

Health History Update

To be completed by parents/guardians if a student's physical exam is already on file in the school office from a previous year.

Student's Name _____ Grade _____ Age _____
 Home Address _____
 Parent or Guardian's Name _____ Tel. _____
 In Case of Emergency Call _____ Tel. _____
 Family Physician _____ Tel. _____
 Date of last medical exam _____

In the past year: (please circle)

1. Have any members of your family under the age of 50 had a heart attack? Yes No
2. Has your child ever passed out while exercising? Yes No
3. Has your child had to stop running after 1/2 mile? Yes No
4. Has your child ever been unconscious? Yes No
5. Has your child had an injury requiring medical attention? Yes No
6. Has your child sprained, strained, dislocated, broken, or had surgery on any of the following bones or joints? (please circle)

Neck	Wrist	Hip	Foot	Ribs	Clavicle
Hand	Thigh	Knee	Back	Leg	Forearm
Elbow	Pelvis	Ankle	Shoulder	Humerus	Other

7. Has your child had any illnesses lasting more than one week or requiring more than one visit to the physician? Yes No
8. Is your child currently taking medication? Yes No
9. Has your child had to stay overnight in the hospital? Yes No

Please explain any "yes" answers to the above questions

My child has no health problems which would interfere with his/her participation in sports activities.

Date _____ Signature of Parent or Guardian _____

RETURN TO COACH/ADVISOR WHO WILL FORWARD TO AD

HEALTH EXAMINATION FOR INTERSCHOLASTIC SPORTS

To be completed by family physician. This form is not necessary if a student already has a physical exam on file from this or a previous year.

Student's name _____ Age _____
DOB _____ Sex: M F
School Attending _____ Grade _____
Height _____ Weight _____ BP _____ Urinalysis _____
HEENT _____
Mouth/Teeth _____
Neck _____
Cardiovascular _____
Respiratory _____
Abdomen _____
Hernia _____
Genitalia _____
Muscular/Skeletal _____

Neurological _____
Skin _____

General Impressions:

I certify that I have on this date examined this student and that, on the basis of this examination and on the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to participate in supervised athletic activities except for the restrictions as noted below.

Restrictions:

Date of Examination _____ Physicians Signature _____

RETURN TO COACH/ADVISOR WHO WILL FORWARD TO AD

OLD TOWN SCHOOL DEPARTMENT ATHLETICS

Parent/Guardian: Please fill out completely if your child wishes to participate in any Interscholastic Sport. This one form gives your permission for all Interscholastic Sports during the year. Please print.

Student's Name _____ Sex _____
Age _____ Date of Birth _____ Grade _____
Athletic Restrictions Known by Parents _____

Is student currently under a doctor's care, or taking any medications? _____ Please explain _____

Notify in Case of Emergency:
Parent/Guardian Name _____
Address _____
Family Doctor _____ Dr's Phone _____

Physical Exam: Evidence of a physical examination must be submitted to the school prior to participation in the tryouts, practices, performances, or games of any Interscholastic Sport. No exceptions can be made to this rule. The physical exam will be required only once during the middle school years and only once during the high school years and it must be followed each year by a Health History Update (Form A).

Insurance: It is mandatory that all students participating in interscholastic athletic programs be covered by adequate accident and health insurance. Please state your Insurance Company and Policy #. (If you have applied for school insurance please so indicate).

Insurance Company _____
Policy # _____

Parental Consent: I have read the activity guidelines and requirements and the chemical health policy and procedures outlined in the Old Town School Department student handbook and give permission for the above named student to take part in Interscholastic Sports Programs for this school year including meetings, practice sessions, participation in athletic events, and transportation to and from such events.

Athletic Candidate's Agreement

If selected as a member of any group representing the Old Town School Department, I do hereby agree to abide by all requirements of the activity, school policies, code of conduct, and transportation rules as set forth by the school and coaching/advisory staff. I understand that these regulations are in effect for as long as I am a member of the activity on the playing fields, courts, or performances, during school and outside school during the activity season. I understand that violations may lead to immediate dismissal from the activity.

Because of the element of risk associated with all athletic completion, I recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of reading and adhering to all written instruction and written warning regarding playing techniques, training methods, rules of the sport and other team rules. I understand that all instructions and warnings, verbal and written, are incorporated by reference into this agreement and I hereby expressly promise to obey all such instructions and warnings.

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

** Parents...in order to keep these vital records up to date, please notify the Coach and the School Nurse if there are any changes in any of the information submitted.

RETURN TO COACH/ADVISOR WHO WILL FORWARD TO THE AD OFFICE