



Saint Paul
PUBLIC SCHOOLS

A World of Opportunities

Ramsey Middle School
1700 Summit Ave.
Saint Paul, MN 55105

Alicia Ekegren, Athletic Director
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Athletic Permission and Health Questionnaire

Name of Student _____ **Grade: 6 7 8**

Boys/Girls/Coed (circle one) Sport _____ **Date of Birth** _____

There is a fee to participate in a sport:

\$15 for students who qualify for free or reduced lunch

\$30 for students who DO NOT qualify for free or reduced lunch

PAID WITH
CASH or CHECK
(circle one)

The following questions MUST be answered by a Parent/Guardian:

(circle one)

- | | | |
|--|-----|----|
| 1. Does your child have a Saint Paul Public Schools Health Examination form with Competitive Athletics signed by a doctor within the previous 3 years on file at Ramsey Middle School? | YES | NO |
| 2. Does your child have medical insurance?
(the school district does not carry insurance for any athletic injuries) | YES | NO |
| 3. Has your child been hospitalized since the above physical exam? | YES | NO |
| 4. Has your child had a major injury since the above physical exam? | YES | NO |
| 5. Does your child have only one organ of usually paired organs?
(Example: only one kidney, one good eye) | YES | NO |
| 6. Does your child take medication on a daily or occasional basis? | YES | NO |
| 7. Has your child lost consciousness at any time within the last 12 months? | YES | NO |
| 8. Does your child need a tetanus booster shot (needed every 10 years)? | YES | NO |
| 9. Are you aware of any health reasons why your child should not participate in athletics? | YES | NO |

If you answered YES to any of the questions 3-9 above, please explain:

By signing below, I

1. give permission for the student named above to participate in all athletic activities for the sport listed above.
2. give permission for the student named above to be taken on supervised athletic activities.
3. understand that my student must not practice or play a sport during medical treatment until they are given written permission from a doctor to resume participation.

Parent/Guardian Signature _____ **Date** _____

(Please do not write below this line it is for school use only)

Physical Exam Date _____

Athletic Director Signature _____

Nurse Signature _____

Academically Eligible _____