

# NORTH ROSE-WOLCOTT CENTRAL SCHOOL

## Health History for Athletic Participation

This form **must** be completed and returned **before** you child can participate in interscholastic sports.

Please answer the following questions:

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

To be completed by parent; please check one:

Is there a current medical examination on file in the nurse's office? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has your student been unconscious or lost memory from a blow to the head? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has your student ever had chest pain/shortness of breath/fainted during exercise? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has there been a sudden death of a family member under fifty (50) years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

	Yes	No		Yes	No
Anemia	_____	_____	Fainting Spells	_____	_____
Allergies, Hayfever	_____	_____	Headaches	_____	_____
Allergy to Bee Stings	_____	_____	Head injury / Concussions	_____	_____
Asthma / Respiratory problems	_____	_____	Heart problems / Murmurs	_____	_____
Arthritis	_____	_____	High blood pressure	_____	_____
Back pain / injury	_____	_____	Hernias	_____	_____
Bladder / Kidney problems	_____	_____	Hospitalizations	_____	_____
Braces / Capped teeth	_____	_____	Knee problems	_____	_____
Convulsions / seizure disorder	_____	_____	Neck Injury	_____	_____
Diabetes	_____	_____	Nose Bleeds	_____	_____
Dislocation of joint	_____	_____	Operations	_____	_____
Ear Problems / Hearing loss	_____	_____	Stomach Ulcers	_____	_____
Eye Problems / Vision loss	_____	_____	Spleen injury	_____	_____
Fractures	_____	_____	Tumors	_____	_____
Wears Glasses / contacts	_____	_____	Testicles – absence of	_____	_____
Other conditions or injuries that require medical care:	_____				
	_____				
	_____				

**YES** answers please explain below:

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Presently under MD care or taking medication:      YES                      NO

Condition \_\_\_\_\_

Medication(s) \_\_\_\_\_

# EMERGENCY CARD/MEDICAL AUTHORIZATION

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Wt. \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

My son/daughter has permission to participate in the following sport: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, being the parent(s) or legal guardians of the named minor, do hereby appoint Coach \_\_\_\_\_ to act on my behalf in authorizing unexpected medical care and/or hospitalization for the above named minor during the period of my/our absence.

Emergency Name and Number \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Choice of Hospital \_\_\_\_\_

Hospitalization Coverage (Insurance Coverage) \_\_\_\_\_

Policy ID# \_\_\_\_\_

Last Tetanus Booster: \_\_\_\_\_

**Allergies of Special Conditions:**

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**I agree that the above answers are correct and consent to participation of my child in the North Rose – Wolcott Athletic program. I understand that practicing for and playing any sport involves risk of injury. Because of the dangers involved in participation in athletics it is necessary that your student carefully follow the coaches instruction. Any injury or health problem needs to be reported to the coach or school nurse immediately.**

**Please sign below to acknowledge that you have read it and that you are giving permission for your student to participate.**

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_