

**Diocese of Monterey St. Patrick School  
SPORTS CANDIDATE'S HEALTH HISTORY  
(To be completed by parents)**

Grade \_\_\_\_\_

School \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Last) (First in full)

Home Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone No. \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Has had any injuries requiring medical attention .....                                     | Yes | No |
| 2. Has had illness lasting more than one week .....   | Yes | No |
| 3. Is under a physician's care now .....  | Yes | No |
| 4. Takes medication now .....   | Yes | No |
| 5. Wears glasses .....  | Yes | No |
| 6. Wears contact lenses .....   | Yes | No |
| 7. Has had a surgical operation .....   | Yes | No |
| 8. Has been in hospital (except for tonsillectomy) .....                                      | Yes | No |
| 9. Has allergies to drugs or other medications .....  | Yes | No |
| 10. Date of last tetanus booster _____  |     |    |
| 11. Do you know of any reason why this individual should not participate in all sports? ..... | Yes | No |

Please explain any "Yes" answers to the above questions:

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**INSURANCE AND PARENTAL CONSENT**

I hereby give my consent for the above named school student to participate in the athletic programs of St. Patrick School to go with a representative of the school on any athletic trip, and to have him treated in case he is injured. I understand that a physical examination must be done by a qualified physician before my son/daughter takes part in interscholastic sports, and that a physical examination, along with this medical history will become part of his/her continuing medical record while in school. The physical examination is a parental responsibility.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that the insurance we carry on \_\_\_\_\_ with the \_\_\_\_\_ Company  
(Student's Name) (Insurers)

fully complies with the California Law, Education Code 32221, which requires every member of an athletic team to have accident bodily injury insurance providing at least \$1,500 of scheduled medical and hospitalization benefits. (Accidental bodily injury insurance to meet these requirements may be obtained through the school by following the procedures outlined on the accompanying school insurance information form. Please note that most family insurance plans will not adequately cover injuries from football. Check your insurance carefully.)

I understand the school does not carry any insurance for these State requirements and, therefore, waive any claim on the Diocese of Monterey or St. Patrick School or the school student body or any individual associated with the school.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_