

___ ___ Have you had any illness lasting a week or more such as mononucleosis, etc.?
___ ___ have you had any blood disorders, including sickle cell trait, anemia, etc.?
___ ___ Are you diabetic?
___ ___ do you wear contact lenses, eyeglasses or dental appliance?
___ ___ Do you have missing or non-functioning organs, i.e. testes, kidney, etc.?
___ ___ Are you aware of any skin conditions or changes in the appearance of your skin?
___ ___ Menstrual History: Have you begun menses? If yes, how regular are your cycles? _____
___ ___ Have you ever missed 3 or more periods in a row? _____
___ ___ Have you experienced a significant change I weight (gain or loss 10 lbs) in the last year?
___ ___ Do you have any other significant change health problems?
___ ___ Hepatitis B Immunization Series?
___ ___ Date of last Tetanus immunization?

Explain any "yes" answer below:

As legal parent or guardian of _____, I hereby give my consent for him/her to practice and play in the sports listed above. I agree to the need for screening physical examination and certify that the medical history is accurate to the best of my knowledge. I herby assume financial responsibility for my child in the event or injury or accident while participating in the scholastic sports.

Parent/Guardian signature: _____ Date: _____