

SPORTS RECHECK/PARENT PERMISSION

Health Office/Nurse Approval: _____

Date: _____

Name: _____

MEDICAL HISTORY

Answer

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? _____

YES	NO
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: _____

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 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*****