

Parents: Please read this disclosure document and help your student complete the following medical History information form, SIGN IT and have your student RETURN IT to Coach Hull the following class period.

Wasatch High School Physical Education
Student Medical History Form & Parental Release for Fitness Participation

Name: _____ Age: __ Grade: _____
Last First

Address: _____ City _____
State: _____ Zip: _____

Phone: (home or parents cell) _____

Notify In Case of Emergency: _____

Name Relationship
Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ (cell) _____ (work)

Family Doctor: _____

Phone: _____

NOTE: Please take time to answer the following questions to the best of your knowledge. We are very strict about the safety of our students and we want to obtain accurate health records on every student.

1. Any history of serious illness or injuries (last two years):

2. Any surgeries in the last two years?

3. Any family history of Heart Disease? Circle: Yes / No

4. Do you have a history of any of the following: check

- a. Asthma _____
- b. Diabetes _____
- c. Epilepsy _____
- d. Fainting _____
- e. Heart Disease _____
- f. Hearing Problems _____
- g. High Blood Pressure _____

5. Are you presently taking any medication? Y / N

If Yes, List and Describe: _____

6. Any Allergies to medication? Y / N

If Yes, List and Describe: _____

7. Any other allergies? _____

8. Do you wear contact lenses? Y / N

9. Describe any past athletic-related injuries:

10. Any present health problems or complaints?

11. How would you rate your current fitness level?

(poor) 0 1 2 3 4 5 (excellent)

13. When was the last time you completed the Presidential Fitness Tests? _____

14. When was your last health checkup? _____

Parent Permission: I have read this disclosure document and I have completed the above medical History information to the best of my knowledge and understand the requirements for participating in this strength training class. I have called my students physician /nurse and they have cleared him for moderate to vigorous physical activity, including cardio & strength testing. I understand that there are inherent risks in any exercise program and I give my permission for my student to participate in this class. I will not hold Wasatch High School nor the Wasatch School District and its employees liable for any injuries occurred while participating in any physical education class under proper supervision. I also give permission for my child to participate in off-campus activities that foster personal fitness and are supervised by a teacher or member of the Wasatch School District.

Student Signature:

Date: _____

Parent Signature: _____ Date:

***RETURN to Coach Hull by the following class period.**

