NORTH SHORE SCHOOLS
INTERSCHOLASTIC SPORTS INTERIM FORM

NAME_____GRADE_____

SPORT_____DATE OF BIRTH_____

This form is to be completed before the start of each sports season **UNLESS** the student has a sports physical already on file that is less than 30 days old.

Since his/her last sports physical has this student: (please explain any **YES** answers on the back page)

1.	Had any illness lasting more than one week?	YES	NO
2.	Had any injury or illness requiring a doctor's care	YES	NO
3.	Had any head injury with or without loss of consciousness?	YES	NO
4.	Had sustained a **concussion**?	YES	NO
5.	Had an operation, fainted, had a convulsion, epilepsy, or diabetes?	YES	NO
6.	Been hospitalized for any reason?	YES	NO
7.	Been evaluated for chest pain or a heart condition?	YES	NO
8.	Taken **any medication** for a week or longer?	YES	NO
9.	Wears glasses/contact lens for sports?	YES	NO
10.	Is there any reason why your child should not participate in the above named sport?	YES	NO

While every effort is made to insure your child's safety during participation in interscholastic athletics, the possibility of serious injury always exists. We also understand that there is a greater risk of injury in contact sports and we have opted to participate with that knowledge in mind.

I here by give my child _____ permission to engage in

_____for the school year 20____-20____

_____ _____ _____
Parent's signature **Student's signature** Date

(SCHOOL NURSE ONLY)

_____This student may participate in _____

Nurse's Signature_____Date_____