

Alvirne High School Athletics – Pre Sport Form For 2009-2010 Participation

Name: _____

DOB: _____

YOG: 2010 2011 2012 2013

HEALTH HISTORY

	YES	NO
Diabetes	_____	_____
Epileptic	_____	_____
Heart Condition	_____	_____
Heart Murmur	_____	_____
High Blood Pressure	_____	_____
Family History of Myocardial Infarction	_____	_____
Kidney Injuries	_____	_____
While Competing Do You Wear Contacts	_____	_____
Asthma	_____	_____
Allergies To Any Medication	_____	_____
If Yes Please State: _____		
Outdoor or Food Allergies	_____	_____
If Yes Please State: _____		
Past Concussions	_____	_____
If Yes Please State Dates: _____		
All athletes must be up to date with their immunizations		
Tetanus Booster required every 10 years – Last booster shot _____		
Other (Please State): _____		

The following student has been medically examined by a licensed physician and is physically cleared to participate in interscholastic athletics.

Physician's Signature: _____ Date of Physical: _____

PERMISSION FOR MEDICAL TREATMENT

I _____ parent/guardian of _____
PRINT NAME PRINT NAME

Authorize medical treatment for my son or daughter in the event I cannot be reached and treatment is necessary due to injury sustained while participating or traveling with any of the Athletic Programs at Alvirne High School. Such medical treatment shall be given by a licensed physician in the field of medicine at my expense.

Parent/Guardian Signature: _____ Date: _____

Insurance Company: _____

Policy Number: _____ Policy Holder: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

WORK/CELL PHONE:(____) _____ WORK/CELL PHONE:(____) _____

HOME ADDRESS: _____ HOME PHONE: _____

OTHER EMERGENCY NUMBERS: _____

In accordance with FERPA/HIPPA laws which relate to "confidentiality" and shared health information rules and for the health and safety of my child I give permission for the (Athletic Director/Administration) to share certain medical information about my child with the appropriate (staff/coaches or school personnel) on a "need to know" basis. Agree Disagree Signature _____