



Sports Medicine

**IQ**

## Eagle High School Activity Interim Questionnaire and Consent Form

### PERSONAL HISTORY

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Birth date \_\_\_\_\_ Gender **M** **F**  
 Grade \_\_\_\_\_ Sport (s) \_\_\_\_\_ Graduating Year \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Relation \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Relation \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 In case of an Emergency and the parents cannot be contacted please notify:  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### INSURANCE INFORMATION

Is your athlete covered by a family health insurance policy?  Yes  No  
 Primary Insurance Company \_\_\_\_\_ Insurance Subscriber \_\_\_\_\_  
 Whose Name is policy under? \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Do you wish to purchase school health insurance?  Yes  No  
 If **YES**, a premium will be required prior to participation in any IHSAA athletic activity. More information  
 can be obtained from the main office at (208) 939-2189.

### MEDICAL INFORMATION

Last Physical \_\_\_\_\_ Last Tetanus \_\_\_\_\_ Allergies \_\_\_\_\_  
 Health Problems \_\_\_\_\_ Current Medications \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Since the athlete's last physical examination, have they:

	Yes	No		Yes	No
1) Had Surgery	___	___	6) Had a Concussion	___	___
2) Been Hospitalized	___	___	7) Been Unconscious	___	___
3) Been under a physicians care	___	___	8) Had an Allergic Reaction	___	___
4) Had a Serious Illness	___	___	9) Developed any Health problems	___	___
5) Had an injury requiring Physicians care	___	___			

Please explain any YES answers and give date (use back if needed)

### CONSENT FORM

- I hereby consent to the above named student-athlete participating in the interscholastic athletic program at Eagle High School. This consent includes travel to and from athletic contests and practice sessions.
- I hereby give consent to the sports medicine department and/or coach to apply first aid treatment for an injury or injuries sustained during practice or games in interscholastic athletics sanctioned by Eagle High School, until the parents/guardians can be contacted.
- I hereby consent that in case the parents/guardians can't be reached, the sports medicine department and/or coach may secure emergency medical services, if needed, as a result of an injury during participation in sanctioned practices/games scheduled by Eagle High School.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

My participation in interscholastic athletics at Eagle High School is entirely voluntary on my part and with the understanding that I have not violated any of the eligibility rules and regulation of the IHSAA and Eagle High School.

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_