

BOISE SCHOOL DISTRICT INTERIM QUESTIONNAIRE AND CONSENT FORM
PLEASE PRINT CLEARLY!



PERSONAL HISTORY

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____ GENDER: M F

GRADE IN SCHOOL: 7 8 9 10 11 12 DATE OF BIRTH _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP CODE _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____

EMAIL _____ Mother / Father / Step-Parent WORK PHONE _____
CELL PHONE _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____

EMAIL _____ Mother / Father / Step-Parent WORK PHONE _____
CELL PHONE _____

IN CASE OF AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED PLEASE NOTIFY

NAME _____ RELATION _____ PHONE NUMBER _____

MEDICAL INFORMATION

ALLERGIES _____ HEALTH PROBLEMS _____

MEDICATIONS _____ LAST TETANUS _____ LAST PHYSICAL _____

FAMILY DOCTOR _____ PHONE NUMBER _____

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

	YES	NO		YES	NO
1) Had Surgery	_____	_____	6) Had A Concussion	_____	_____
2) Been Hospitalized	_____	_____	7) Been Unconscious	_____	_____
3) Been Under A Physician's Care	_____	_____	8) Allergic To Any Drugs	_____	_____
4) Had A Serious Illness	_____	_____	9) Developed Any Health Problems	_____	_____
5) Had Injury Requiring A Physician's Care	_____	_____			

PLEASE EXPLAIN ALL YES ANSWERS _____

INSURANCE INFORMATION

IS YOUR SON/DAUGHTER COVERED BY MEDICAID? _____ YES _____ NO

IS YOUR CHILD COVERED BY A FAMILY HEALTH INSURANCE POLICY? _____ YES _____ NO

PRIMARY INSURANCE COMPANY _____

DO YOU WISH TO PURCHASE SCHOOL HEALTH INSURANCE? _____ YES _____ NO

If YES, more information may be obtained from your son or daughter's school.

CONSENT FORM

- ◆ I hereby consent to the above named student-athlete participating in the Boise School District interscholastic athletic program. This consent includes travel to and from athletic contests and practice sessions.
- ◆ I hereby consent that the BSD Administrator, RN, Certified Athletic Trainer or Coach may apply first aid treatment for any injury or injuries sustained during practice or games in inter-school athletics sanctioned by the Boise School District, until the parents/guardians can be contacted.
- ◆ I hereby consent that in case the parents/guardians can't be reached, the BSD Administrator, RN, Certified Athletic Trainer or coach 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 the Boise School District.
- ◆ 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.
- ◆ I hereby consent to establishing baseline concussion assessment scores and post-concussion testing using the Head Injury Scale – Resolution (HIS-R), Standardized Assessment of Concussion (SAC), Balance Error Scoring System (BESS), and ImPACT (computerized neurocognitive assessment).
- ◆ I hereby consent to the release of medical information to other healthcare professionals upon request.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

My Participation in interscholastic athletics for the Boise School District 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.

SIGNATURE OF STUDENT ATHLETE _____ DATE _____