



Battle Creek Middle School
2121 North Park Drive
Saint Paul, MN 55119

Telephone: (651) 293-8960
Fax: (651) 293-8866

Athletic Permission and Health Questionnaire

Name of Student _____ Grade _____

Date of Birth _____ Sport _____ Boys or Girls (circle one)

There is a fee to participate in a sport:
\$10 for students who receive free or reduced lunch.
\$25 for students who pay full price for lunch.

The following questions **MUST** be answered by a Parent/Guardian: (circle one)

- | | | |
|---|-----|----|
| 1. Does your child have a Saint Paul Public Schools Health Examination form with Competitive Athletics Permission signed by a doctor within the previous 3 years on file at Battle Creek Middle School? | YES | NO |
| 2. Does your child have medical insurance?
(The school district does not carry insurance for any athletic injuries.) | YES | NO |
| 3. Has your child been hospitalized since the above physical exam? | YES | NO |
| 4. Has your child had a major injury since the above physical exam? | YES | NO |
| 5. Does your child have only one organ of usually paired organs?
(Example: only one kidney, one good eye) | YES | NO |
| 6. Does your child take medication on a daily or occasional basis? | YES | NO |
| 7. Has your child lost consciousness at any time within the last 12 months? | YES | NO |
| 8. Does your child need a tetanus booster shot?
(Needed every 10 years) | YES | NO |
| 9. Are you aware of any health reasons why your child should not participate in athletics? | YES | NO |

If you answered YES to any of the questions 3-9 above, please explain _____

By signing below, I

1. Give permission for the student named above to participate in all athletic activities for the sport listed above.
2. Give permission for the student named above to be taken on supervised athletic activities.
3. Understand that my student must not practice or play sports during medical treatment until they are given written permission from a doctor to resume participation.

Parent/Guardian Signature _____ Date _____

(Please do not write below this line. It is for school use only.)

Physical Exam Date _____ Nurse Signature _____

Academically Eligible _____ Athletic Director Signature _____