

ATHLETIC HEALTH HISTORY

SCHOOL: _____

GRADE LEVEL IN SEPT. 200____: _____

STUDENT'S NAME: _____

D.O.B.: _____

Participation in athletics is voluntary and is not a requirement of the regular physical education program.

TO BE COMPLETED BY PARENT

Has your child ever had: *(please check all that apply)*

	Yes	No
Bee Sting Allergy		
Asthma		
Anemia		
Arthritis		
Bladder / Kidney Problem / Injury		
Convulsions / Seizures		
Fainting Spells		
Diabetes		
Ear Problems / Hearing Loss		
Eye Problems / Vision Loss		

	Yes	No
Injury to the Spleen		
Elevated Blood Pressure		
Head Injury / Concussion		
Heart Problem / Murmur / Chest Pains		
Nose Bleeds / Frequent or Severe		
Fractures or Dislocations of Bones / Joints		
Back or Neck Injuries		
Severe Injuries to Muscles / Tendons / Ligaments		
Nose Fracture		

CIRCLE Y (FOR YES) OR N (FOR NO)

Y / N Is there a current medical examination on file in the Nurse's Office?

Y / N Is your child assigned to the Adaptive Physical Education program or has he / she been in an Adaptive Physical Education program?

Y / N Has your child been unconscious or lost memory from a blow to the head?

Y / N Does your child have any of the following:

Y / N One eye or severe uncorrectable loss of vision in one or both eyes?

Y / N One kidney?

Y / N One testicle?

Y / N Has your child ever missed school for more than 5 consecutive days because of illness?

Y / N Has your child ever had an illness, condition or injury that required him / her to go to the hospital as a patient overnight or required surgery?

Y / N Is your child under medical care now?

Y / N Is your child taking any medication now? If so, why?

Y / N Has your child ever fainted during exercise? If so, explain

Y / N Does your child have a chronic illness or condition?

Does your child have: Y / N Orthodontic appliances Y / N Capped teeth?

Y / N Wear contact lens for sports? Y / N Wear glasses for sports?

Y / N Since your child's last physical examination, has your child had any injury or medical illnesses?

I agree with the above answers and consent to my child's participation in the interscholastic program of his / her school, including practice sessions and travel to and from athletic competitions.

I also agree to emergency medical treatment as deemed necessary by the physician(s) designated by school authorities.

PARENT SIGNATURE: _____

DATE: _____