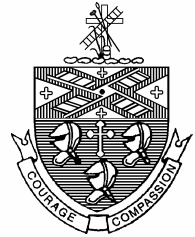




KENNEDY CATHOLIC HIGH SCHOOL



UPDATED INTERVAL HEALTH HISTORY AND PARENT PERMISSION FORM FOR SPORTS PARTICIPATION.....

STUDENT _____ GRADE _____

NAME OF SPORT _____

1. Any injuries requiring medical attention, treatment in a hospital or emergency room?
NO _____
YES _____ (was student recertified for sports by physician?) _____

2. Any illness lasting more than 5 days? _____

3. Any medications or under physicians care at this time? _____

4. Any feelings of dizziness, faintness or fatigue after exercise or exertion? _____

5. Change in glasses or contacts (new or updated) _____

6. Any surgical procedures or chronic diseases? _____

7. Any information (medical or otherwise) that would influence this student's ability to participate in sports or any medical changes that have occurred in the last year that may indicate a need for medical clearance before participation in sports? _____

I, THE UNDERSIGNED, CLEARLY UNDERSTAND THESE QUESTIONS ARE ASKED IN ORDER TO DECIDE IF MY CHILD CAN SAFELY PARTICIPATE ON THE ATHLETIC TEAM NAMED ABOVE. THE ANSWERS ARE CORRECT AS OF THIS DATE AND HE/SHE HAS MY PERMISSION TO PARTICIPATE.

PARENT SIGNATURE

DATE