



# VMS Falcons



## 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":

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### 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: \_\_\_\_\_