

WESTLAKE HIGH SCHOOL STUDENT MEDICAL HISTORY



FULL NAME OF STUDENT _____

Grade _____ Period _____ Instructor _____

PARENTS OR GUARDIAN _____

HOME PHONE _____

FATHERS WORK or CELL PHONE _____

MOTHERS WORK or CELL PHONE _____

PARENTS E-MAIL ADDRESS _____

IN CASE OF AN EMERGENCY PLEASE CONTACT:

NAME: _____ PHONE: _____

RELATIONSHIP: _____

PRESENTLY UNDER DOCTOR'S CARE FOR AN INJURY OR ILLNESS? YES ___ NO ___

HEALTH PROBLEMS THE PE DEPARTMENT SHOULD BE AWARE OF:

ALLERGIES? _____

- I UNDERSTAND THAT IF MY STUDENT IS UNABLE TO PARTICIPATE THEY WILL HAVE TO COMPLETE A MAKE UP ASSIGNMENT WHEN THEY HAVE RETURNED TO GOOD HEALTH.
- I ALSO UNDERSTAND THAT THE TEACHERS MAY SUBSTITUTE ACTIVITIES THAT MY CHILD CAN DO IN PLACE OF ACTIVITIES THEY MAY BE UNABLE TO PARTICIPATE IN DUE TO MEDICAL RESTRICTIONS. FOR EXAMPLE A STUDENT WITH A SPRAINED ANKLE MAY BE ASKED TO DO UPPER BODY EXERCISES THAT DO NOT REQUIRE USE OF THE INJURED ANKLE.
- I HAVE READ THE PHYSICAL EDUCATION DISCLOSURE DOCUMENT AND I AM AWARE OF WHAT IS EXPECTED OF MY STUDENT IN CLASS.

PARENT SIGNATURE

STUDENT SIGNATURE