SPORTS RECHECK/PARENT PERMISSION

Health Office/Nurse Approval: __________________________

Date: __________

Name: ____________________________________________

MEDICAL HISTORY

1. Any injuries requiring medical attention, since your last sports physical? YES NO
   If YES to any of the above, please describe (attach additional notes if needed): __________________________

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? ______________

**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

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***