

# ORCUTT UNION SCHOOL DISTRICT

## School Sports Tryout Health Questionnaire and Parental Consent

The following must be completed, signed, and returned by a parent / guardian before your student will be allowed to participate in tryouts for competitive sports.

Student Name	School	Grade
1. Does your student have any health / medical concerns? _____	Yes	____ No _____
If yes, please explain _____		
2. Does your student have any conditions that would constitute a medical emergency? _____	Yes	____ NO _____
If yes, please explain _____		
3. Does your student have any physical limitations or activity restrictions? _____	Yes	____ No _____
If yes, please explain _____		
4. Does your student have sever allergies? _____	Yes	____ No _____
If yes, please explain _____		
5. Does your child require medication? _____	Yes	____ No _____
If yes, please explain _____		

### Consent of Parent

I hereby give my consent for my son / daughter to compete in sports and to go with a representative of the school to any school sponsored sports event. In case of accident or injury, when medical attention is required for my son/daughter and I am unable to be located, I authorize Orcutt Union School District to engage, at my expense, the services of qualified medical personnel.

Parent Name (Please print)	Parent Signature	Date
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