

Medical History Update

Student ID # _____

ATHLETIC CANDIDATE'S PRE-SEASON MEDICAL HISTORY TO BE COMPLETED BY PARENT OR GUARDIAN

Name of athlete: _____

Address: _____

City, State, Zip _____

Birth date: _____ Telephone: _____

Name of parent/guardian: _____

Has this student had an illness, surgery or injury in the past 2 months?

Yes _____ Describe _____ No _____

Has this student ever had:

A concussion, skull fracture, neck injury or stinger/burner?

Yes _____ Date _____ No _____

Epilepsy or other seizure disorder ?

Yes _____ Medication _____ No _____

Any chest, heart or lung conditions ?

Yes _____ Describe _____ No _____

A hernia (rupture), an undescended or loss of one testicle ?

Yes _____ Surgical correction date _____ No _____

To wear glasses or contact lenses ?

Yes _____ Reading only ? _____ Fulltime ? _____ No _____

Any other difficulty with vision or loss of an eye ?

Yes _____ Describe _____ No _____

Any other medical problem or surgical operation (other than tonsillectomy)?

Yes _____ Describe _____ No _____

Date student had the following immunizations:

Tetanus-Toxoid Booster _____ Date _____

Hepatitis B _____ Date _____

Yes	No	Don't know	HAS / IS THE ATHLETE:
			Has anyone in the athlete's family died suddenly before the age of 50 years?
			Ever passed out during exercise or stopped exercising because of dizziness or chest pain?
			Had asthma (wheezing), hay fever, or coughing spells during or after exercise?
			Ever broken a bone, had to wear a cast or had an injury to any joint?
			Ever had frequent or severe headaches?
			Ever had numbness or tingling in the arms, hands, legs or feet?
			Ever suffered a heat-related illness (heat stroke)?
			Had a chronic illness or seen a physician regularly for any particular problem?
			Currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?
			Ever taken any supplements or vitamins to help them gain or lose weight or improve their performance?
			Been allergic to any medications or bee stings? Describe _____
			Only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
			Ever had prior limitation from sports participation?
			Had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
			Ever been diagnosed with a heart murmur or heart condition or hypertension?
			Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
			Ever been hospitalized overnight or had surgery?
			Lost weight regularly to meet the requirements for their sport?
			Want to weigh more or less than they do now?

		Lost or gained a significant amount of weight in the last year?
		Been on a special diet?
		Have anything they want to discuss with the physician?
		Use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
		Received treatment or counseling for anger management or violent behavior?
Explain any YES answers here _____		

FEMALES ONLY		
Have there been any menstrual problems? YES NO		

Do you know of any reason why this student should not participate in any sports?

Yes _____ No _____

Parent/Guardian Signature(s) _____ Date _____

INTENDED ATHLETIC PARTICIPATION

Name: _____

Year in School: (circle) FR SO JR SR

Intended Athletic Participation: Circle all that apply

Fall	Winter	Spring
Cross Country	Basketball	Baseball
Dance	Dance	Golf
Football	Swimming	Softball
Soccer	Wrestling	Tennis
Volleyball		Track

**See back of this form for
Statement of Risks**

STATEMENT OF RISKS:

Any sport which may result in great exertion or contact with fixed or moving surfaces will contain inherent risks of serious bodily harm which cannot be eliminated. The possibility of injuries from these dangers must be accepted by the player and the player's family.

The possibility of injury can be reduced, but not eliminated, by knowing and using proper techniques and fundamentals, maintaining good physical conditioning, being alert at all times and attending all training and practice sessions.

As a condition of permission to participate, player assures he/she will use proper techniques and fundamentals, maintain good physical conditioning, stay alert at all times, attend all training and practice sessions, follow instructions, obey the rules of the game, and get regular medical evaluation.

No student will be allowed to participate in practice or games until this form is signed and dated by both the student and parent/guardian.

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____, hereby acknowledge that I understand the above "STATEMENT OF RISKS". If I want more information, I will personally contact the coach. I realize that by participating in the sport(s) during the current school year, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in temporary or permanent, partial, or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the listed sport(s) and should I choose to participate in the listed sport(s), I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the listed sport(s).

Signature of Student

Date

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We/I the parent(s) of _____

do hereby acknowledge that we/I understand the above "STATEMENT OF RISKS". If we/I want more information, we/I will personally contact the coach. We/I realize that our/my child named above may suffer serious injury, including but not limited to, sprains, fractures, brain damage, paralysis or even death by participating in the listed sport(s) and should we/I choose to allow our/my child to participate in the sport(s) during the current school year. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury which may result to our/my child, named above, we/I give our/my consent to his/her participating in the listed sport(s).

I acknowledge that my student athlete might be transported by a representative of the District in his/her own personal vehicle. I am aware that Portland Public Schools is not responsible for: 1) The District representative's insurance; 2) Injuries or property damage that may occur while my student is transported in a District representative's personal vehicle.

In other circumstances, a parent/guardian or fellow student might transport another student athlete. In these situations, the District is not responsible for organizing or approving these transportation plans.

Parent/Guardian Signature(s)

Date

I approve the participation of my child in interscholastic athletics during his high school career, and authorize the school representative to administer essential first aid where necessary.

Parent/Guardian Signature(s)

Date