

PAYETTE LAKES MIDDLE SCHOOL  
Department of Athletics

**Physical Update and Consent Form**

Dear Parents:

If your child had a physical examination last year, he/she does not have to have another physical this year unless specifically requested by yourself or your doctor.

Fill out the following update and consent form and have your child return it to the office.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Since your child's last physical examination, has he/she had any of the following:

	YES	NO
1. Surgery	___	___
2. Been hospitalized	___	___
3. Been under a physician's care	___	___
4. Any serious illness	___	___
5. Any injuries requiring a physician's care	___	___
6. Been rendered unconscious	___	___
7. Taking any medication	___	___
8. Does your child have any health problems?	___	___
9. Do you request a repeat physical exam be done prior to your child's participation in athletics?	___	___

Please explain all YES answers in the space provided below:

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**CONSENT FORM**

I hereby consent to my son/daughter, \_\_\_\_\_ to participate in the interscholastic athletic program at Payette Lakes Middle School. This consent includes travel to and from athletic contests and practice sessions. I further consent to any medical/dental care deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date