SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION ANNUAL PARENT OR GUARDIAN PERMIT

I hereby give my consent for	GRADE	GRADE			
Name (Please Print)	2014	2014-15 SCHOOL YEAR			
who was born at	on				
City, Town, County, State		Date of Birth			
to compete in SDHSAA approved athletics for	High School during the	High School during the 2014-2015 school year.			
I/We give our permission for our son/daughter to participate in organ potential for injury which is inherent in all sports.	ized high school athletics, realizing that su	ach activity involves the			
Signed	Date	, 20			
Parent or Legal Guardian					
THIS FORM MUST BE COMPLETED ANNUALLY AND MUST	BE AVAILABLE FOR INSPECTION A	T THE SCHOOL.			

INTERIM PRE-PARTICIPATION HISTORY

(Used in conjunction with the Biennial/Triennial examination.)

SEE REVERSE SIDE FOR HEALTH HISTORY QUESTIONNAIRE

Revised 07-14 PHYS - #2

INTERIM PRE-PARTICIPATION HISTORY

(Used in conjunction with the Biennial/Triennial examination.)

1. Has a doctor denied your participation in sports for any reason? 2. Do you have a new ongoing medical condition (like diabetes or asthma)? 3. Are you currently taking any new prescription or non-prescription (overthe-counter) medicines or pills? 4. Do you have new allergies to medicines, pollens, foods, or stringing insects? 5. Have you passed out or nearly passed out AFTER exercise? 6. Have you passed out or nearly passed out AFTER exercise? 7. Have you had discomfort, pain, or pressure in your chest during exercise? 8. Has your heart raced or skipped beats during exercise? 9. Has a doctor told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection? 10. Has a doctor told you that you have a heart murmur, high blood pressure, high echolesterol, or a heart infection? 11. Has anyous passed out or nearly passed out AFTER exercise? 12. Have you had a seizure? 13. Have you had a seizure? 14. Have you had a myour family died for no apparent reason? 15. Have you had a minury, like a sprain, muscle or ligament tear, or tendonitis, that required medical attention? 16. Have you had a bene or joint injury that required medical attention? 17. Have you wated a stress fracture? 18. Did a doctor tell you that you have a hearted to cough, wheeze, or have difficulty breathing during exercise? 20. Have you used an inhaler or taken asthma medicine? 21. Have you had a new herpes skin infection? 22. Do you have any mery rashes, pressure sores, or other skin problems? 23. Have you had a new herpes skin infection? 24. Have you had a seizure? 25. Have you had a seizure? 26. Have you had a nimptor concussion? 28. Have you had numbness, tingling, or weakness in your arms or legs after being hit or falling? 29. Have you been unable to move your arms or legs after being hit or falling? 29. Have you been unable to move your arms or legs after being hit or falling? 29. Have you had a beneficient for falling? 29. Have you been unable to move your arms or legs after being hit or falling? 29. Have you		ME				DATE OF BIRTHSchool Year)		
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Date Signature of Parent		, 20						

Revised 07-14 PHYS - #2