

EUGENE SCHOOL DISTRICT 4J

Grade \_\_\_\_\_

**ANNUAL INTERVAL HISTORY FORM**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Sport(s)(list all that apply) \_\_\_\_\_

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**Parent/Guardian Permit**

I want my son/daughter to have the privilege of participating in competitive school athletics. (Name of Student) \_\_\_\_\_ therefore, has my permission to compete in all sports approved by the Board of Education of the Eugene School District 4J and to be transported according to the District Transportation Policy.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that there are risks of injury when participating in athletics and the District assumes no financial obligation for any injury that may occur. I am advised that students are held responsible for all players' equipment owned and issued by the school.

This consent to release a student athlete's health/medical information regarding an athletic injury, illness, or condition is vital for the Certified Athletic Trainer to perform his/her duties and expertise in treatment, rehabilitation, and return to play status of the student athlete through standing orders prescribed by the attending physician. I authorize Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_ (if necessary) to communicate/release information with the Certified Athletic Trainer(s) and the student athletes' Coach about \_\_\_\_\_ (Childs Name) \_\_\_\_\_ (Childs date of birth) and his/her medical/health condition as it relates to his/her ability to participate in sports and any written physician prescription of standing orders of treatment to be performed by the Certified Athletic Trainer for the calendar year. (Please indicate the school year 20\_\_\_\_/20\_\_\_\_)

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

**Student Athlete Medical Information**

Past Medical Conditions (i.e. hospital, concussions, allergies, surgeries, fractures) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Medical Conditions (i.e. hospital, concussions, allergies, surgeries, fractures) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical/Supplements \_\_\_\_\_

Contact Lenses (please check)    Hard \_\_\_\_\_    Soft \_\_\_\_\_    None \_\_\_\_\_

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**Emergency Contact Information**

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

Person to contact if you cannot be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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**Consent to Treat/Insurance Arrangements**

In the event of a medical emergency to my son/daughter, I give consent for emergency medical treatment to be given to my son/daughter in the event that I/additional parent/guardian/emergency contact is not present for verbal consent for treatment. This consent extends to emergency medical personnel (i.e. EMT's Paramedics), physicians, nurses, certified athletic trainers, physical therapists, coaches, teachers, athletic directors, counselors, and principals that would be involved in the daily education, activities, and health of my son/daughter.

Please check one:

\_\_\_\_ My son/daughter is covered by the student insurance plan as indicated for the 20\_\_\_\_/20\_\_\_\_ school year.

\_\_\_\_ 24 Hour                      \_\_\_\_ School-Time Plan                      \_\_\_\_ Student Health Care

\_\_\_\_ Interscholastic Tackle Football Plan

\_\_\_\_ My son/daughter is fully covered by insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during athletic activities or travel for activities. (NOTE: If your insurance status changes, it is your responsibility to notify the Athletic Department. Lapses in coverage are NOT allowed.)

Name of company which insured \_\_\_\_\_ Policy Number \_\_\_\_\_

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