

SPORTS HEALTH UPDATE
(required for each sports season)

Name: _____ **Grade:** _____

Address: _____

Phone Numbers H: _____ **W:** _____

C: _____ **Sport this season:** _____

Emergency contact (name) _____ **(ph #)** _____

Please answer the following health related questions: (continue on back if needed)

1. Have you had any serious illness or injury since your last physical requiring medical or hospital care?

Circle one: YES NO

If yes:

Please give details regarding nature of illness/injury: _____

(continue on back of sheet if necessary)

2. Are you presently taking any medication? _____ If so, name of med: _____

3. Do you have any severe allergies? _____ If so, treatment required? _____

4. Do you have any medical conditions? _____ If so, please specify: _____

Type of treatment and/or medication needed: _____

5. Do you wear glasses or contact lenses? _____ If so, glasses or contacts? _____

6. Please list any other medical problems the school should be aware of: _____

7. Date of last tetanus shot? _____

8. Other significant data or changes in health history: _____

To my knowledge, all of the above information is accurate. The above named student has my permission to participate in a school sport this sports season. I also give permission for emergency medical treatment deemed necessary if he/she should be injured while participating in a school-sponsored sport.

Parent/Guardian signature: _____ Date: _____

Please return this form to the Health Office prior to the beginning of the sports season try-outs or your son/daughter will not be cleared for participation.