

## MEDICAL HISTORY (To be completed by parent or guardian)

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_  
(LAST) (FIRST)

Address \_\_\_\_\_ Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

1. Has there been in the last 3 months any:

Yes	No	Describe
____ Surgery	____	_____
____ Injury	____	_____
____ Illness	____	_____

2. Is there any past history of:

Yes	No	Describe
____ Concussion	____	_____
____ Epilepsy	____	_____
____ Rheumatic Fever	____	_____
____ Heart Murmur	____	_____
____ Bone or Joint Injury	____	_____
____ Pnuemonia or Asthma	____	_____
____ Diabetes	____	_____

3. Has child had any operations other than tonsillectomy?

Yes \_\_\_\_ No \_\_\_\_ Explain yes \_\_\_\_\_

4. Do you know of any reason why this student should not participate in all sports? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain Yes \_\_\_\_\_

Parent's /Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I, and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed trainer, coach or medical practitioner.

I understand that this sport pre-participation examination is not designed nor intended to substitute for a recommended regular comprehensive health assessment by the family's licensed medical practitioner, nor to discover hidden or unknown illness or injury reasonably outside the realm of sports participation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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(LAST) (FIRST)

Address \_\_\_\_\_ Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

4. Has there been in the last 3 months any:

Yes	No	Describe
____ Surgery	____	_____
____ Injury	____	_____
____ Illness	____	_____

5. Is there any past history of:

Yes	No	Describe
____ Concussion	____	_____
____ Epilepsy	____	_____
____ Rheumatic Fever	____	_____
____ Heart Murmur	____	_____
____ Bone or Joint Injury	____	_____
____ Pnuemonia or Asthma	____	_____
____ Diabetes	____	_____

6. Has child had any operations other than tonsillectomy?

Yes \_\_\_\_ No \_\_\_\_ Explain yes \_\_\_\_\_

4. Do you know of any reason why this student should not participate in all sports? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain Yes \_\_\_\_\_

Parent's /Guardian's Statement:

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Signature of Parent or Guardian

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Date