



Sage Valley Diamondbacks

INTERIM QUESTIONNAIRE / EMERGENCY CONTACT

PERSONAL HISTORY:

Last Name _____ First _____ MI _____
 Home Phone _____ Date of Birth _____ Grade in School _____
 Address _____ City _____ Zip _____
 Parent/Guardian Name _____ Home/Cell Phone _____ Work Phone _____
 Parent/Guardian Name _____ Home/Cell Phone _____ Work Phone _____

In case of an emergency, if parents cannot be contacted please notify....

Name _____ Relation _____
 Phone Number _____ Alternate Phone Number _____
 Name _____ Relation _____
 Phone Number _____ Alternate Phone Number _____

MEDICAL INFORMATION:

Last physical _____ Last tetanus _____ Allergies _____
 Health Problems _____ Current Medications _____
 Family Doctor _____ Phone Number _____

Since his/her last athletic physical examination, has this student: (Explain in writing if any "Yes" is circled)

- | | |
|---|---|
| (1) Had Surgery? Yes/No | (2) Been Hospitalized? Yes/No |
| (3) Been Under A Physicians Care? Yes/No | (4) Had A Serious Illness? Yes/No |
| (5) Had An Injury Requiring A Physicians Care? Yes/No | (6) Been Rendered Unconscious? Yes/No |
| (7) Started Taking Any New Medications? Yes/No | (8) Developed Any Health Problems? Yes/No |
| (9) Developed Any New Drug Allergies? Yes/No | |

Explanation For Any Of The Above Checked "Yes":

INSURANCE INFORMATION:

Is your son/daughter covered by a family health insurance policy? ____ Yes ____ No ____

(If no, please see waiver of insurance at bottom of page)

Primary Insurance Company _____ Insurance Subscriber _____
 Whose name is the policy under _____ Policy # _____ Group # _____

*****ONLY IF YOU DO NOT PURCHASE INSURANCE FROM THE SCHOOL*****

Waiver of Insurance Form

I understand and accept all medical responsibilities if my child/children receive any type of injury during the current sport season. This includes all practices, travel and game situations during the entire year (first day of tryouts – until the last game played). I also understand that some type of insurance (including school insurance) is offered and recommended for my child and that I am choosing not to purchase any type of insurance for my child at this time.

PARENT/GUARDIAN SIGNATURE: _____