

**STONINGTON PUBLIC SCHOOL**  
**INTERIM HEALTH QUESTIONNAIRE**

Student Name: \_\_\_\_\_ Gender: M F  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Sport: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**MEDICAL INFORMATION**

Last Physical Exam: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SINCE HIS/HER LAST ATHLETIC PHYSICAL EXAMINATION, HAS THIS STUDENT...**

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
1) Had surgery	_____	_____	5) Developed new allergies	_____	_____
2) Been hospitalized	_____	_____	6) Had a concussion	_____	_____
3) Began taking new medication	_____	_____	7) Had any loss of consciousness	_____	_____
4) Had a serious illness/injury	_____	_____	8) Developed any new health issues	_____	_____

**IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN ON LINES BELOW:**

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**CONSENT FORM**

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

**Signature of Student Athlete** \_\_\_\_\_ **Date** \_\_\_\_\_