

SPORTS PARTICIPANT MEDICAL HISTORY 2016-2017

Name: _____ Date: _____ Grade: _____
Address: _____ Phone# _____
Birthdate: _____ Health Insurance: _____
Physician's name / phone# _____ / _____
Person to notify in case of emergency: _____ Phone# _____
Home _____ Work: _____

Allergies: Please name type or give an example of : _____
Food: _____ Medication(Drug): _____ Insect / Bee
Sting _____ Asthma: _____

Does this allergy / condition require any medication as treatment? Yes _____ No _____
Explain: _____

Has your child ever sprained, strained, dislocated, fractured or broken: (Sprain is an injury to a ligament or cartilage; Strain is an injury to muscle or tendon)

Neck _____	Wrist _____	Hip _____	Foot _____
Clavicle _____	Hand _____	Thigh _____	Forearm _____
Shoulder _____	Ribs _____	Knee _____	Other _____
Humerus _____	Back _____	Leg _____	
Elbow _____	Pelvis _____	Ankle _____	

Please add a sentence about the injury and date it occurred on the back of this sheet. Did it require surgical repair? Y/N

Has your child ever: had a head injury
w/unconsciousness? _____

had any back problems? _____ Please describe _____

had a nerve injury producing weakness or numbness of either arms or legs? Y/N.
Explain _____

had a skull, neck or spine fracture? _____ Explain _____

had a seizure or convulsion? _____

Does your child have:

a loss or seriously impaired function of any organ?

Eye _____ Ear _____ Lung _____ Kidney _____ Testicle _____ Ovary _____ Spleen _____

Diabetes? _____ A heart condition? _____

Is your child under a physician's care now for any reason? _____

Explain: _____

Does he/she take any medication? _____ If yes, for what reason? _____

Does he/she bring it to school or athletic events? _____ (Be sure to fill out authorization form.)

Do you know of any reason why he/she should not participate in any sport? _____

Explain:

Is there anything else we should be aware of regarding his/her health? (use back of page)

Parent / Guardian Signature _____

PLEASE RETURN THIS FORM TO THE FRONT DESK.

(uniforms will not be issued until this form is returned)

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