

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

PART I – TO BE COMPLETED BY PARENT/GUARDIAN

Student: _____ Age: _____ Grade: _____

Date of Birth: _____ Sport: _____ Please circle level: Varsity JV Fresh Middle

Date of last health appraisal: _____ Limitations: Yes ___ No ___

PART II – EMERGENCY CONTACTS (PLEASE PRINT NAMES)

Home Phone Number: _____ Student’s Cell Phone: _____

1. Parent: _____ Cell Phone: _____ Work: _____

2. Parent: _____ Cell Phone: _____ Work: _____

EMERGENCY CONTACTS – IF PARENT CANNOT BE REACHED (PLEASE PRINT NAMES)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Doctor: _____ Phone: _____

PART III – TO BE COMPLETED BY PARENT/GUARDIAN

Note: “YES” to any of these questions does not mean automatic disqualification from the athletic activity indicated in Part I above. 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

If the answer to any of the following questions is “YES,” please describe the condition or situation that prompted your answer in the section provided on the other side of this form.

- | | | |
|---|-----------|----------|
| 1. Any injuries requiring medical attention? | _____ Yes | _____ No |
| 2. Any illness lasting more than five days? | _____ Yes | _____ No |
| 3. Taking medicine or under physician’s care at this time? | _____ Yes | _____ No |
| 4. Feeling of faintness, dizziness, or fatigue after exercise/exertion? | _____ Yes | _____ No |
| 5. Change in wearing glasses or contact lenses? | _____ Yes | _____ No |
| 6. Any surgical operations or fractures? | _____ Yes | _____ No |
| 7. Any treatment in a hospital or emergency room? | _____ Yes | _____ No |
| 8. Developed any allergies? | _____ Yes | _____ No |

Describe the condition or situation that caused any of the above questions to be answered “YES.” (Back of sheet may be used.)

PART IV – PARENTAL/GUARDIAN PERMISSION

I, the undersigned, clearly understand that these questions are asked in order to decide if my child can safely participate on the athletic team named in PART I of this form. The answers are correct as of this date and he/she has my permission to participate.

Signed: _____ Date: _____

(Signature of Parent/Guardian)