

COLCHESTER SCHOOL DISTRICT

TEMPORARY HEALTH PHYSICAL WAIVER FORM FOR ATHLETICS

A health physical must be completed by your child’s physician within two weeks of the first preseason practice. Failure to have a complete health physical will result in the athlete’s ineligibility to participate in practice and/or games.

SPORT: _____

This waiver EXPIRES on 4/19/2021. If the nurse reports that she does not have a physical on file, you will not be able to practice that day.

NAME OF STUDENT (please print) _____ SCHOOL _____ GRADE _____ M or F (circle)

HISTORY SINCE LAST HEALTH APPRAISAL – TO BE COMPLETED BY THE PARENT OR GUARDIAN

If the answer to any of the following questions is “Yes”, please describe the condition or situation that prompted your answer (please check either “yes” or “no”).

- 1. Has your child experienced any type of head injury or concussion requiring medical attention? YES NO
2. Has your child received any injury requiring medical attention? YES NO
3. Has your child had any surgical operations, joint injuries, or fractured bones? YES NO
4. Has your child been treated in a hospital or emergency room? YES NO
5. Has your child been diagnosed with any condition requiring medical attention? YES NO
6. Has your child experienced swelling or pain requiring medical attention? YES NO
7. Has your child missed any practices and/or games due to illness or injury? YES NO
8. Has your child been absent from school for five (5) or more consecutive days (or an equivalent period during the summer) due to an accident or illness requiring medical care? YES NO
9. Has injury or illness prevented your child from exercise or other athletic activities? YES NO
10. Is your child taking medicine or under a physician’s care at this time? YES NO
11. Has your child experienced any feelings of faintness, dizziness or fatigue after exercise or exertion? YES NO
12. Has there been any change in vision, such as wearing glasses or contact lens? YES NO
13. Has your child developed any allergies? YES NO
14. Females Only: When was your last menstrual period? YES NO

Describe the condition or situation that caused any questions listed above to be answered “YES”:

Note: “Yes” to any of these questions does not mean automatic disqualification from an interscholastic activity. However, it will require a review and approval by the school physician before the student can report to practice and tryout.

PARENTAL CONSENT MUST BE SIGNED BELOW:

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate in the interscholastic athletic activity listed below. All answers are correct as of this date. I hereby give my consent for

_____ to participate in _____ practices and contests.
(Student Name) (Sport Activity)

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____

Home Telephone Number(s) _____ Cell Phone _____

Work Telephone Number(s) _____ Beeper _____

Emergency Telephone Number(s) _____