



HYDE PARK CENTRAL SCHOOL DISTRICT
30 DAY INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION
AND PARENT CONSENT FORM

Prior to the start of tryout sessions or practice at the beginning of *each* season, state regulations mandate a health history review for each athlete.

STUDENT NAME: _____ SPORT: _____ GRADE: _____ M or F
(please circle)

HISTORY WITHIN THE LAST 12 MONTHS - TO BE COMPLETED BY THE PARENT OR GUARDIAN

SHOULD BE SUBMITTED NO EARLIER THAN 30 DAYS BEFORE A SEASON BEGINS

Please check either "YES" or "NO". NOTE: "YES" to any of these questions does not mean automatic disqualification from an interscholastic activity.

HAS YOUR CHILD (Please check "YES" or "NO"):

YES	NO	
_____	_____	1) Experienced any type of diagnosed head injury or concussion requiring medical attention?
		Date of Injury/Concussion: ____/____/____ Date of Injury/Concussion: ____/____/____
		Date of Injury/Concussion: ____/____/____ Date of Injury/Concussion: ____/____/____
_____	_____	2) Been diagnosed with asthma?
_____	_____	3) Developed any allergies? (Circle One) Yes No
		List Allergies: _____
		Medication(s) needed (Circle One) Yes No
		List Medications: _____
_____	_____	4) Received any injury requiring medical attention?
_____	_____	5) Had any surgical operations, joint injuries, or fractured bones?
_____	_____	6) Been treated in a doctor's office, hospital or emergency room?
_____	_____	7) Been diagnosed with any condition requiring ongoing medical attention?
_____	_____	8) Missed any practices and/or games due to illness or injury?
_____	_____	9) Been absent from school for five (5) or more consecutive days (or an equivalent period during the summer)
		due to an accident or illness requiring medical care?
_____	_____	10) Been prevented by injury or illness to participate in exercise or other athletic activities?
_____	_____	11) Experienced any feelings of faintness, dizziness or fatigue after exercise or exertion?
_____	_____	12) Experienced any change in vision, such as wearing glasses or contact lenses?
_____	_____	13) Had a family member who died prematurely (before age 50 - sudden or otherwise)?

Describe the condition or situation that caused any questions listed above to be answered "YES":

List all Medications: _____

*I will notify the school nurse and coach of any changes in my child's health status.

ARE THERE ANY SPORTS IN WHICH YOU DO NOT WISH YOUR CHILD TO PARTICIPATE? **CIRCLE ONE: YES NO**
IF YES, PLEASE LIST: _____

PARENTAL CONSENT MUST BE SIGNED BELOW

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate in the interscholastic activity listed below. All answers are correct as of this date. I hereby give my consent for my child:

_____ to participate in _____ practices and contests.
(PRINT student's name) (sport/activity)

SIGNATURE OF PARENT OR GUARDIAN

DATE