

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 students 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 School District to engage, at my expense, the services of qualified medical personnel.

_____ Parent Name (Please Print)	_____ Parent Signature	_____ Date
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