

LONDONDERRY MIDDLE SCHOOL
Medical History Questionnaire for Athletic Participation

Athlete Name _____ Grade: _____ Date: _____

Parent/Guardian _____ Home Phone: _____

Address: _____ Athletes
Date of Birth _____

Mother's Work Phone _____ Father's Work Phone _____

In case of emergency

Contact: _____ Phone: _____

Physician: _____ Physician Phone: _____

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Known Medical Conditions: _____

Allergies to insect bites, food, drug /other?: Yes / No, _____

Medical treatment if any: _____

1. Please list any significant injuries: _____
2. Have you been sick or had any injuries in the past 3 months? Yes / No If yes, please explain: _____
3. 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? _____
4. Have you ever suffered from a diagnosed concussion? Yes / No If yes, how many and when was the last one? _____
5. Have you ever been told by a doctor not to participate in a particular sport? Yes/ No If yes, why? _____
6. Do you have any medical conditions such as asthma, diabetes, heart-related conditions that the coach/ school nurse should be aware of? Yes / No If yes, what? _____
7. If you have a medical condition which requires medication please advise the coach /school nurse: (asthma inhalers/insulin/bee sting kits, etc.) _____
8. Are you required to wear any protective devises such as knee / ankle braces, etc? Yes / No If yes, what are the requirements? _____
9. Are you missing or do you have organ impairment ? Yes / No If yes, what? _____

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Parent or Guardian Permission for Sports Participation

I hereby agree that the above statements of medical history are accurate, and give my consent for this student to participate in athletics at Londonderry Middle School. I will provide any special medications / medical supplies specific to a medical condition for my child to be kept in the team's medical kit (i.e. second inhaler, epi-pen). Medications along with physician authorization, should be given to the school nurse.

Signature _____ **Date** _____