CHESTER-JOPLIN-INVERNESS PUBLIC SCHOOLS MEDICAL/ATHLETIC CONSENT FORM K-12

In the event of an accident, injury, or emergency, I understand that a reasonable attempt will be made to contact me as the parent or guardian of the above named student. However, if the school is not able to contact me, permission is hereby granted to seek the emergency medical treatment necessary for the best interest of the above named student. Medical expenses are the parents/guardians financial responsibility. In case of an emergency or disaster, all students will be at the Lutheran Church Fellowship Hall.

Signature of Parent or Guardia	า		Date			
Phone number where parents i	may be re	ached:				
Office:		Name of Family Physician:				
Home:	P	hone Nui	mber:			
Cell:	Parent Email Address:					
Mailing & Physical Address:						
Other:						
Two local emergency contact n Name and Relationship: Phone:		-				
Name and Relationship:						
Phone:		*****	**************			
Student Name:						
Health History	Yes	No	Yes No			
Asthma						
Kidney injuries			While competing, do you wear:			
Heart condition or disease			Glasses			
Diabetes			Contacts			
*Allergy (medication/foods)						
Please state:						
The above student has my perm	nission to	participat	te in the following activities for the current school year:			
Basketball	7	Γennis	4-5 Basketball			
Football		Track	Wrestling			
Volleyball	Speech & Drama					

Asthma Kidney injuries While competing, do you wear:	Student Name:					
Kidney injuries	Health History	Yes	No		Yes	No
Heart condition or disease Glasses Contacts Conta	Asthma					
Diabetes Contacts *Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis 4-5 Basketball Football Speech & Drama Student Name: Health History Yes No Yes No Asthma Kidney injuries Glasses Diabetes Contacts Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Track Wrestling Ves No Yes No Asthma Kidney injuries Heart condition or disease Glasses Diabetes Contacts The above student has my permission to participate in the following activities for the current school year: Basketball Track Wrestling Volleyball Speech & Drama Student Name: Heart condition or disease Glasses Diabetes Glasses Diabetes Glasses Contacts Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Glasses Contacts Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis 4-5 Basketball Football Track Wrestling	Kidney injuries			While competing, do you wear:		
*Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Track Wrestling Football Speech & Drama Student Name: Health History Yes No Yes No Asthma Kidney injuries Glasses Diabetes Glasses Diabetes Grotball Track Wrestling Track While competing, do you wear: Health History Track Glasses Diabetes Glasses Diabetes Grotball Track Wrestling While competing, do you wear: Heart condition or disease Glasses Diabetes Grotball Track Wrestling Wolleyball Speech & Drama Student Name: Health History Yes No Yes No Asthma Kidney injuries Health History Yes No Yes No Asthma Glasses Diabetes Glasse	Heart condition or disease			Glasses		
Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis 4-5 Basketball Football Speech & Drama Student Name: Health History Yes No Yes No Asthma Kidney injuries Glasses Diabetes Glasses Di	Diabetes			Contacts		
The above student has my permission to participate in the following activities for the current school year: Basketball Tennis 4-5 Basketball Football Track Wrestling Volleyball Speech & Drama Kidney injuries While competing, do you wear: Heart condition or disease Glasses Contacts * Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Track Wrestling Volleyball Speech & Drama Kidney injuries While competing, do you wear: Heart thistory	*Allergy (medication/foods)					
	Please state:					
Football Track Wrestling Volleyball Speech & Drama Student Name: Health History	The above student has my perm	nission to	participat	e in the following activities for the co	urrent s	chool year:
Student Name: Health History Yes No Yes No Asthma Kidney injuries Heart condition or disease Diabetes *Allergy (medication/foods) Football Volleyball Speech & Drama Student Name: Health History Yes No While competing, do you wear: Glasses Contacts *Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Transi Volleyball Speech & Drama Student Name: Health History Yes No Asthma Kidney injuries Heart condition or disease Diabetes Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Glasses Contacts *Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: A-5 Basketball Tennis 4-5 Basketball Football Track Wrestling	Basketball		Tennis	4-5 Baske	tball	
Student Name:	Football		Track	Wrestling		
Student Name:						ملد ملد ملد ملد ملد ملد ملد ملد ملد
Health History Yes No Yes No Asthma		****	****	* * * * * * * * * * * * * * * * * * * *	****	*****
Asthma Kidney injuries		Vos	No		Voc	No
Kidney injuries	<u>-</u>	163	140		103	110
Heart condition or disease				While competing do you wear:		
DiabetesContacts *Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year:BasketballTennis4-5 BasketballFootballTrackWrestling VolleyballSpeech & Drama ***********************************						
*Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year:						
Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis 4-5 Basketball Football Track Wrestling Volleyball Speech & Drama ***********************************				contacts		
Basketball Tennis 4-5 Basketball Football Track Wrestling Volleyball Speech & Drama						
Basketball Tennis 4-5 Basketball Football Track Wrestling Volleyball Speech & Drama	The above student has my perm	nission to	participat	e in the following activities for the c	urrent s	 chool vear:
Football Track Wrestling Volleyball Speech & Drama ***********************************						,
Volleyball Speech & Drama ***********************************						
**************************************	Football		Track	Wrestling		
Student Name:						***
Health History Yes No Yes No Asthma					*****	*****
Asthma Kidney injuries While competing, do you wear: Heart condition or disease Glasses Contacts *Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis Track Wrestling					Voc	No
Kidney injuries While competing, do you wear: Heart condition or disease Glasses Diabetes Contacts *Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis 4-5 Basketball Football Track Wrestling		163	140		163	NO
Heart condition or disease				While competing do you wear:		
DiabetesContacts *Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis 4-5 Basketball Football Track Wrestling				· ·		
*Allergy (medication/foods) Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis 4-5 Basketball Football Track Wrestling						
Please state: The above student has my permission to participate in the following activities for the current school year: Basketball Tennis Tennis Wrestling				Contacts		 _
The above student has my permission to participate in the following activities for the current school year: Basketball Tennis Tootball Track Wrestling	= ' '		_			
Basketball Tennis 4-5 Basketball Football Track Wrestling	Please state:					
Basketball Tennis 4-5 Basketball Football Track Wrestling	The above student has my perm	nission to	participat	te in the following activities for the co	urrent s	chool year:
						•
	Football		Track	Wrestling		
			Speech &			