Interval Health History for Sports Participation and Parent Consent Form

REVIEW DATE & TIME: _____

Prior to the start of tryout sessions or practice at the beginning of each season, state regulations mandate that a health history review for each athlete must be conducted. The student must receive a medical examination **by the school physician** yearly.

Sport: _____ Last physical date: _____

Name of Student_____ School _____ Grade _____ M or F (circle)
(please print)

History Since Last Health Appraisal - To Be Completed by the Parent or Guardian

If the answer to any of the following questions is "Yes", please describe the condition or situation that prompted your answer (please check either "Yes" or "No").

	YES	NO
1. Has your child experienced any type of head injury or concussion requiring medical attention? Number of times _____	☐	☐
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 and/or games due to illness or injury?	☐	☐
8. Has your child been absent from school for five (5) or more days in a row (or an equivalent period during the summer) 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 taking medicine or under a physician's care at this time?	☐	☐
11. Has your child experienced any feelings of faintness, dizziness or fatigue after exercise or exertion?	☐	☐
12. Has there been any change in vision, such as wearing glasses or contact lens?	☐	☐
13. Has your child developed any allergies?	☐	☐
14. Females Only: When was your last menstrual period? _____		

Describe the condition or situation that caused any questions listed above to be answered "Yes":

_____

_____

_____

Note: "Yes" to any of these questions does not mean automatic disqualification from an interscholastic activity. However, it may require a review and approval by the school physician before the student can report to practice and tryout.

I hereby give my consent for my son/daughter to participate in sports for the school year 20____ - 20____. I also hereby release the City School District of Binghamton, New York, its agents, employees, officers and volunteers, from all liability, not inconsistent with the law, from any claims for any injuries to my son/daughter resulting from such participation, either during practice or in an interscholastic contest.

I agree with the above answers and consent to participation of my child in the interscholastic program of his/her school including practice sessions and travel to and from athletic contests. I also agree to emergency medical treatment as deemed necessary by the physicians designated by school authorities.

Participation in sports involves a certain degree of risk of injury. You are specifically "warned" that you could be injured in your sports participation. The injuries might range from mild, to serious, to catastrophic, even death in some unique cases. Before trying out for the team, you should be aware of the risk so you will be better able to reduce your chances for injury.

Pre-season conditioning, learning the proper and legal skills and techniques, and a knowledge of rules and safety factors will help you to have a healthy season.

IMPORTANT NOTICE DURING YOUR SPORT SEASON

If you are injured or become ill and are seen by a health care provided, you MUST present a note that states you are cleared to participate in BOTH physical education and sports. If you sustain a concussion during participation, you MUST see the school provider AS WELL AS present a note from your health care provider clearing you to participate, BEFORE YOU CAN RETURN TO PLAY. You must also see the school doctor if you have missed five (5) or more practices FOR ANY REASON.

Parent's/Guardian's Signature _____ **Date:**_____

Athlete's Signature_____**Date:**_____