Physical will be conducted on:
Date_____
Time_____

Grade _____

ATHLETIC HEALTH HISTORY

SCHOOL NAME:_____

STUDENT:_____DOB: _____

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

SPORTS ACTIVITIES

Identify any sports in which you do not wish your child to participate:

_____

_____

_____

_____

THIS FORM MUST BE COMPLETED AND RETURNED ON THE DAY THE ATHLETE HAS HIS/HER PHYSICAL. THE APPOINTMENT DATE FOR THE PHYSICAL EXAINATION IS IN THE UPPER LEFT HAND CORNER.

HEALTH HISTORY
TO BE COMPLETED BY PARENT

Has your child ever had: (please check)

	YES	NO		YES	NO
Allergies/Hay Fever	o	o	Elevated Blood Pressure	o	o
Bee Sting Allergy	o	o	Headaches	o	o
Asthma	o	o	Head Injury/Concussion	o	o
Anemia	o	o	Heart Problem/Murmur-Chest pain	o	o
Arthritis	o	o	Nose Bleeds/Frequent or Severe	o	o
Bladder/Kidney Problem or Injury	o	o	Ankle Injury	o	o
Convulsions/Seizures	o	o	Back Pain/Injury	o	o
Fainting Spells	o	o	Fracture-Dislocation Bones/Joints	o	o
Diabetes	o	o	Knee Pain/Injury	o	o
Ear Problems/Hearing Loss	o	o	Neck Injury	o	o
Eye Problems/Vision Loss	o	o	Nose Fracture	o	o
Injury to the Spleen	o	o	Rheumatic Fever	o	o
Joint Sprain/Ligament Tear/Muscle Pull	o	o	Stomach Ulcer	o	o

	YES	NO
Is there a current medical examination on file in the nurse's office:	o	o
Is your child assigned to the Adaptive Physical Education Program or has he/she been in the Adaptive Physical Education?	o	o
Has your child been unconscious or lost memory from a blow on the head?	o	o

History Continued

Does your child have any of the following:

	YES	NO
One eye or severe uncorrectable loss of vision in one or both eyes	o	o
Severe hearing loss in both ears	o	o
One kidney	o	o
One testicle	o	o
Has your child been ill for five (5) consecutive days?	o	o

Has your child ever had an illness, condition, or injury that required him/her to go to the hospital either as a patient overnight or in the emergency room or for x-rays; required an operation; caused your child to miss a game or practice? o o

Is your child under medical care now?	o	o
Has your child taken any medication in the past year?	o	o

If so, why?_____

Is your child taking any medications now?	o	o

If so, why?_____

Has your child ever fainted during exercise?	o	o

If so, explain._____

Has there ever been sudden death in a family member under fifty (50) years of age?	o	o
Do you have any worries about your child's health or other questions you would like to discuss with a doctor?	o	o
Does your child have: orthodontic appliances?	o	o
Capped teeth?	o	o
Wear contact lenses for sports?	o	o
Wear glasses for sports?	o	o
Since your child's last physical examination, has your child had any injury or illnesses?	o	o

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

I also agree to emergency medical treatment as deemed necessary by the physicians designed by school authorities.

PARENT SIGNATURE:_____ **Date:**_____

(continued on next page)

EMERGENCY MEDICAL TREATMENT FORM

We, the parents of _____
give permission for emergency medical treatment of our child for illness or accident if we cannot be contacted.
In case of an emergency please contact us at:

Name_____ Phone_____ _____

Name_____ Phone_____ _____

If we cannot be reached please contact:

Name_____ Phone_____ _____

Name_____ Phone_____ _____

Parent or Guardian_____ Date_____

EMERGENCY MEDICAL AUTHORIZATION FORM

Child's name_____ Age_____ Birthdate_____

Address_____

Telephone Number_____

Policy Holder's Name_____

Insurance Company_____

Policy Number_____ Group or Plan Number_____

If my child sustains an injury and I cannot be reached, please take my child to:

Hospital_____ Doctor_____ Ph#_____

Is your child allergic to any medication?_____ Name of medication_____

Is your child now taking any medication?_____ Name of medication_____

Has your child had any medical/surgical problem that has occurred since her last physical?___

If yes, what?_____