Pleasant Grove High School Extra-Curricular Activities Pre-Participation Physical and Parental Consent Form

PLEASE FILL OUT THIS FORM IN BLUE OR BLACK INK ONLY. DO NOT FOLD.

Student Name:			Gender:	М	260 11	/ear:	
Sport(s):					Date of Birth: / / Grade Le	evel: 9 10 11 12	
PARENT/GUARDIAN	TELEPHO	ONE NUI	MBERS		INSURANCE INFORMA	TION	
Name:	Home:	() -		Insurance Company:		
Relationship:	Athlete cell:	() -		Name on Insurance Policy:		
Address:	Father (Work/cell):	_() -		Group Plan/Policy Number:		
City/State/Zip:	Mother (Work/cell):	_() -		Physician/Primary Care Center:		
Person (<u>different residence</u>) to contact in case of em	ergency when parent/gu	ardian c	annot be r	each	Hospital Preference:		
Name:	: Home: () -		Insurance required for participation. Sport Insurance		
Relationship:	Other:	_ () -		information can be obtained throu	ugh main office.	
QUESTIONARE							
sports physical? Do you have an ongoing or chronic ill Have you ever been hospitalized ove Have you ever had surgery? Are you currently taking any prescript the-counter) medications or pills or u Have you ever taken any supplement or lose weight or improve your perfor lose weight or improve your perfor stringing insects)? Have you ever had a rash or hives de lose you ever had a rash or hives de lose you ever had a rash or hives de lose you ever had a rash or hives de lose you ever had a rash or hives de lose you ever had a rash or hives de lose you ever had a rash or hives de lose you ever had rasing or a lave you ever had chest pain during or a lave you ever had chest pain during lose you ever had racing of your head have you ever had racing of your head lose you have you had high blood pressure or lave you had high blood pressure or lave you had a severe viral infection mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis) within the last month has a physician ever denied or restriction mononucleosis within the last month has a physician ever denied or restriction. The provided mononucleosis within the last month has a physician ever denied or restriction.	Sports physical? Do you have an ongoing or chronic illness? Have you ever been hospitalized overnight? Have you ever had surgery? Are you currently taking any prescription or nonprescription (overthe-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise? Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems? Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Have you ever had a head injury or concussion? Have you ever had a head injury or concussion? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?			11. 12.	that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear? Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below [] Head		