



Regina High Schools Athletic Association

Date: _____

To whom it may concern:

I am satisfied that my son/daughter, _____, is in good health to take part in strenuous activities. He/she has my permission to participate in those physical activities and sports conducted by _____ (school name). I also agree with the need to have my son/daughter examined by a physician following an illness or injury to re-establish the bill of good health, and that this or any other medical examination is my sole responsibility

He/she can take part in [] all sports or only the following:

HEALTH INFORMATION FORM

To be completed each year by parent/guardian

Student Name:	Date:
Grade/Class:	Hospitalization Number:
Parent/Guardian Names & Signature	Emergency Contact Name & Number
Name(s):	Name:
Signature(s):	Phone Number: (h)
Phone Number:	(w)
Family Physician:	Address of Physician:
Phone Number:	

1. Past History (to be completed by parent/guardian)
(Check yes or no, and write the year if possible.)

	Yes	No
Bleeding Disorder		
Bruise Easily		
Diabetes		
Epilepsy		
Eye Disorders		
Hearing Disorders		
Heart Problems		
Hernia		

	Yes	No
High Blood Pressure		
Kidney Disease		
Neurological Problems		
Orthopaedic Problems		
Recurrent Boils		
Tuberculosis		
Other Diseases		
Previous Surgeries		

Details of Past History (Provide details below for any items marked “yes”.)

2. Previous Injuries (sprains, strains, fractures, torn muscles, ligament injuries, dislocations)
 (Check yes or no, and write the year if possible.)

	Yes	No
Abdominal (stomach)		
Chest/Ribs		
Concussions		
Face Injury: Eye/Ear/Nose		
Hip		
Knee/Ankle/Foot		

	Yes	No
Pelvis		
Shoulder/Upper Arm/ Elbow		
Skull: Fracture		
Spine: Neck/Lower Back		
Upper Leg /Lower Leg		
Wrist/Hand		

Description(s) of Previous Injuries

3. Allergies/Asthma (Please list allergies and location of medicine if applicable.)

Asthma: Yes / No	Inhaler: Yes / No
Allergies: Yes / No (Please list below.)	Epi-pen: Yes / No

Location of Medication:

4. Other medications: _____

5. Please describe any other relevant conditions which may limit your child’s full participation in activities. (i.e., afraid of water)

Parent Signature

Date

Please Note:

Please notify the school of any changes that may occur during the school year.