

**Jericho Union Free School District**

**Parent Consent and Health History for Interscholastic Athletics**

*This form must be filled out completely within 30 days of the start of each season and must be submitted to the nurse.*

Dear Parent/ Guardian:

Regulations of the Commissioner of Education require that participants have a parental permission, provide a medical history and have **an updated sports physical examination**. Confidential medical issues that coaches/staff need to be aware of **MUST** be shared with the athletic director, school nurse, athletic trainer and coach. **This form must be filled out completely within 30 days of the start of each season and must be submitted to the school nurse for approval prior to the first day of practice.** If you have any questions, please contact the health office: Tel 516-203-3600 ext.: 3230 or 3206 .Fax 516 -203-3626.

**HEALTH HISTORY UPDATE**

The questions must be completed prior to the beginning of each season. If the answer is "YES" please provide a brief explanation.

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|--|--------------------|
| 1. Any injuries requiring medical attention; sprains dislocation or others?                            | YES _____ NO _____ |
| 2. Any condition that required a treatment in the emergency room or an overnight stay in the hospital? | YES _____ NO _____ |
| 3. Have undergone a surgery?   | YES _____ NO _____ |
| 4. Any feeling of faintness, dizziness or fatigue after heavy exertion?                                | YES _____ NO _____ |
| 5. Have been absent from school for more than 5 days?  | YES _____ NO _____ |
| 6. Taking any medications prescribed under physician care?   | YES _____ NO _____ |
| 7. Any head injury with or without loss of consciousness?  | YES _____ NO _____ |
| 8. Any excuse from physical education?   | YES _____ NO _____ |
| 9. Any reason couldn't or shouldn't participate in physical education or sport?                        | YES _____ NO _____ |
| 10. Any Chronic disease?   | YES _____ NO _____ |
| 11. Any missing organ (e.g. eye, kidney, etc.)?  | YES _____ NO _____ |
| 12. Have any eyeglasses, contact lenses, dental appliance (e.g. denture, bridge, etc.)?                | YES _____ NO _____ |
| 13. Any allergies?<br>Please list allergies _____  | YES _____ NO _____ |

If YES please provide an explanation \_\_\_\_\_

**PARENT CONSENT**

I hereby give my child \_\_\_\_\_ permission to participate in the interscholastic athletic program .I acknowledge the risk involved in sports activities and I hereby give permission to any professional staff member of the Jericho School District to transport my child to or from a license physician or hospital for emergency treatment, including of necessary in conduction with such emergency care.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

To participate in the following sports \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT'S CLEARANCE TO PARTICIPATE IN INTERSCHOLSTIC SPORT**

**For school use only -do not write below**

\_\_\_\_\_  
Physical Exam Date

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date of Review