

INTERVAL HEALTH HISTORY FORM FOR SPORTS PARTICIPATION

Berlin Central School District-School Health Services

THIS FORM MUST BE COMPLETED PRIOR TO THE START OF **EACH** SPORT SEASON

Student Name: _____ Age: _____

Sport: _____ Grade (check one): 7th 8th 9th 10th 11th 12th

Date of last physical _____

HEALTH HISTORY TO BE COMPLETED BY PARENT OR GUARDIAN:

Have there been any changes to your child’s medical condition since their last physical? Yes/No

Since your last physical, has your child been restricted from physical activity for any reason? Yes/No

Have an ongoing medical condition? Yes/No

Asthma Diabetes Seizures Food Allergy Allergy to Insect bites Other, explain below

Carry an epinephrine auto-injector Yes/No

Use or carry an inhaler or nebulizer Yes/No

Need rescue medication for seizure disorder Yes/No

Use a brace or other equipment for sports Yes/No

Have special devices (insulin pump, glucometer hearing aids, etc) Yes/No

Recent Surgery within last 6 months; Explain below Yes/No

Ever been told by a Medical Professional that your child has had a concussion? Yes/No

Wear contacts or glasses? Yes/No

Describe the condition or situation that causes any of the above to be answered “Yes.” Please indicate dates if applicable.

Medications taken at home/school include: _____

CONCUSSION INFORMATION A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

For additional information, visit www.berlincentral.org Health Services Link or www.cdc.gov/concussion

PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named above. The answers are correct as of this date. I give my permission for my son/daughter to participate in INTERSCOLASTIC ATHLETICS. I HAVE REVIEWED THE CONCUSSION INFORMATION ABOVE.

Signed: _____ Date: ___/___/___

Reviewed by Name/Title _____ Date _____

BERLIN CENTRAL SCHOOL DISTRICT

EMERGENCY INFORMATION FOR COACH-must be completed for each sport

Student's Name _____ Grade _____ Homeroom/Teacher _____

Mailing Address _____ Home Phone _____

911 Address _____ Age _____ Date of Birth _____

Father's Name _____ Work Location _____ Phone _____

Mother's Name _____ Work Location _____ Phone _____

Step-Parent/Guardian _____ Work Location _____ Phone _____

Child lives with: (please circle): Both Parents Mother Father Other (specify) _____

Custody of Child belongs to: Both Parents Mother Father Other (specify) _____

In the event of early dismissal, illness or injury – please provide emergency contact phone numbers:

Name of relative/friend _____ Location _____ Phone _____

Name of relative/friend _____ Location _____ Phone _____

Name of Physician _____ Location _____ Phone _____

Name of Dentist _____ Location _____ Phone _____

Hospital Preference _____ Does this student have Health Insurance? YES NO

Parent/Guardian Signature _____ Date _____