

Medical Sports Update

Name _____ Date of Birth _____ Grade _____

Sport _____

Medical History for the past year:

	YES	NO
1. Any injuries requiring medical attention ?	_____	_____
2. Any illness lasting more than five (5) days ?	_____	_____
3. Taking any medication or under physicians care at this time?	_____	_____
4. Any feeling of faintness, dizziness or fatigue after heavy exertion?	_____	_____
5. Any surgery, fractures or dislocations?	_____	_____
6. Treated in a hospital or emergency room?	_____	_____

General History:

1. Wears glasses or contacts?	_____	_____
2. Any know allergies?	_____	_____
3. Any chronic diseases?	_____	_____

If yes to any of these questions please describe: _____

To my knowledge, there is no medical reason that my son/daughter can not participate in interscholastic sports.

Signature of Parent/ Guardian _____ Date _____

In accordance with New York State Law, pupils needing prescribed or over the counter medication during school are required to have parents and physician permission forms on file with the school nurse.