

PLAYER NAME _____

2020-2021

INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.



PLEASE PRINT!!

Name: _____ Date of Birth: _____ Sex: M / F
Address: _____ Phone: _____
School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST ATHLETIC PHYSICAL EXAMINATION, HAS THIS STUDENT:

	YES	NO		YES	NO
(1) Had surgery?	___	___	(6) Been rendered unconscious?	___	___
(2) Been hospitalized?	___	___	(7) Been diagnosed with a concussion?	___	___
(3) Been under a physician's care?	___	___	(8) Started taking any new medications?	___	___
(4) Had a serious illness?	___	___	(9) Developed any new drug allergies?	___	___
(5) Had an injury requiring a physician's care?	___	___	(10) Developed any health problems?	___	___

Explain "YES" answers: _____

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CONSENT FORM

I hereby consent to the above-named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and health care operations for the above named student.

My child **should** or **should NOT** have a physical examination prior to participation in high school athletics. This application to compete in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

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ELEMENT OF RISK AND INSURANCE NOTIFICATION

Participation in Salmon Junior-Senior High School athletics has many rewards and can provide tremendous enjoyment. However, it is important for both the participant and his or her parents or guardians to realize that an element of risk is present in athletics. The purpose of this letter is to clarify the school's position in terms of insurance coverage and to obtain your permission to secure the quickest assistance possible if your child should be injured. Salmon's insurance coverage, like that of most schools, does not cover personal injury that is the result of athletic participation. It is most important that you check with your own insurance carrier to be certain that athletic injury would be covered by your own policy, especially if your son or daughter is participating in a contact sport. The school's insurance policy does provide coverage for injuries resulting from a traffic accident involving school transportation going to or from practice or game sites. The school's insurance does not cover transportation in non-school vehicles. For information on medical insurance, please see the athletic director or the SJSHS office for more information.

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EMERGENCY CONTACT INFORMATION

Please complete and submit the following to the SJSHS Office before the first practice of the sport season.

Sports Participating _____

Parent/Guardian #1 _____ Phone # _____

Cell # _____ Email _____

Parent/Guardian #2 _____ Phone # _____

Cell # _____ Email _____

Relative or Friend responsible for child if parent/guardian cannot be reached:

Name _____ Phone # _____ Cell # _____

My son/daughter takes the following medication: _____

Is your son/daughter is **ALLERGIC** to any medication? _____ If yes, please list: _____

Other Allergies: _____

Health/Accident Insurance Carrier _____

Policy Number _____

Describe any previous injuries, conditions, or hospitalizations that may affect the performance or treatment of this child-reason and date: _____

I hereby give permission to the proper Salmon Junior-Senior High School authorities to seek appropriate medical care for (Student-Athlete) _____ in the event of illness or injury. I likewise understand that Salmon Junior-Senior High School is not liable for the payment of medical costs incurred in the event of injury or illness sustained in athletic participation. I have also read the activity rules and have discussed them with my son or daughter.

ACKNOWLEDGEMENT OF RECEIPT OF CONCUSSION GUIDELINES

Concussion Reference:

<https://idhsaa.org/concussion>

I, _____, acknowledge that I am the parent or guardian of the Salmon School

(Parent/Guardian)

District #291 student _____, and that we have received information related to

(Student-Athlete)

student athlete concussions, including information from the Idaho High School Activities Association (IHSAA) and the Center of Disease Control and Prevention (CDC).

Parent/Guardian and Student-Athlete have completed the medical history, consent form, and emergency contact information. Parent/Guardian and Student-Athlete have read through and understand Salmon Schools District's Extracurricular and Co-Curricular Participation Policy and agree to adhere to the policy. Parent/Guardian and Student-Athlete understand that participation in school athletic leagues or sports is dangerous, accept the risk of potential consequences of such dangers, and hereby agree to waive all liability against Salmon School District #291, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result from such school athletics leagues or sports.

Student Signature

Date

Parent/Guardian Signature

Date

Note: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school athletic leagues or sports.

NOTE: The original copy is to be returned to the school