



Health History Questionnaire

Please answer the following questions. This does NOT replace having a **copy of your current medical or sports physical** from your medical doctor (within the last calendar year).
Have you?

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Been diagnosed with a heart condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever felt dizzy or passed out during or after exercise?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. While exercising, has your heart ever "skipped" a beat, have you suffered from a "racing heart, severe chest pain, lightheadedness, or fainted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Had trouble with coughing, wheezing, or breathing during or after exercise?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Had a back injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Been diagnosed with asthma?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Had a neck injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you have any medical problems about which we should be aware? (i.e. diabetes, sickle cell, cancer)
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Currently undergoing physical therapy or rehabilitation for an injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you require any special equipment to participate in sports activities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Had an unfavorable/allergic reaction to a drug, antibiotic, and/or medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are you currently taking any medications?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Had a serious injury? (i.e. heat illness, surgery, head injury)	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. If "yes" to question 14, do they affect your heart rate?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Experienced seizures or convulsions, and/or been diagnosed with epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Do you know of, or do you believe there is any health reason why you should not participate in the XL Sports Acceleration Program?

***Answering YES to any of the above questions does NOT necessarily exclude you from participating in athletic activities. Only a physician can determine your readiness to participate in athletics.

Explain any questions above that you have answered "YES"

I have reviewed these questions and answered them to the best of my ability. I understand materials will be reviewed and I may be asked to see my doctor before participating in West HS Athletic Activities.

Name of Participant _____ DOB _____ AGE _____

Sport(s) _____ Grade _____

Signature of Participant _____ Date _____

Parent/Guardian Signature _____

Name _____ Grade _____

Athlete's Physical Examination Card

Waterloo Community School District

_____ School

Attention: School Athletic Director

Dear Sir or Madam:

I certify that I have examined _____ and
find him/her physically able to compete in the interscholastic athletics for **ALL** sports
with the exception of:

Tetanus Shot: _____ yes _____ no

Date of Examination

Examining Physician

Physician's Address

WCSD Form #378 (rev. Aug, '02)

Physician's Phone

Name _____ Grade _____

Insurance Waiver

Waterloo Community School District

_____ School Year

Attention: School Athletic Director

Dear Sir or Madam:

I **do not** care to take the school insurance available through the Waterloo Community School District. I understand the Waterloo Community School District **will not** be responsible for medical and hospital costs for students injured in athletics or any other school activity.

I **do have** accident policies with the following companies that will cover injuries incurred by the above named athlete.

Signature of Student

Signature of Parent

Athletic Release, Hold Harmless and Indemnification Agreement

Athletic Activities Covered: Football, Baseball, Boys' & Girls' Basketball, Softball, Volleyball, Wrestling, Boys' & Girls' Gymnastics, Boys' & Girls' Swimming, Boys' & Girls' Tennis, Boys' & Girls' Track, Boys' & Girls' Cross Country, Boys' & Girls' Golf, and Cheerleading.

We, the undersigned athlete(s) and each athlete's parent(s)/legal guardian(s), understand that the athletic activities listed above may be violent contact sports, and are dangerous activities involving risk of serious injuries and associated pain and suffering and medical expenses, or death, and also could seriously impair each of the undersigned athlete's(s') abilities to function and to enjoy life and earn a living.

The undersigned also recognize the importance of following the instructions of all coaches regarding playing and techniques, training and team rules, and the undersigned athlete(s) agree(s) to obey such instructions.

Except as to acts or omissions on the part of its employees and agents for which the Waterloo Community School District is deemed vicariously liable under the laws of this state, **the undersigned** and for each of the undersigned's spouse, heirs, beneficiaries, legal representatives, and assigns, **hereby voluntarily agree(s) to release and hold** the Waterloo Community School District, its Board of Education, its employees, agents, representatives, assigns, coaches and volunteers, **harmless** from any and all liability, actions, causes of action, suits, debts, claims or demands of any kind and nature whatsoever, which may in any way arise out of or in connection with the participation of the undersigned athlete(s) in such athletic activities.

In the event that any action, claim, demand, or lawsuit is commenced against the parties released and held harmless above arising out of or in connection with the participation by the undersigned athlete(s) in the athletic activities described above, **each of the undersigned agrees to indemnify** those released and held harmless parties, and each of them, for any loss or liability or expense incurred in the defense of said action, claim, demand, or lawsuit, including but limited to judgment, interest, attorney's fees and costs.

The undersigned have each read and understand the foregoing athletic release, which includes the hold harmless, and indemnification agreement as stated above.

Dated this ____ day of _____, 20__.

Signature of parent(s)/legal guardian(s)

Signature of parent(s)/legal guardian(s)

Signature of Athlete(s)

Signature of Athlete(s)

WATERLOO COMMUNITY SCHOOLS

Education Service Center

1516 Washington Street

Waterloo, Iowa 50702

Parents or Guardians:

There are times when our athletic teams are playing out of town that athletes are injured and require immediate emergency medical care. The problem that the schools have experienced the last few years is that hospitals are reluctant to provide the emergency care unless the parent or guardian is present to authorize treatment. Since there are times when parents or guardians are not in attendance at away contests, schools feel it necessary to have parents complete this form for limited power of attorney for emergency medical care authorization.

This completed form signed by the parents or guardians are taken on all out of town trips by the Waterloo athletic teams. Should an injury occur this form will enable that coach or trainer to secure immediate medical care for your son/daughter participates.

Limited Power of Attorney for Emergency Medical Care Authorization

First Name _____

Middle Initial _____

Last Name _____

To Whom It May Concern:

This is to certify that the bearer of this form has the permission of the undersigned to authorize necessary emergency medical care by the attending physician, or others he may choose, in case of accidental injury, ingestion, or illness. The undersigned accepts all financial responsibility for necessary treatment and services.

Home Address: _____
Number _____ Street Name _____ City _____ State _____ Zip _____

Home Phone: (____) _____

Insurance Company _____ Plan or Group Number _____

Employer: _____
Name of Company _____ City _____ State _____ Zip _____

Blood Type:(Athletes) _____ Allergies _____

Allergic to any types of medicine: _____

Other: _____

Signature _____
(Relationship: Mother, Father, Legal Guardian)

Date _____ Witness _____