

# ATHLETIC PERMISSION

Somers Public Schools

## PART A: GENERAL INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (in case of emergency contact)  
 1<sup>st</sup> Choice: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2<sup>nd</sup> Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

## PART B: HEALTH HISTORY

1. Has any member of your family under age 50 had a heart attack or heart problem? \_\_\_\_\_
2. Have you ever been told that you have a heart murmur, high blood pressure, extra heartbeats, or an abnormality? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
3. Do you have to stop while running around a ¼ mile track twice? \_\_\_\_\_
4. Are you taking medications? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
5. Have there been any significant changes in your health or physical size during the last six (6) months? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
6. Date of last tetanus toxin: \_\_\_\_\_
7. Have you ever “passed out” or been “knocked out” (concussion)? \_\_\_\_\_ If so, when? \_\_\_\_\_
8. Have you ever had or presently have any illness, condition, injury:
9. Did your child sustain a serious illness or injury during the last sports season?  
If yes, explain:

	NO	YES	DATE	WHAT
requiring x-rays, ER treatment, overnight hospitalization, operation				
caused you to miss a game/practice				
diabetes/epilepsy/asthma				
allergies/hay fever/hives to medicines/insect bites/food				
migraine headaches				
implants				
glasses/contacts				

<b><u>AN INJURY TO:</u></b>				
head/neck				
back/shoulder/arm/elbow/wrist/hand				
hip/thigh/leg/knee/ankle/foot				
liver/kidney/spleen/lung				

Athletes must have this **COMPLETED** health history on file with the school nurse.

