

Please note any health problems, physical handicap, emotional difficulty, behavioral problem, or facts which may limit full participation in the outdoor program:

PREVIOUS INJURIES: (sprains, strains, fractures, torn muscles, ligament injuries, dislocations)
If yes, check below and describe:

Skull:	Fracture	Upper Arm
	“Knock Outs” or concussions	Elbow
		Forearm
Face Injury:	Eye	Wrist
	Ear	Hand
	Nose	Pelvis
Spine:	Neck	Hip
	Lower Back	Upper Leg
	Shoulder	Lower Leg
		Ankle
		Foot
		Chest and Ribs
	Abdominal (Stomach)	

REMARKS:

PREVIOUS SURGERY:

Student is subject to:

Asthma

Ear Ache

Fainting

Tonsillitis

Eye Infection(s)

Sensitive Skin

Sinus Trouble

Frequent Colds

Nightmares

Bronchitis

Sleepwalking

Convulsions

Headaches

Bed Wetting

Kidney Problems

Nosebleeds

High Blood Pressure

Motion Sickness

Wears Contact Lenses

Allergies (describe):

Other:

Medications I would like my child to be given:

Name of Medication(s):

Purpose of Medication:

I/WE are satisfied that our son/daughter _____ is in good health to take part in strenuous activities. They have my permission to participate in the extra curricular activities and sports indicated above and conducted by:

I/WE also agree with the need to have our son/daughter examined by a physician following an illness or injury to re-establish the bill of good health; this or any other medical examination is my sole responsibility.