-If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

-If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. -I hereby state that, to the best of my knowledge, my answers to the above are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by

X Parent/Guardian signature (required)	Date
X Student signature (required)	Date
FOR COURSE USE ONLY. This Madical History forms was assisted by	

FOR SCHOOL USE ONLY – This Medical History form was reviewed by:

Printed name Signature