

ATHLETIC REPEATER / HEALTH UPDATE FORM

Date: _____
 Name: _____ Date of Last Physical: _____
 Age: _____ Date of Birth: _____ School: _____ Sex: M F
 Sport: _____ Home Phone: _____ Grade: _____
 Home Physician: _____ Phone: _____ Fax: _____
 Date of last Tetanus Toxoid Booster: _____

PARENT'S / GUARDIAN PERMISSION:

- I hereby give my consent for my son/daughter to participate in the district's Interscholastic Athletic Program at local or out-of-town games. I understand that my child must be medically examined and approved to participate by my own home physician. This physical examination is at my own expense. If I do not have a home physician and would like the MCVTHS school physician to conduct the physical examination, I should indicate this in writing to the school principal. I am also advised that students must return equipment/uniforms in good condition. Parents/Guardians will be expected to reimburse the district for equipment/uniforms that are damaged or lost.

SIGNATURE OF PARENT / GUARDIAN: _____

EMERGENCY CARE PERMISSION:

I authorize school personnel to obtain emergency medical care that may become necessary for my son/daughter in the course of athletic activities or related travel.

Tel. / Home _____

Signature of Parent / Guardian _____ Tel. / Work _____

Name of Relative or Friend _____ Tel. # _____

Name of Family Doctor _____ Tel. # _____

Please complete the following pertinent health information assuring that your child's coach will be aware of this necessary and potential lifesaving information. Does your child have:

Y/N Asthma. If yes does your child require inhaler? _____yes or _____no

Y/N Allergy that requires the use of an Epi-Pen? If yes list allergies _____

Y/N Diabetes:

Y/N Seizures requiring the use of Emergency medication? If yes, name of medication _____

Y/N Cardiac History that is pertinent _____

SCHOOL PHYSICIAN CERTIFICATION:

On the basis of the student's recent medical examination and the updated health history supplied to me by the student's family, he/she

May participate in competitive sports _____

May not participate in competitive sports _____ for the following reason(s)

History and Physical Reviewed By:

 School Physician Signature Date: _____

(Students will not be allowed to participate in an athletic program until this form is completed and signed. Please return form to the School Nurse.)

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____