OCHEFA PHYSICAL CONDITION AND PARENTAL CONSENT FORM

Name______________________________________ Date of Birth________________________

Home Address____Phone_______________

Personal Physician____Phone______________

In case of emergency contact____

Relationship_________________Contact phone______________________________________

Explain yes answers on the back of this page. Circle questions you don't know the answer to.

		Yes	No
1.	Do you have an ongoing chronic illness or injury?	□	□
2.	Are you currently taking any prescription or nonprescription medications or pills or using an inhaler?	□	□
3.	Do you have any allergies (for example, to pollen, medicine, food, or insect bites)?	□	□
4.	Do you have seasonal allergies that require medical treatment?	□	□
5.	Do you have asthma?	□	□
6.	Do you cough, wheeze, or have trouble breathing during or after activity?	□	□
7.	Do you have any current skin problems such as itching, rashes, fungus or blisters?	□	□
8.	Have you ever had a rash or hives develop during or after exercise?	□	□
9.	Have you had a severe viral infection such as myocarditis or mononucleosis within the last month?	□	□
10.	Have you ever had racing of the heart or skipped heartbeats?	□	□
11.	Have you ever had chest pains during or after exercise?	□	□
12.	Have you ever had high blood pressure?	□	□
13.	Have you ever had a seizure?	□	□
14.	Do you have frequent or severe headaches?	□	□
15.	Have you ever had a head injury or concussion?	□	□
16.	Have you ever been knocked out, become unconscious, or lost your memory?	□	□
17.	Have you ever passed out during or after exercise?	□	□
18.	Have you ever been dizzy during or before exercise?	□	□
19.	Has a physician ever denied or restricted your participation in sports for any reason?	□	□
20.	Do you use any special protective or corrective equipment or devices that aren't usually used for football (For example, knee brace, special neck roll, foot orthotics, retainer on your teethe, hearing aid, eye glasses)?	□	□
21.	Have you broken or fractured any bones or dislocated any joints?	□	□
22.	Record the date of your last Tetanus shot ______________________________________		

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son becomes ill or is injured, necessary medical care can be instituted by physicians, trainers or other personnel properly trained.

Signature of parent/guardian____ Date_______________________________

Signature of athlete____

P605