

Orland High School Athletics
Health History-Health Coverage-Physical Examination

Student: _____ Grade Entering: _____ Age: _____ Male: _____ Female: _____

Last Name First Name

HEALTH RELATED HISTORY:

1. History of head injuries? Yes No
2. History of convulsions, fainting spells, etc?
 Yes No
3. History of broken bones or fractures or operations?
 Yes No
4. Does the student have dental appliances?
 Yes No
5. History of allergies to drugs, pollen or food?
 Yes No
6. History of rheumatic fever, heart disease or heart murmur?
 Yes No
7. History of ruptured eardrum?
 Yes No
8. History of hernia? Yes No
9. List any medications student is currently taking?

10. Do you know of any reason why this student should NOT participate in a full athletic program? Yes No
11. List known allergies here: _____

It is **MANDATORY** that all student athletes have insurance coverage to participate in athletics at Orland High School.

Health Coverage Insurance Plan:

Name of carrier: _____

ID/Group Number: _____

If you do not have a hospitalization plan, you may purchase a plan from Myers-Stevens & Toohey & Co., Inc. Plans are available in the school office. Payments must be submitted to School Site Secretary to confirm purchase of plan.

I certify that I hold the above insurance and hereby give my son/daughter permission to participate in the after-school athletic programs offered by OUSD. I will notify the school if my policy is terminated immediately.

Policyholder's signature: _____

Physician's Examination

Height: _____ Weight: _____ Blood Pressure: _____ Heart: _____ Hernia: _____
 Teeth: _____ Lungs: _____ Extremities: _____

From this examination it is my opinion that this student **CAN / CANNOT** participate in competitive sports:

Athletes may randomly be tested for controlled substances throughout the school year.

Emergency Contact Information: The following people can be contacted in case of Emergency, and the following people may sign for and transport my son/daughter from athletic events after released by teams coach:

Name	Number	Name	Number
Name	Number	Name	Number