

# Granby Junior Senior High School

To be completed by parent or guardian:

Student's name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

When did your child last see a medical doctor? \_\_\_\_\_

Explain: \_\_\_\_\_

Does your child have/had a disease(s) that affect the function of eye, ear, testicle, heart, kidney or lung? \_\_\_\_\_

Explain: \_\_\_\_\_

List any operation, fracture, sprains or bone dislocations?

Operation	Date or Age
_____	_____
_____	_____

Has your child ever had any of the following? (Please circle)

Asthma or allergies	Y N	Mononucleosis	Y N
Kidney Disease/Injury	Y N	Hepatitis	Y N
Heat Stroke/Exhaustion	Y N	Head Injury	Y N
Fainting or Seizure	Y N	Pneumonia	Y N
Diabetes	Y N	Concussion	Y N
Menstrual Problems	Y N	Dental Problems	Y N

ANY OTHER SERIOUS ILLNESS OR INJURY:

Please explain any Yes answers to the above questions:

Does your child take any medication now?

Does your child wear glasses or contact lenses?

Has your child had a tetanus booster within the last (5) years? \_\_\_\_\_ Date: \_\_/\_\_/\_\_.

Do you know any reason for your child not to participate in any sports: Y N.

(If the answer is yes explain on the back of this sheet.)

I understand that my child cannot participate in interscholastic sports unless he/she is insured by either the school insurance program or a family insurance policy, which will cover any possible injury. \_\_\_\_\_

(Insurance Company)

If there is a special procedure that should be followed, in case of injury, please outline on the back of this sheet.

It is with my approval and consent that: \_\_\_\_\_ participates in the Interscholastic Athletic Program at Granby JR/SR High School.

Date: \_\_/\_\_/\_\_ Signature: \_\_\_\_\_

