

**Medway Middle School  
Student Extra-Curricular Information Sheet**

Student's Name: \_\_\_\_\_ Activity: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Parent/ Guardian: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*The following information is needed:*

Primary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

In case of injury, who can we notify if we cannot get in touch with you?

*Please give names and telephone numbers:*

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*In order to be able to participate in athletics, athletes must have a current physical examination. Physicals are valid for two (2) years from the date of the exam. During the second year, the questionnaire below must be completed before participation.*

Date of last physical examination: \_\_\_\_\_

	Yes	No
1. Have there been any major injuries, surgery or serious illnesses since the last sports exam?	_____	_____
2. Is the athlete under the care of a physician or taking medicine now?	_____	_____
3. Does the athlete, his/her parents, or his/her physician feel that the athlete should be limited in sports participation?	_____	_____
4. Are there any new allergies?	_____	_____
5. Does the athlete wear glasses or contact lenses?	_____	_____
6. Has there been any chest pain, dizziness or fainting with exercise since the last sports exam?	_____	_____

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Refer to Nurse: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Nurse's signature: \_\_\_\_\_

Determination: Physical exam required: Yes \_\_\_\_\_ No \_\_\_\_\_