

Lowell School District
Annual Interval History Form

To be completed by parent/guardian.

Student Name _____ Grade _____ Date of Birth _____
Parent/Guardian Name _____ Home Phone _____
Home Address _____ Work or Cell Phone _____
Emergency Contact Name _____ Phone _____
Physician name _____ Phone _____
Hospital of Choice _____

In the past year, has your child-

- 1. Had injuries requiring medical attention? Yes No
- 2. Had illness lasting more than a week? Yes No
- 3. Been under a physician's care? Yes No
- 4. Had a surgical operation? Yes No
- 5. Been hospitalized? Yes No

Please explain "yes" answers. _____

Is your child currently taking medication? Yes No

Name of medication _____

Will a dose be required during practice or games? Yes No

If medication is needed during practices, games or on bus, may your child self-administer this medication?
 Yes No

If yes, please explain: Name of medication _____
Dose _____ Frequency (time) _____

Does your child wear glasses? Yes No Contact lenses? Yes No

Does your child have any physical limitations or serious allergies? Yes No

If yes, please explain: _____

Parent/Guardian Permission

I hereby give my permission for my child _____ to participate in competitive school athletics, which are approved by the Lowell School Board. My child has my permission to go with the coach on any regularly scheduled trips.

My child may participate in (check all that apply)—
 Football Volleyball Basketball Wrestling
 Track Cross Country Baseball Softball

Please check one:
 My child is covered by school insurance, which was purchased during this school year.
 My child is covered by a family insurance policy or OHP.
Name of insurance company _____

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all players' equipment owned and issued by the school.

Parent/Guardian Signature _____ Date _____