

Update Athletic Health History for Sports Participation

Kenmore-Town of Tonawanda UFSD
1500 Colvin Boulevard
Buffalo, NY 14223

School: KE KW FMS HMS KMS

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted, unless the student received a full medical examination with 30 days of the start of the season.

Please use black or blue ink only.

Name of Student _____ Grade _____ Date of Birth _____

Sport _____ Level: Varsity JV Fresh Modified

To be completed by Parent/Guardian

Note: "Yes" to any of the following questions does not mean automatic disqualification from the athletic activity indicated above. However, it will require a review and approval by the school examiner before the student can report to practice or tryouts. The answers to the questions on this form will be held in the school health office, and will be kept confidential. Coaches will be informed of any significant medical information.

History Since Last Health Appraisal

If the answer to any of the following questions is Yes, please describe the condition or situation that prompted your answer.

| | Yes | No | Date |
|---|--------------------------|--------------------------|-------|
| Has your child had any injuries requiring medical attention? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Has your child had any illness lasting more than five (5) consecutive days? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Is your child taking medicine or under a physician's care at this time? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Has your child experienced any feeling of faintness, dizziness or fatigue after exercise or exertion? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Has there been a change regarding the wearing of glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Has your child had any surgical operations or fractures? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Has your child received treatment in a hospital or emergency room? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Has your child developed any allergies? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Does your child have any chronic disease? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

(Use the space below to explain any "Yes" answers and give dates.)

Parental Permission

I, the undersigned, clearly understand that these questions are asked in order to decide if my child can safely participate on the athletic team named on this form. The answers are correct as of this date and he/she has my permission to participate.

Signature of Parent/Guardian _____ Date _____

Please fill in completely, sign, and return to School Health Office

This side to be completed by the school health office

Sports Participation:

Approved

Referred to School Examiner

Signed: _____

If referred to the School Examiner:

Requalified

Disqualified

Signature of School Examiner: _____

Date of last Health Appraisal _____

Limitations: Yes

No