L'ANSE CREUSE HIGH SCHOOL - NORTH
23700 21 Mile Road
Macomb, MI 48042
586-493-5270

Interim Medical History Form
(up-to-date physical already on file)

Student Name_____

Address_____

Date of Birth_____

Home Phone_____ **Business # (Mom)**_____
(Dad)_____

Physician Name_____ **Phone Number**_____

1. Since the last sports health exam, has there been any illness or injury whether disabling or not which might effect involvement in sports?_____(yes)_____(no). If yes, explain.

2. Has there been any other change in health, strength or maintenance of condition not covered above?_____(yes)_____(no). If yes, explain.

My son/daughter has no physical limitations which would restrict sports involvement in

_____(sport)

HEALTH HISTORY

	YES	NO
Kidney Injuries	____	____
Heart Condition or Disease	____	____
Diabetes	____	____
Asthma	____	____
Do you wear: Glasses	____	____
Contacts	____	____
Allergy to Bee Sting	____	____
Allergy to any medication	____	____
Date of last tetanus shot	_____	

Medications: _____

Medical Treatment Consent (To be completed by parents)

I, _____ the parent/guardian of_____
recognize that as a result of athletic participation, medical treatment on any emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

DATE:_____ _____
(Signature of Parent/Guardian)