

**SPORTS RECHECK/PARENT PERMISSION**

Health Office/Nurse Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

**MEDICAL HISTORY**

**\*Answer\***

**YES      NO**

- 1. Any injuries requiring medical attention, since your last sports physical? \_\_\_\_\_
- 2. A head injury, including CONCUSSION (if so, when)? Date: \_\_\_\_\_
- 3. Any surgeries, fractures, dislocations (if so, when)? Date: \_\_\_\_\_
- 4. Are you currently in Adaptive PE or excused from PE class? \_\_\_\_\_
- 5. Do you have ASTHMA? \_\_\_\_\_
- 6. Do you carry an inhaler? \_\_\_\_\_
- 7. Do you have allergies (to food, bees, etc.)? \_\_\_\_\_
- 8. Do you carry an EpiPen? \_\_\_\_\_
- 9. Do you have diabetes, seizures, bleeding disorders, or cardiac problems, including high blood pressure? \_\_\_\_\_
- 10. Are you taking any medication, or under a physician's care at this time? \_\_\_\_\_

If **YES** to any of the above, please describe (attach additional notes if needed): \_\_\_\_\_

In case of injury, preferred hospital: \_\_\_\_\_

**\*\*UPDATED PRESCRIPTIONS FOR STUDENTS TO CARRY MEDICATIONS (INHALERS, EPIPENS) ARE REQUIRED EVERY SCHOOL YEAR\*\***

**NOTE: \*YES\* TO ANY OF THESE QUESTIONS MAY REQUIRE A WRITTEN RELEASE FROM YOUR PHYSICIAN**

**SPORTS RECHECK/PARENT PERMISSION**      Grade: \_\_\_\_\_      Homeroom: \_\_\_\_\_      Gender: \_\_\_\_\_

Student Name: \_\_\_\_\_      Date of Birth: \_\_\_\_\_      Sport: \_\_\_\_\_      Level: \_\_\_\_\_

PHONE NUMBER: Home: \_\_\_\_\_      Work: \_\_\_\_\_      Cell: \_\_\_\_\_

**Concussion Management Plan**

The North Colonie concussion management plan can be found on the district website at [www.northcolonie.org](http://www.northcolonie.org)

explaining all aspects of the plan including return to play protocols.

To my knowledge, there is no medical reason that my son/daughter cannot participate in interscholastic sports. We have read and understand all athletic training rules and regulations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**\*\*\*Please make sure to complete medical history above\*\*\***