Medical History

Transforming hearts & minds in a decidedly Christian community

Cedar Park Christian School | A ministry of Cedar Park Assembly of God | 16300 112th Ave NE Bothell, WA 98011 | 425-488-9778

FOR OFFICIAL USE ONLY		
SPORTS PARTICIPATION ☐ VOLLEYBALL ☐ SOCCER ☐ FOOTBALL ☐ CHEER SQUAD ☐ SOFTBALL ☐ BASEBALL ☐TRACK ☐BASKETBALL ☐ CROSS COUNTRY	☐ PERMISSION TO PARTICIPATE FORM ☐ MEDICAL PHYSICAL EXAM RECORD	☐ CHECK PAYMENT CK # _____ ☐ CASH PAYMENT $ _____

To be Completed by Parent / Legal Guardian

CHILD'S NAME	BIRTH DATE	GRADE	BIRTHPLACE	PHONE NO.
	Click here to enter a date.	Choose an item.		

ADDRESS (STREET)	CITY	STATE	ZIP CODE

PARENTS / GUARDIAN	HOME PHONE NO.

FATHER'S EMPLOYER	EMAIL ADDRESS	CELL PHONE NO.	WORK PHONE NO.

MOTHER'S EMPLOYER	EMAIL ADDRESS	CELL PHONE NO.	WORK PHONE NO.

ALTERNATIVE TO NOTIFY IN CASE OF EMERGENCY	CELL PHONE NO.	WORK PHONE NO.

PREFERRED HOSPITAL

Medical History

	Yes	No			
1.	☐	☐	Have you ever been "knocked out" or lost consciousness?	Click here to enter a date.	Year
2.	☐	☐	Have you ever had any "fits" or seizures?	Click here to enter a date.	Year
3.	☐	☐	Have you ever been hospitalized?	Click here to enter a date.	Year
4.	☐	☐	Have you ever required an operation?	Click here to enter a date.	Year
5.	☐	☐	Do you have any organs missing other than tonsils or appendix? (eye, kidney, testicle, etc.)		
6.	☐	☐	Are you allergic to any medications?		
7.	☐	☐	Do you take any medications regularly?		
8.	☐	☐	Do you have any chronic or recurrent illness?		
9.	☐	☐	Do you have to stop while running two laps of a ¼ mile track?		
10.	☐	☐	Has any close relatives of yours had a heart attack or heart trouble under age 50?		
11.	☐	☐	Do you wear glasses or contact lenses?		
12.	☐	☐	Do you wear any dental appliances such as a bridge or plate?		
13.	☐	☐	Have you ever had asthma or breathing difficulty?		
14.	☐	☐	Do you have allergies (hay fever, food allergies, skin allergy?		
15.	☐	☐	Is there a family history of allergies (mother, father, brothers, sisters)?		
16.	☐	☐	Have you ever had rheumatic fever or a heart murmur?		

17.	☐	☐	Have you ever had a fracture? Where:
18.	☐	☐	Have you ever had a dislocated knee, hip, shoulder, elbow?
19.	☐	☐	Have you had a tetanus shot within the last 10 years? Date: Click here to enter a date.

Examiner's Comments on the above:

PARENTAL PERMISSION: If the parent or authorized individual above cannot be reached at the time of any EMERGENCY, and if immediate observation or treatment is urgent in the judgment of the school authorities or the coach, I AUTHORIZE and direct the school to send the pupil to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as is immediately necessary?

◉ Yes ○ No Date Click here to enter a date. Parent Signature