Port Washington Public Schools

Sports Health History Form & Consent

MUST BE COMPLETED 30 DAYS PRIOR TO SPORT

HEALTH HISTORY – TO BE COMPLETED BY PARENT AND CHILD

Name:_____ Sex:_____ Age:_____ Date of Birth:_____

Grade:_____ School:_____ Sport:_____

Does your child have or has your child ever had: **Explain "Yes" answers below.**

Yes No

- ☐ ☐ 1. A medical illness or injury since last physical exam
- ☐ ☐ 2. An ongoing or chronic illness
- ☐ ☐ 3. Hospitalized overnight/Surgery/Procedures
- ☐ ☐ 4. Allergies: seasonal, medicine, food, latex, insects List_____
- ☐ ☐ 5. EpiPen_____ Antihistamine_____
- ☐ ☐ 6. Dizziness/Fainting during or after exercise
- ☐ ☐ 7. Chest pain during or after exercise
- ☐ ☐ 8. Tire more quickly than friends do during exercise
- ☐ ☐ 9. Become ill from exercising in the heat
- ☐ ☐ 10. Racing or skipped heartbeats
- ☐ ☐ 11. High/low blood pressure or high cholesterol
- ☐ ☐ 12. Heart murmur or Heart condition
- ☐ ☐ 13. Any family member or relative died of heart problems or of sudden death before age 50.
- ☐ ☐ 14. A relative diagnosed with a heart condition, Marfans, Long QT syndrome, Hypertrophic Cardiomyopathy
- ☐ ☐ 15. Infection myocarditis/mononucleosis within last month.
- ☐ ☐ 16. Restricted from participation in sports for any heart problems by a physician
- ☐ ☐ 17. Head injury or Concussion Date_____
- ☐ ☐ 18. Hit to the head that caused nausea, headache, dizziness, loss of consciousness or memory
- ☐ ☐ 19. Seizure/Epilepsy Take Medication_____
- ☐ ☐ 20. Frequent, severe headaches or Migraines
- ☐ ☐ 21. Numbness/tingling/weakness in extremities after hit.
- ☐ ☐ 22. Stinger, burn, or pinched nerve

Yes No

- ☐ ☐ 23. Wheeze/Cough/Trouble breathing during/after exercise Asthma ☐ Use Inhaler_____
- ☐ ☐ 24. Sprain, strain, or swelling after injury
- ☐ ☐ 25. Fractured any bones or dislocated any joints
- ☐ ☐ 26. Pain/swelling in muscles, tendons, joints or Arthritis
- ☐ ☐ 27. Stomach problems rapid weight gain/loss
- ☐ ☐ 28. Kidney disease or one kidney
- ☐ ☐ 29. Blood disorders: Anemia, Sickle cell, Hemophilia
- ☐ ☐ 30. Recurrent skin problems
- ☐ ☐ 31. Problems with vision or vision in one eye
- ☐ ☐ 32. Eye glasses, contacts or protective eye-wear
- ☐ ☐ 33. Hearing loss/Cochlear Implant/Hearing Aid
- ☐ ☐ 34. Use a brace, foot orthotic or other protective device.
- ☐ ☐ 35. Do you have any concerns you would like to discuss with the doctor?

Males only

- ☐ ☐ 36. An Undescended testicle or one testes
- ☐ ☐ 37. Groin Pain or painful bulge or hernia

Females only

- ☐ ☐ 38. Age of first menstrual period _____
- 39. Last menstrual cycle_____
- ☐ ☐ 40. Are your periods regular

COVID-19 Information	No	Yes
41. Has your child ever tested positive for COVID-19? If "Yes" provide date:	☐	☐
42. Was your child symptomatic?	☐	☐
43. Did your child see a healthcare provider (HCP) for their COVID-19 symptoms?	☐	☐
44. Did your child have any cardiac symptoms (new fast or slow heart rate, chest tightness or pain, blood pressure changes, or HCP diagnosed cardiac condition)? If yes, please provide additional information.	☐	☐
45. Was your child hospitalized? If yes, provide date(s)?	☐	☐
If yes, was your child diagnosed with Multisystem Inflammatory syndrome (MISC)?	☐	☐
If yes, is your child under a HCP's care for this?	☐	☐

Explain "Yes" answers

_____

_____

_____

I hereby state that, to the best of my knowledge, answers to the above questions are complete and correct.

PARENT/GUARDIAN SIGNATURE_____ DATE_____

OVER

Port Washington Public Schools

CONSENT TO PARTICIPATE AND ACKNOWLEDGEMENT OF RISK

LAST NAME FIRST NAME GRADE BIRTHDATE

FAMILY DOCTOR'S NAME_____SPORT_____

Dear Parent:

As a candidate for our school activity, your child has chosen a worthwhile program in which to participate. It is understood that the school will provide every safe-guard for the protection of your child, including:

For Interscholastic Sports:

1. Strict adherence to the rules established by the New York State High School Athletic Association and Section Vlll.
2. The use of approved athletic equipment.
3. You can sign up, at no cost, for a sports physical provided by the District on a specified date during the school year or you may choose to use your own physician.

INSURANCE: The Board of Education provides supplemental coverage to your insurance policy for all students in the school system and this coverage extends to students who are participating in Interscholastic Athletics, Intramurals, and the Physical Education class program. Where no other policy is in effect, this coverage will help to defray some of the expenses incurred.

WARNING: As the parent or guardian of the above named student, I am familiar with his/her wishes to participate in the Interscholastic Program. I am aware that participation in sports comes with risk of injury to my child and that this risk increases in gymnastics and contact sports such as football and wrestling. I have had an opportunity to understand the risks inherent in Interscholastic Athletics. I understand that there is a possibility that a child may suffer severe injury, including permanent paralysis or death, as a result of participating in physical activities. I have been informed of the mandatory IMPACT testing for all athletes. I have received information on the concussion "Return to Play" protocol and how to recognize the signs of a head injury.

In addition, I am aware that participation in Interscholastic Athletics will involve travel with the team. I acknowledge and accept the risks inherent in Interscholastic Athletic participation and with the travel involved. With this knowledge in mind, I grant permission for my son/daughter to participate and to travel with the team.

In accordance with the information contained above, I give my consent to my son/daughter to participate in the Interscholastic Athletic activities NOT CROSSED OFF from the list below during the current school year: Badminton, Baseball, Basketball, Bowling, Cheering, Cross Country, Field Hockey, Football, Golf, Gymnastics, Lacrosse, Portettes, Soccer, Softball, Swimming, Tennis, Track and Field, Volleyball, Winter Track, and Wrestling.

In appreciation of the loan to my child of the protective equipment and athletic gear used in connection with the activities named above, I hereby agree to pay for any equipment/gear lost while in my child's care.

STUDENTS MUST SUBMIT THEIR SIGNED PERMISSION SLIP PRIOR TO PARTICIPATION DURING A SPORTS SEASON. STUDENTS FAILING TO DO SO, WILL NOT BE PERMITTED TO PARTICIPATE.

I have read the above and understand and agree with it.

SIGNATURE OF PARENT/GUARDIAN DATE HOME PHONE