

**Regina High Schools Athletic Association
Student Health Information and Parents' Permission Form**

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 approved 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.

(Please check the category or individual sports below)

He/she can take part in: **All Sports**
or only the following:

- | | | | |
|--------------------------|---------------|--------------------------|-----------------|
| <input type="checkbox"/> | Badminton | <input type="checkbox"/> | Hockey |
| <input type="checkbox"/> | Baseball | <input type="checkbox"/> | Soccer |
| <input type="checkbox"/> | Basketball | <input type="checkbox"/> | Softball |
| <input type="checkbox"/> | Cross Country | <input type="checkbox"/> | Track and Field |
| <input type="checkbox"/> | Curling | <input type="checkbox"/> | Volleyball |
| <input type="checkbox"/> | Football | <input type="checkbox"/> | Wrestling |
| <input type="checkbox"/> | Golf | | |

Student's Name:		
Grade:		
Birthdate: Day:	Month:	Year:
Student's Signature:		

Parent's or Guardian's Name:	
Address:	Phone Number:
Parent's or Guardian's Signautre:	

Our Family Physician:	Hospitalization No.
Address:	MSI or GMS No.
Phone Number:	

This form is to be returned to the school and kept on permanent record file for future reference.

(This side must be completed by parent or guardian)

1. Past History: (Check if yes, and year if possible)
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a. Tonsillitis	[]	i. Bruise Easily	[]
b. Pneumonia	[]	k. Mumps	[]
c. Scarlet Fever	[]	l. Influenza	[]
d. Epilepsy	[]	m. Poliomyelitis	[]
e. High Blood Pressure	[]	n. Tuberculosis	[]
f. Kidney Disease	[]	o. Recurrent Boils	[]
g. Small Pox	[]	p. Hernia	[]
h. Rheumatism	[]	q. Tetanus-Year Booster	[]
i. Bleeder	[]	Other Diseases:	

2. Previous

Surgery:

3. Previous Injuries: (Sprains, strain, fractures, torn muscles, ligament injuries, dislocations). If yes, please check below and describe:

- | | | |
|--------------------------------------|------------------------|----------|
| a. Skull | | e. Elbow |
| 1) Fracture _____ | f. Forearm | |
| 2) "Knock-Outs" or concussions _____ | g. Wrist | |
| 3) Face Injury | h. Hand _____ | |
| a) eye _____ | i. Pelvis | |
| b) ear _____ | j. Hip | |
| e) nose _____ | k. Upper Leg | |
| b. Spine | l. Knee | |
| 1) neck _____ | m. Lower Leg | |
| 2) lower back _____ | n. Ankle _____ | |
| c. Shoulder _____ | o. Foot _____ | |
| d. Upper Arm _____ | p. Chest and Ribs | |
| | q. Abdominal (stomach) | |

4. Remarks:

CERTIFIED CORRECT:

Signature:

Date: