MILLER CREEK MIDDLE SCHOOL
HEALTH INVENTORY FOR SPORTS PARTICIPATION

Dear Parent,

As an outgrowth of our physical education program, we are offering various activities that extend beyond the school day. These activities are supervised by credentialed school personnel.

Because participation often involves transportation and because of the normal risks involved in vigorous physical activities, it is strongly recommended that you provide insurance which includes coverage for injury and death.

I hereby give my consent for the student named below to compete in sports at Miller Creek Middle School and to go with a representative of the school on any trips. In case this student is injured, the school representative is authorized to have my child treated without further delay after an attempt has been made to reach us at the telephone numbers listed below:

_____ _____
STUDENT NAME ADDRESS

_____ _____ _____
HOME PHONE FATHER'S WORK PHONE MOTHER'S WORK PHONE

_____ _____
EMERGENCY CONTACT PHONE

_____ _____
FAMILY PHYSICIAN'S NAME PHONE

Date of last tetanus immunization or booster:_____ (last ten years)

Has your child had an illness, an injury, or an operation during the past year? _____

Has your child ever had a head injury or convulsions? _____

If yes, please explain: _____

Is your child under a doctor's care at this time? _____

Does your child have any health limitation known to you that might be aggravated by competitive sports participation? _____

If yes, please explain: _____

As stated in California Education Code Section 35330, I understand that I hold the Dixie School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise out or in connection with my child's participation in this activity.

_____ _____
PARENT OR GUARDIAN SIGNATURE DATE