

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION  
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for \_\_\_\_\_ GRADE \_\_\_\_\_  
Name (Please Print) 2017-18 SCHOOL YEAR

who was born at \_\_\_\_\_ on \_\_\_\_\_  
City, Town, County, State Date of Birth

to compete in SDHSAA approved athletics for the Potter County coop during the 2017-18 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Signed \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_  
Parent or Legal Guardian

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.**

**INTERIM PRE-PARTICIPATION HISTORY**

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

**SEE REVERSE SIDE FOR  
HEALTH HISTORY QUESTIONNAIRE**

## INTERIM PRE-PARTICIPATION HISTORY

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

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(2017-18 School Year)

### IN THE PAST YEAR:

YES NO  
NO

YES

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 (over-the-counter) medicines or pills?		
4.	Do you have new allergies to medicines, pollens, foods, or stinging insects?		
5.	Have you passed out or nearly passed out DURING 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 ordered a test for your heart? (for example: ECG, echocardiogram)		
11.	Has anyone in your family died for no apparent reason?		
12.	Have you spent the night in a hospital?		
13.	Have you had surgery?		
14.	Have you had an injury, like a sprain, muscle or ligament tear, or tendonitis, that required medical attention?		
15.	Have you had any broken or fractured bones or dislocated joints?		
16.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?		

17.	Have you had a stress fracture?		
18.	Did a doctor tell you that you have asthma or allergies?		
19.	Have you started to cough, wheeze, or have difficulty breathing during or after exercise?		
20.	Have you used an inhaler or taken asthma medicine?		
21.	Have you lost a kidney, an eye, a testicle, or any other organ?		
22.	Do you have any new rashes, pressure sores, or other skin problems?		
23.	Have you had a new herpes skin infection?		
24.	Have you had a head injury or concussion?		
25.	Have you been hit in the head and been confused or lost your memory?		
26.	Have you had a seizure?		
27.	Have you experienced headaches with exercise?		
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?		
30.	When exercising in the heat, did you have severe muscle cramps or become ill?		

Explain "Yes" answers here: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Continue on front side of this form if necessary)

## RECERTIFICATION OF HEALTH

As the parent/guardian, I herewith affix my signature and certify that the above named student is physically fit to participate in interscholastic athletics for the current school year insofar as all "Yes" responses are concerned.

\_\_\_\_\_, 20\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent