

# SPORTS PARTICIPANT MEDICAL HISTORY 2017-2018

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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