

SPORTS HEALTH UPDATE

Prior to the start of tryout sessions or practice at the beginning of each season, state regulations mandate that a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

If your child was examined and approved for participation in interscholastic athletics this school year, please complete the following:

NAME OF STUDENT (please print) _____ SPORT _____ GRADE ____ M or F (circle)

HISTORY SINCE LAST HEALTH APPRAISAL - TO BE COMPLETED BY THE PARENT OR GUARDIAN

Please check yes or no. Explain in the box below any yes answers.

<i>Note: "Yes" to any of these questions does not mean automatic disqualification from an interscholastic activity. However, it will require a review and approval by the school physician before the student can report to practice and tryout.</i>	YES	NO
1. Has your child experienced any type of head injury or concussion requiring medical attention?		
2. Has your child received any injury requiring medical attention?		
3. Has your child had any surgical operations, joint injuries, or fractured bones?		
4. Has your child been treated in a hospital or emergency room?		
5. Has your child been diagnosed with any condition requiring medical attention?		
6. Has your child experienced swelling or pain requiring medical attention?		
7. Has your child missed any practices and/or games due to illness or injury?		
8. Has your child been absent from school for five (5) or more consecutive days (or an equivalent period during the summer) due to an accident or illness requiring medical care?		
9. Has injury or illness prevented your child from exercise or other athletic activities?		
10. Is your child currently taking any medication or using an inhaler?		
11. Will your child carry any medication or inhaler in school or sports activities?		
12. Has your child experienced any feelings of faintness, dizziness or fatigue after exercise or exertion?		
13. Has there been any change in vision, such as wearing glasses or contact lens?		
14. Has your child developed any allergies?		
15. Has your child developed asthma?		
16. Females Only: When was your last menstrual period?		

Explain here:

PARENTAL CONSENT MUST BE SIGNED BELOW:

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate in the interscholastic athletic activity listed below. All answers are correct as of this date.

I give my consent for _____ to participate in _____ practices and contests.
 (Student name) (Sport activity)

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____

Home Telephone Numbers: _____ Cell Phone: _____

Work Telephone Numbers: _____ Beeper: _____