WARWICK PUBLIC SCHOOLS

ATHLETIC HEALTH HISTORY AND EMERGENCY CONTACT FORM

THIS MEDICAL HISTORY FORM MUST BE COMPLETED ANNUALLY BY PARENT (OR GUARDIAN) IN ORDER FOR THE STUDENT TO PARTICIPATE IN ATHLETIC ACTIVITIES

VALID FOR ACADEMIC YEAR: _____

Name:_____ Date:_____

Date of Birth_____age_____Grade _____

Sport(s)._____Coach:_____

Emergency Contact Name _____Phone _____

1. Have you ever had an illness or injury that required you to go to the emergency room? NoYES **NO**
   Ever hospitalized overnight? No YES NO
   Date_____Reason_____
   Have you ever had surgery ?no NO YES Explain_____
2. Are you presently taking any medications? No NO YES Explain_____
3. Do you have any allergies (medications, foods, BEES or other stinging insects)? No YES NO
   Do you need an Epi-pen no YES NO
4. Have you ever had a head injury, loss of memory, or concussion no YES NO
   If yes, how many times?_____When was the last concussion?_____
5. Have you ever had chest pain during or after exercise? No YES NO
   Have you ever had high blood pressure? No YES NO
   Has anyone in your family died of heart problems or sudden death before age 50? NoYES NO
   Cause of Death_____
6. Do you have trouble breathing or do you cough during or after activities?no YES NO
   Do you have asthma? NoYES NO Inhaler Needed? NoYES NO
7. Do you wear glasses or contacts of protective eyewear? Yes prescription sports goggles
8. YES NO
9. Have you ever fractured or broken a bone or dislocated a joint? No YES NO
   If yes, please circle the body part and explain_____

   Head Shoulder Thigh Neck Elbow Knee Chest Foot Foreman
   Shin/Calf Back Wrist Ankle Hip Hand

10. Have you ever had a seizure? No YES NO If yes, date_____
11. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?no

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

Authorization from the health provider is required for ALL MEDICATION at school (form available from school nurse

Parent/Guardian signature_____Date_____

Student Signature _____Date_____