

BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL HEALTH OFFICE  
PHYSICAL EXAM PERMISSION FORM

I give permission for Dr. George Gagne to give a physical exam to my child on date: \_\_\_\_\_, 2021 at \_\_\_\_\_. The physicals will be given in the Health Office.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Check all that apply:

- Incoming Freshman
- Cross Country
- Volleyball
- Basketball
- Wrestling
- Softball
- Baseball
- Soccer

Please answer the following questions about your child:

1. Have you ever been told that your child has heart murmur, high blood pressure, or any other heart problems? \_\_\_\_\_
2. Does your child have any allergies to food, medications, animals, or plants?  
\_\_\_\_\_
3. Do they require an Epipen for any reaction?  
\_\_\_\_\_
4. Is your child presently taking any medication, and if so, what is it and why? \_\_\_\_\_
5. Does your child have any allergies to bees? \_\_\_\_\_
6. Do they require an Epipen if stung by a bee? \_\_\_\_\_
7. Please list any medical conditions that your child may have: \_\_\_\_\_
8. Do you wish Dr. Gagne to write a medication order so that your child may receive Tylenol or Advil during the school day if needed? And if so, which medication would you prefer? \_\_\_\_\_

**This form must be signed by the parent/guardian signature and returned to the Health Office by \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_**