

EAST GREENBUSH INTERSCHOLASTIC SPORT
INTERVAL ATHLETIC HEALTH HISTORY / PERMISSION FORM

Student Name: _____

DOB: ____/____/____

Grade: _____

Sport: _____

NYS regulation requires a physical examination in order to participate in interscholastic programs. Physicals are valid for a period of 12 consecutive months. Athletes will be notified by the school nurse if an updated physical exam is needed.

Health History To Be Completed By Parent/Guardian No More Than 30 Days Prior to Sport

Since student's last physical exam:

- | | | |
|--|--------|---------|
| 1. Any injuries requiring medical attention? | NO ___ | YES ___ |
| 2. Any illness lasting more than 1 week? | NO ___ | YES ___ |
| 3. Any surgical operations? | NO ___ | YES ___ |
| 4. Any treatment in a hospital/emergency room? | NO ___ | YES ___ |
| 5. Has student ever had a concussion? | NO ___ | YES ___ |
| 6. Any allergies? | NO ___ | YES ___ |
| Epipen ordered? | NO ___ | YES ___ |
| 7. Does student take any medications? | NO ___ | YES ___ |

PLEASE EXPLAIN ANY ABOVE QUESTIONS ANSWERED YES:

I certify that to the best of my knowledge my answers are complete and true and I give permission for my child to participate in the above listed interscholastic sport.

Parent / Guardian Signature _____

Date (must be dated within 30 days prior to first practice) _____

Nurse reviewed _____