

ATHLETIC PERMISSION

Somers Public Schools

PART A: GENERAL INFORMATION

Student Name: _____ Grade: _____ Birthdate: _____
 Address: _____ Phone: _____
 (in case of emergency contact)
 1st Choice: _____ Phone: _____
 2nd Choice: _____ Phone: _____

PART B: HEALTH HISTORY

1. Has any member of your family under age 50 had a heart attack or heart problem? _____
2. Have you ever been told that you have a heart murmur, high blood pressure, extra heartbeats, or an abnormality? _____ If yes, explain: _____
3. Do you have to stop while running around a ¼ mile track twice? _____
4. Are you taking medications? _____ If yes, explain: _____
5. Have there been any significant changes in your health or physical size during the last six (6) months? _____ If yes, explain: _____
6. Date of last tetanus toxin: _____
7. Have you ever “passed out” or been “knocked out” (concussion)? _____ If so, when? _____
8. Have you ever had or presently have any illness, condition, injury:
9. Did your child sustain a serious illness or injury during the last sports season?
If yes, explain:

	NO	YES	DATE	WHAT
requiring x-rays, ER treatment, overnight hospitalization, operation				
caused you to miss a game/practice				
diabetes/epilepsy/asthma				
allergies/hay fever/hives to medicines/insect bites/food				
migraine headaches				
implants				
glasses/contacts				

<u>AN INJURY TO:</u>				
head/neck				
back/shoulder/arm/elbow/wrist/hand				
hip/thigh/leg/knee/ankle/foot				
liver/kidney/spleen/lung				

Athletes must have this **COMPLETED** health history on file with the school nurse.

