Physicians care at this time? If yes, explain:_____	_____	_____
7. Do you know any reason why this student cannot participate in any sport? If yes, explain:_____	_____	_____

8. If you are aware of any medical problems of your child, please tell us on the following line:
_____

PARENT/GUARDIAN CONSENT

I, _____, do give my permission for _____
Parent/Guardian Child's Full Name

to participate in _____ this school year.
Sport

I do give my permission for my child to accompany his/her teams on athletic trips. I do not expect the school or the Board of Education to assume my liability in connection with my child's participation in sports beyond that coverage provided by the Board of Education. I will be responsible for any athletic equipment lent to my child.

I also agree to emergency treatment as deemed necessary by the physician designated by the school authorities.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____