

BRENTWOOD UNION FREE SCHOOL DISTRICT STUDENT SPORT PARTICIPATION FORM

Homeroom _____

To be completed and signed by the parent and returned to the Nurse's Office.

(PLEASE PRINT)

PLEASE CHECK: MALE _____ FEMALE _____

STUDENTS NAME: _____ SCHOOL _____ DOB _____ GRADE _____ AGE _____

A. GENERAL FAMILY HISTORY

	YES	NO
Has anyone in your family (parents, aunts, uncles), had or now has:		
Diabetes _____		
Allergies _____		
Asthma _____		
Reaction to insect stings _____		
Epilepsy _____		
Has anyone in your family died suddenly under 50 years of age? _____		
Tendency to bleed _____		
Heart Disease _____		
High Blood Pressure _____		
Marfan's Syndrome _____		

YES NO

Recurring severe headaches _____		
Convulsions or Epilepsy _____		
Fainting Spells _____		
Very bad vision in one eye _____		
*Wear Glasses or contact lens _____		
*Dental Plate (dentures) _____		
*Orthodontia (braces/caps) _____		
Hernia _____		
Loss of a kidney _____		
Bone Fracture (broken bone) _____		
Joint Dislocation _____		
Spine or Limb Deformity _____		

B. STUDENT HISTORY

Has your child had:		
Heart Murmur _____		
High Blood Pressure _____		
Chest Pains with exercise _____		
Rapid or Irregular heart beats _____		
Shortness of breath _____		
Rheumatic Fever _____		
Tendency to bleed or bruise easily _____		
Hepatitis _____		
Mononucleosis _____		
Yellow Jaundice _____		
Diabetes _____		
Skull Fractures _____		
Sickle Cell Anemia _____		
Brain Concussion (head injury) _____		

Back Injury _____		
Knee Injury _____		
Asthma _____		
Reaction to insect stings / medication _____		
Does your child take medication regularly? name: _____		
Take medication for emergency use? name: _____		
Has your child ever had an operation? describe: _____		

Ever been hospitalized more than 24 hours? describe: _____
 Date of last tetanus shot: _____

*Not Covered by School Insurance

If there are any yes answers to the above questions, please give further explanation below: _____

I am aware that practicing and playing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of practicing and playing in a sport include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing and playing in a sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Football, wrestling, baseball, basketball, soccer, lacrosse and softball are more dangerous collision/contact sports involving even greater risk of injury than other sports.

I have read the above statement and I give permission for my child to participate in the following sport: _____

Signature of Parent/Guardian: _____ Date: _____

Because of the dangers of participating in the above sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and agree to obey such instructions. I have read the above warning.

Student's Signature: _____ Date: _____ Telephone: _____

To be filled in by student: Student's Name _____ is approved for athletic competition based on medical examination.

Sport _____ School _____ Grade _____ Telephone _____

Height _____ Weight _____ Age _____ Date _____ Male _____ Female _____

School Physician's Signature: _____