

Medical History / Emergency Information

Athlete's Name _____ Grade: _____ Date: _____
Parent's / Guardian _____
Address: _____ Home Phone: _____
Mother's Work Phone: _____ Father's Work Phone: _____
Pager Number: _____ Cell Phone: _____
In Case of Emergency Contact: _____ Phone: _____
(Other than parent / guardian)
Athlete's Date of Birth: ____ / ____ / ____ Weight: _____
Physician: _____ Physician Phone: _____
Known Medical Conditions: _____
Allergies to insect / medications: NO / YES, _____

Medical History Questionnaire

1. Please list any injuries/illnesses you have had since the last sport played: _____

2. Have you seen or been treated for this injury or illness by a doctor? YES / NO
If a doctor has treated you, what was the diagnosis? _____
You must give a medical clearance note from the treating physician to the athletic trainer before trying out for a sport if you have seen a doctor for an injury or illness in the past six months.
3. Have you ever suffered from a diagnosed concussion? Yes / No If yes, how many and when was the last one? _____
4. Have you ever been told by a doctor not to participate in a particular sport? Yes / No If yes, why? _____
5. Do you have any medical conditions such as asthma, diabetes, heart-related conditions that the athletic trainer should be aware of? Yes / No If yes, what? _____

6. If you have a medical condition which requires medication please advise the athletic trainer: (asthma inhalers / insulin / bee sting kits etc.) _____
7. Have you ever suffered from dizziness, fainting, severe headaches or chest pain? Yes / No
If yes, have you been seen by a physician? Yes / No . What was the diagnosis? _____

8. Are you required to wear any protective devices such as knee / ankle braces etc.? Yes / No If yes, what are your requirements? _____
9. Are there any other medical conditions, injuries or concerns that the athletic trainer needs to be advised of in order to provide appropriate treatment to your son / daughter? _____

10. Are you missing or do you have impairment of any paired organs? (eyes, kidneys, etc) Yes / No
If yes, what? _____

Parental Consent Form

Signatures are required for the information you received in your athletic department packet. This includes the athletic agreement, risk acknowledgment statement, consent to treat and medical history questionnaire. These signatures are good for the school year 2006 - 2007. The athletic office must be notified of any changes in status of the athletes emergency information or injury / illness status.

1. Athletic Agreement:

I, the parent / guardian and athlete have read, understand and agree to the requirements listed in the athletic agreement. (goldenrod form)

2. Medical History / Emergency Information:

I, the parent / guardian, athlete have filled out the medical history and emergency information form (pink form) and agree that the information provided is correct / accurate and true to the best of my knowledge. I give consent to my athlete to participate in the athletic programs offered at Londonderry High School.

3. Consent to Treat:

I understand that Londonderry High school employs a Certified Athletic Trainer who is qualified to assess, treat, and rehabilitate most injuries my son or daughter may incur while participating in our interscholastic athletic programs. I give permission for the Athletic Training Staff to assess, treat, rehabilitate and refer this athlete to a physician or emergency room as appropriate.

4. Risk Acknowledgment Statement:

I understand the risks involved in athletics range from minor to severe. I recognize the possibility that my child might die, become paralyzed, suffer from brain damage or other serious, permanent injury as a result of participating in sports. I realize that neither the protective equipment and padding used in the sport, the safety rules and the procedures of the sport, the coaching instruction received, nor the athletic training care provided to athletes will guarantee safety or prevent injuries they might sustain. I further agree to accept these risks as a condition of my child's participation in this sport. I agree not to hold the Londonderry School District, its coaches, or athletic training staff responsible for any injury, loss, or damage that occurs to my child as a result of sports participation.

I have read, fully understand and agree to all of the above statements 1 - 4 and I do not have any questions.

I understand that by signing this form, this covers any sport my athlete participates in for the 2007 - 2008 school year.

Athlete's Name: _____ (please print)

Parent / Guardian Name: _____ (please print)

Athlete's Signature: _____ Date: ____/____/____.

Parent / Guardian Signature: _____ Date: ____/____/____.

This form is not valid unless both athlete's and parent/ guardian signatures are obtained.