

MOSCOW HIGH SCHOOL INTERIM QUESTIONNAIRE AND CONSENT FORM
PLEASE PRINT NEATLY



PERSONAL HISTORY

Last Name: _____ First: _____ Gender: M F
Date of Birth: _____ Graduation Year: _____ Home Phone: _____ Grade in School: 9 10 11 12
Address: _____ City _____ ZIP _____
Primary (1st) Contact (Parent/Guardian): _____ Home Phone: _____
Relation to Athlete: _____ Work Phone: _____ Cell Phone: _____
Secondary (2nd) Contact (Parent/Guardian): _____ Home Phone: _____
Relation to Athlete: _____ Work Phone: _____ Cell Phone: _____
Tertiary (3rd) Emergency Contact: _____ Home Phone: _____
Relation to Athlete: _____ Other Phone: _____

INSURANCE INFORMATION See reverse of form for additional information regarding insurance

IS YOUR SON/DAUGHTER COVERED BY A FAMILY HEALTH INSURANCE POLICY? ____ YES ____ NO
Primary Insurance Company: _____
Policy# _____
Name of Policy Holder: _____
Group# _____

MEDICAL INFORMATION

Last Physical: _____ Last Tetanus: _____ **Allergies:** _____
Medical Conditions: _____ Current Prescriptions _____
Family Physician: _____ Phone Number: _____

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

	YES	NO		YES	NO
1) Had surgery	_____	_____	5) Had an injury requiring a Physician	_____	_____
2) Been hospitalized	_____	_____	7) Had a concussion	_____	_____
3) Been under a physician's care	_____	_____	8) Been unconscious	_____	_____
4) Had a serious illness/injury	_____	_____	9) Developed any health problems	_____	_____

PLEASE EXPLAIN ALL YES ANSWERS

CONSENT FORM

- ◆ I hereby consent to the above named student-athlete participating in the interscholastic athletic program at Moscow High School. This consent includes travel to and from athletic contests and practice sessions.
- ◆ I hereby consent that the sports medicine staff or coach may apply first aid treatment for any injury or injuries sustained during practice or games in inter-school athletics sanctioned by Moscow High School, until the parents/guardians can be contacted.
- ◆ I hereby consent that in case the parents/guardians cannot be reached, a member of the sports medicine staff or a coach may secure medical first aid, ambulance service, and if necessary emergency room care, when needed, as a result of injury during participation in sanctioned practices/games scheduled by Moscow High School.
- ◆ I hereby consent to the release of the information contained in this form to carry out treatment and healthcare operations for the above named student.

Signature of Parent/Guardian _____ Date _____

My Participation in interscholastic athletics for Moscow High 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 IHSAA and the Moscow School District.

Signature of Student Athlete _____ Date _____

ATHLETIC INSURANCE

The Idaho High School Activities Association (I.H.S.A.A.) does not require, nor does the Moscow School District provide medical insurance while a student is participating as an athlete, cheerleader, or member of a dance team in the Moscow School District.

The Moscow School District, through the I.H.S.A.A., does provide “Catastrophic Insurance” coverage for all students participating in I.H.S.A.A. activities. This coverage takes effect if medical expenses exceed \$25,000.

The Moscow School District does recommend that all students participating in activities be covered by a medical insurance plan. Many students are covered by their parents’ existing medical program. If the student is not covered by such a program, coverage can be obtained through private insurance companies.

In order for the Moscow School District to have accurate files regarding the insurance coverage of activities participants, please complete and return this form to the coach, advisor, or Athletic Trainer.

I hereby certify that I am aware that the Moscow School District does not carry medical insurance on activities participants. I hereby agree to hold the Moscow School District harmless for any medical expenses incurred as a result of participation in such activities. In addition, I authorize the District-appointed supervisor to initiate medical attention for my child when the supervisor deems it necessary.

(Parent/Guardian Signature)

(Date)