

**For Parent/Guardian Use**

Prior to the start of the tryout sessions or practice at the beginning of **each season**, a health history review for each athlete must be conducted. The health history must be returned to the Nurse's Office or the student will not be cleared to participate in the sport including tryouts. The purpose of the per season health history is to ensure that any health problems occurring since the last season are identified and considered.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ School Year \_\_\_\_\_ Sport \_\_\_\_\_

	YES	NO
1. Has the student ever been told not to participate in a sport for a medical reason?	_____	_____
2. Has anyone in the student's immediate family, under 50, died of heart problems or unexplained causes?	_____	_____
3. Does the student get chest pain, light-headed or faint as a result of exercise?	_____	_____
4. Does the student have asthma?	_____	_____
5. Does the student require a prescribed inhaler? If yes, is an MD and parent note on file in the Nurse's Office so that student can carry inhaler?	_____	_____
6. Does the student have allergies (bees, food, etc.) or reactions to medications?	_____	_____
7. Does the student have other allergies? If so, describe below.	_____	_____
8. Has the student had a concussion or skull fracture or been hit in the head, knocked out, or lost consciousness in the <b>last year</b> ?	_____	_____
9. Has the student ever had any problems with environmental heat (heat fatigue, heat exhaustion or heat stroke)?	_____	_____
10. Is the student missing an organ or is one significantly impaired (kidneys, eyes, ears, testicles)?	_____	_____
11. Does the student have any other chronic illness (diabetes, seizures, bleeding disorder, etc.)?	_____	_____
12. Has any family member ever had tuberculosis?	_____	_____
13. Has the student had any operations within the last year?	_____	_____
14. Has the student had a fracture, broken bone, sprain or dislocation in the <b>last year</b> ? (List below)	_____	_____
15. Is the student under a doctor's care now? (Explain below)	_____	_____
16. Does the student take medicine regularly? (Explain below)	_____	_____
17. Does the student wear glasses or contacts for sports participation? (please circle)	_____	_____

Comments: Please describe and give the date of any of the above that have been answered "YES".

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**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 and he/she has my permission to participate. In addition, ***I have read the attached information concerning head injuries and concussions. (It is the responsibility of the parent to ensure that the Nurse's Office has a copy of student's physical dated within twelve (12) months of the first day of try-outs.)***

**Please return ALL forms and physicals to:**

Guilderland High School Nurse's Office  
8 School Road  
Guilderland Center, NY 12085

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

Home Phone \_\_\_\_\_

**OR**

Work Phone \_\_\_\_\_

FAX forms to (518) 861-5151

***If student has an appointment with his/her own physician for a physical, please write date: \_\_\_\_\_  
Please send in Department of Athletics Form (1/2 sheet) and Health History Form as soon as possible, even if you still need a physical.***