



## Parent Permission and Health Questionnaire

This form must be completed, signed and returned to the school before the student will be permitted to play. This form should be updated each school year.

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Any student who intends to participate in athletics at Faribault Lutheran School must have a record of physical examination questions answered. Also if your child is in 6-8<sup>th</sup> grade, they will need to also have a doctor's physical form on file.

Please answer the following questions:

PLEASE CIRCLE:

- |   |     |    |
|---|-----|----|
| 1. Does the student named above have a current physical form on file (6 <sup>th</sup> -8 <sup>th</sup> only)  | YES | NO |
| 2. Has the student been hospitalized in the past year?  | YES | NO |
| 3. Has the student had a major injury in the past year?   | YES | NO |
| 4. Has the student been knocked unconscious, had a concussion, or had a head injury within the past year?   | YES | NO |
| 5. Has the student blacked out, experienced dizziness, or chest pains while exercising in the past year?  | YES | NO |
| 6. Has the student required daily medication or needed medications for an episodic routine? (Ex: insulin daily or asthma medication with an attack) | YES | NO |

If answered yes to any, please explain:

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By signing this, we acknowledge that we have read and understand the policy on Athletics in the Faribault Lutheran School Handbook. As a parent, I give permission for participation this year.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Athletic Emergency Information Card

Athlete Name: \_\_\_\_\_

Parent/Guardian (Person to be notified in case of emergency)

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Person to Notify

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Family Physician: \_\_\_\_\_



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Athlete Name: \_\_\_\_\_

Parent/Guardian (Person to be notified in case of emergency)

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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