

MILDRED E. STRANG MIDDLE SCHOOL

2701 Crompond Road, Yorktown Heights, New York 10598 / Phone 243-8100 Main Office/ 243-8120 Health Office

HEALTH HISTORY AND PARENT/GUARDIAN PERMISSION FORM FOR YCSD ATHLETICS

(This form must be submitted to the Health Office at M.E.S.M.S. prior to each season. Failure to report any of the concerns listed below will constitute reason to exclude the student from the Sports Program.)

Name of Student _____ Grade _____ Date of Birth _____

Athletic Activity _____

Date of Last Physical _____ Nurse's Signature and Date _____

Has your child experienced (circle Yes or No and give dates when possible):

- 1. A loss of consciousness during the last year? Yes No Explain
2. Any blow to the head or concussion? Yes No Explain
3. Convulsion? Yes No Explain
4. Fainting during exercise or unexplained fainting? Yes No Explain
5. Severe nose bleeds? Yes No Explain
6. Has there been a sudden death of a family member under the age of 50? Yes No Explain
7. A recurrent chronic illness?
a. Diabetes Yes No Explain
b. Heart disease, chest pain Yes No Explain
c. High blood pressure Yes No Explain
d. Rheumatic fever Yes No Explain
e. Mononucleosis Yes No Explain
f. Chronic abdominal pain Yes No Explain
g. Asthma Yes No Explain
If YES, does the student need to treat the asthma? What medication? How often?

- 8. Allergies:
a. Bee sting allergy? Yes No IF YES, describe reaction and indicate medication
b. Food allergy? Yes No IF YES, describe allergy and medication, if any:
c. Seasonal allergies? Yes No IF YES, describe allergy and medication, if any:

9. Disease or injury of the following: Eyes, Ears, Kidney, Spleen, Testicles? Yes No IF YES, specify

10. A pulled, strained or sprained muscle, tendon or ligament during last three months? Yes No IF YES, specify

11. A bone fracture? Yes No IF YES, specify

12. A recurrent knee, ankle, back or other joint injury? Yes No IF YES, specify

13. Any surgery? Yes No IF YES, specify

14. Since the last physical, has there been any illness or injury?

15. Is the student currently taking any medication? IF YES, what and why

16. Does the student wear glasses, contact lenses or hearing aids?

PLEASE USE THE BACK OF THIS FORM IF YOU NEED ADDITIONAL SPACE TO EXPLAIN ANY HEALTH CONCERNS REGARDING YOUR SON OR DAUGHTER.

I HEREBY GIVE PERMISSION FOR _____ TO PARTICIPATE IN THE YORKTOWN CENTRAL SCHOOL DISTRICT SPORT OF _____.

To the best of my knowledge he/she does not have a physical condition that would cause him/her to be endangered by such participation. If, subsequent to giving my son/daughter permission to participate in the above sport, there is any reason to cease participation, I will notify the school health office or the athletic director immediately. I acknowledge that serious injury can and may result from his/her participation in this sporting activity. In the event that I cannot be contacted, I give permission for a hospital, Doctor or other appropriately trained personnel to administer first aid to my child in case of emergency.

I HAVE READ AND UNDERSTOOD THE ABOVE HEALTH HISTORY AND PARENT/GUARDIAN PERMISSION FORM. I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. I am aware that my child needs to maintain eligibility as stated in the MESMS Student Behavior and Eligibility Policy Handbook in order to participate in any after-school or extracurricular activity.

PARENT/GUARDIAN NAME: _____ PARENT/ GUARDIAN SIGNATURE: _____

DATE: _____ EMERGENCY TELEPHONE NUMBER: _____