Grade School Phone Personal Physician In case of energency, connact: Name Relationship Phone (H) (W)  Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.    Have you had a medical illness or injury since your last check   up or physicial?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have sessonal allerges that require medical treatment?   Do you have spot up the high problems of after receive?   Do you have spot use any specified protective or corrective equipment of devices that taren't usually used for your activity or postions.   Do you have spot used the problems of the cample, know protects, but all high head pressure or high chelotector?   Have you need high head pressure or high chelotector?   Have you had high head pressure or high chelotector?   Have you had high head pressure or high chelotector?   Have you had high head pressure or high chelotector?   Have you had any family member or relative diad of heart problems or of high chelotector?   Have you had any described that head pressure or high chelotector?   Have you had any described with pressure or high	Student's Name: (print)		_Sex _	AgeDate of Birth	
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		ry shou	ld occur t	that may limit this student's participation, I agree to notify the school authorities of such illnes	ss or
is unject the student in question to penalties determined by the LIII.			above q	uestions are complete and correct. Failure to provide truthful responses cou	ld
Student Signature:   Parent Guardian Signature   Date:	subject the student in question to penalties determined by the Student Signature:		rdian Sim	nature	
Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physical examination.					n