

Andes Central School

Interval Athletic Health History 2010-11 Athletic Seasons

At the beginning of each athletic season, within 30 days prior to the start of tryout sessions or practice, this health history review for each athlete must be completed unless the student received a full medical examination within 30 days of the start of the season.

PART A: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student: _____ Grade: _____
 Age: _____ Date of Birth: ____/____/____
 Sport: _____ Level (check): Varsity ____ JV ____ Mod ____

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

Note: "Yes" to any of these questions does not mean automatic disqualification from participation in the upcoming athletic season. However, it will require a review and approval by the school physician before the student can report to practice or tryouts. The answers to the questions on this form will be held in the school health office, and will be kept confidential.

HISTORY SINCE LAST HEALTH APPRAISAL:

| | | Yes | No |
|-----|--|-----|----|
| 1. | Has your child experienced any type of head injury or concussion requiring medical attention? | | |
| 2. | Has your child received any injury requiring medical attention? | | |
| 3. | Has your child had any surgical operations, joint injuries, or fractured bones? | | |
| 4. | Has your child been treated in a hospital or emergency room? | | |
| 5. | Has your child been diagnosed with any condition requiring medical attention? | | |
| 6. | Has your child experienced swelling or pain requiring medical attention? | | |
| 7. | Has your child missed any practices under/or games due to illness or injury? | | |
| 8. | Has your child been absent from school for five (5) or more consecutive days due to an accident or illness requiring medical care? | | |
| 9. | Has injury or illness prevented your child from exercise or other athletic activities? | | |
| 10. | Is your child currently taking any prescription or nonprescription (over the counter) medication or pills or using an inhaler? | | |
| 11. | Will your child carry any medication or pills or inhaler in school or at sports activities? | | |
| 12. | Has your child experienced any feelings of faintness, dizziness or fatigue after exercise or exertion? | | |
| 13. | Has there been any change in vision, such as wearing glasses or contact lens? | | |
| 14. | Has our child developed any allergies? | | |
| 15. | Has your child developed asthma? | | |

PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

Describe the condition or situation and dates that caused any questions in PART B to be answered "YES". Please use reverse side of form in the area provided.

PART D: PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate during the upcoming athletic season. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ DATE: ____/____/____

*****PLEASE RETURN TO THE SCHOOL HEALTH OFFICE*****

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PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

Describe the condition or situation and dates that caused any questions in PART B to be answered "YES".

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Date of last health appraisal: ____/____/____ Limitations: ____Yes ____No

Sports Participation:

_____ Approved _____ Referred to School Physician

Signed: _____ Date: ____/____/____

School Health Office

If referred to the School Physician:

_____ Requalified _____ Disqualified

Signed: _____ Date: ____/____/____

School Physician

*****PLEASE RETURN TO THE SCHOOL HEALTH OFFICE*****