INTERIM QUESTIONNAIRE



PLEASE PRINT!!

			Male/Female				
Last Name First		Middle	(circle o	ne) City	Date		
Since	his/her last a	athletic physical examina	ation, has this student	:: YES	NO	Year in	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Had a serio Had an inju Been rende Started taki Developed a Developed a	alized a physician's care				School	
Schoo If	ol health insu yes, a prem may be obta	Ild orshould not har ance needed:Yes _ ium charge will be required in the local school in the loca	No red prior to participation district.	on in any IHSAA	A athletic activ		
lf	If no, is your child covered by a family health insurance policy?YesNo Signature of Parent or Guardian						
	Addres						
			City			Zip Code	
=====		CONSENT FORM					
attend treatm	lance. This	o the above named stude consent includes travel to necessary by physicians ticipation.	o and from athletic co	ntests and prac	tice sessions.	I further consent to	
SIGN/ PARE	ATURE OF NT/GUARDI	AN	DATE				
		interscholastic athletics t I have not violated any					
	ATURE OF ENT		DATE	<u> </u>			