

**SHOREHAM-WADING RIVER SCHOOL DISTRICT**

250B Route 25A  
Shoreham, NY 11786

**Medical History and Athletic Participation Permission Form**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Sport Participating In \_\_\_\_\_ Season \_\_\_\_\_

**HEALTH HISTORY**

(to be completed by parent/guardian)

Has your child ever had any of the following conditions (please check Yes or No for each item)

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Allergies/Hay Fever	___	___	Elevated Blood Pressure	___	___
Bee Sting Allergy	___	___	Headaches	___	___
Food Allergy	___	___	Head Injury/Concussion	___	___
Asthma	___	___	Heart Problem/Murmur	___	___
Anemia	___	___	Frequent or Severe Nose Bleeds	___	___
Arthritis	___	___	Ankle Injury	___	___
Bladder/Kidney Problems	___	___	Back Pain/Injury	___	___
Convulsions/Seizures	___	___	Fractures/Dislocations	___	___
Fainting Spells	___	___	Knee Pain/Injury	___	___
Diabetes	___	___	Neck Pain/Injury	___	___
Ear/Hearing Problems	___	___	Nasal Problem/Fractures	___	___
Eye/Sight Problems	___	___	Rheumatic Fever	___	___
Spleen Injury	___	___	Stomach Problems/Ulcer	___	___

	<b>Yes</b>	<b>No</b>
Does your child have a valid medical clearance exam on file in the school nurse's office?	___	___
Has your child experienced chest pain/discomfort?	___	___
Has your child ever passed out/fainted?	___	___
Has your child ever experienced shortness of breath/excessive fatigue w/exercise?	___	___
Has your child ever been told they have a heart murmur?	___	___
Does your child have high blood pressure?	___	___
Has anyone in your family died prior to age 50 due to heart disease?	___	___
Are any close relatives under age 50 disabled with heart disease?	___	___
Do any family members suffer from:		
Cardiomyopathy	___	___
Long-qt Syndrome	___	___
Marfan Syndrome	___	___
Arrhythmogenic Right Ventricular Dysplasia	___	___
Anomalous Coronary Artery	___	___
Catecholaminergic Polymorphic Vent. Tachycardia	___	___
Arrhythmia	___	___

	<b>Yes</b>	<b>No</b>
Has your child ever lost memory from or had been treated for a concussion?	___	___
Does your child have uncorrectable loss of vision in one or both eyes?	___	___
Does your child have severe hearing loss in one or both ears?	___	___
Does your child have only one kidney?	___	___
Does your child have only one testicle?	___	___
Has your child suffered any illness lasting 5 or more consecutive days?	___	___
Has your child ever suffered an illness requiring emergency room treatment?	___	___
Has your child ever been hospitalized over night as a result of accident/injury?	___	___
Is your child currently under medical care?	___	___
Has your child taken any prescription medications during the past year? If so for what reason? _____	___	___
Is your child currently taking prescription medications? If so for what reason? _____	___	___
Does your child currently have any orthodontic appliances?	___	___
Does your child wear contact lenses or sport glasses during physical activity/sports?	___	___
Since your child's last medical examination, has there been a significant injury/illness?	___	___

My signature below acknowledges that the above information is true and accurate. I agree to permit any emergency medical treatment as deemed necessary and customary due to accident/injury/illness during practices or contests in which the team is participating during the approved season.

I acknowledge that there is a significant risk of injury due to participation in interscholastic athletic programs. I agree to have my son/daughter notify their respective coach of any injury or illness that occurs during practices or contests within 24 hours of the accident/injury occurrence.

I and my son/daughter acknowledge we have read, understand, and agree to comply with the rules and regulations in the district's ***Athletic Code of Conduct*** and its policy on the use of ***Alcohol, Tobacco, and Other Drugs (7320)***. Copies of the ***Athletic Code of Conduct*** are available on the district's website, in the main offices at both the middle and high school, or in the Athletic Office. We understand that any violations found to be true can and will result in consequences defined in district's ***Code of Conduct for Students***. Further, I and my son/daughter acknowledge that we understand, as per NYSPHSAA Sports Standards, no jewelry, which includes visible body piercing objects, shall be worn in any sport.

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: This form must be completed, signed and returned to the coach prior to the student-athlete's first practice for the sport listed on this form. All team participants are required by Section XI and NYSPHSAA rules to participate in a minimum number of individual practices prior to participating in the team's first scrimmage and/or first contest. No practice sessions can count towards the minimum number required until this form is completed, signed and on file with the school district.