

**QUEEN OF PEACE HIGH SCHOOL
ATHLETIC CONSENT/MEDICAL FORM**

Student's Name _____

Medical information - to be completed by parent/guardian before medical examination. Please be specific.

1. Has been medically advised not to participate in any sport. YES _____ NO _____

If yes, explain: _____

2. Is the student being treated for any condition at the present time? YES _____ NO _____

If yes, give name of condition and name and address of physician.

Condition _____ DR. _____

3. Has experienced a concussion, skull fracture or loss of consciousness after an injury.

YES _____ NO _____

If yes, explain _____

4. Has had a fracture or dislocation? YES _____ NO _____

If yes, explain _____

5. Has undergone surgery? YES _____ NO _____

If yes, give type and date of surgery: _____

6. Takes medication on a regular basis? YES _____ NO _____

If yes, give name of drug, dosage and the condition for which it is taken: _____

7. List any allergic disorders, such as asthma, hay fever, hives, etc. _____

8. Are there any medical diseases? (diabetes, heart trouble, etc). YES _____ NO _____

If yes, explain: _____

9. Do you require any restrictions placed on the student's activities: YES _____ NO _____

If yes, state reasons: _____

PARENTAL CONSENT - I hereby give my consent for my daughter/son to participate in the sport of _____ sponsored by Queen of Peace High School.

Signature of Parent/Guardian

Date