

# WAPPINGERS CENTRAL SCHOOL DISTRICT

## Athletic Health History

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ GRADE \_\_\_\_\_

"Yes" answers do not mean automatic disqualification from athletic activities.	NO	YES	Explain "Yes" answers & Give dates of injury/illness
<b>Does your child have:</b>			
A chronic illness			
Asthma			
Diabetes			
Only one eye			
Only one kidney			
Seizure disorder/convulsions			
Heart murmur/problem/chest pain			
Hernia			
False/capped teeth			
Fainting problems			
Back problem/back injury			
Hip/knee/ankle problem or injuries			
<b>Has your child:</b>			
Had a doctor's excuse for PE/sports in the past 6 months			
Been sick over 1 week			
Had a concussion			
Had a fracture (broken bone)			
Had a dislocation			
Been in the hospital overnight			
Had a surgical operation			
<b>Does your child:</b>			
Wear glasses/contact lenses for sports			
Take medication daily			
Use an Epi Pen or inhaler			
Have a family history of anyone with			
A heart attack under the age of 50			
Males only: have only one testicle			
Females only: age menses began?			
Are menses regular?			

I hereby state that to the best of my knowledge my answers to the above questions are complete and correct. Students using an inhaler or an Epi Pen must submit a doctor's order and parental signature valid for the school year to the Health Office. I will notify the School Nurse and the Coach of any changes in my child's health status or if my child is absent for more than 5 consecutive days due to illness or injury.

DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_