

# IMMACULATE CONCEPTION SCHOOL ATHLETIC HEALTH HISTORY GRADE 4-6

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Phone (include-home, work, cell) \_\_\_\_\_

Participation in athletics is voluntary and is not a required part of the regular physical education program.

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR CHILD'S SCHOOL PHYSICAL.**

## HEALTH HISTORY TO BE COMPLETED BY PARENT

Has your child ever had: (please check)

|  | Yes | No  |                                   | Yes | No  |
|--|-----|-----|-----------------------------------|-----|-----|
| Allergies/Hay Fever                    | ___ | ___ | Elevated Blood Pressure           | ___ | ___ |
| Bee Sting Allergy                      | ___ | ___ | Headaches                         | ___ | ___ |
| Asthma                                 | ___ | ___ | Head Injury/Concussion            | ___ | ___ |
| Anemia                                 | ___ | ___ | Heart Problems/Murmur/Chest pain  | ___ | ___ |
| Arthritis                              | ___ | ___ | Nose Bleeds/Frequent or Severe    | ___ | ___ |
| Bladder/Kidney Problems or Injury      | ___ | ___ | Ankle Injury                      | ___ | ___ |
| Convulsions/Seizures                   | ___ | ___ | Back Pain/ Injury                 | ___ | ___ |
| Fainting Spells                        | ___ | ___ | Fracture/Dislocation Bones/Joints | ___ | ___ |
| Diabetes/ low blood sugar              | ___ | ___ | Knee Pain/Injury                  | ___ | ___ |
| Ear Problems/Hearing Loss              | ___ | ___ | Neck Injury                       | ___ | ___ |
| Eye Problems/Vision Loss               | ___ | ___ | Nose Fracture                     | ___ | ___ |
| Injury to Spleen                       | ___ | ___ | Rheumatic Fever                   | ___ | ___ |
| Jaundice                               | ___ | ___ | Seizures                          | ___ | ___ |
| Joint Sprain/Ligament Tear/Muscle Pull | ___ | ___ | Stomach Ulcer                     | ___ | ___ |

If you answered yes to any question above, please explain. \_\_\_\_\_

Does your child have any of the following?

Missing one of a paired organ: ie. eye, kidney, lung, testicle \_\_\_\_\_  
 If yes please explain \_\_\_\_\_

Has your child ever had an illness, condition, or injury that required him/her to be hospitalized or required a trip to the emergency room? \_\_\_\_\_

Is your child under medical care now?...If so please explain. \_\_\_\_\_

Is your child taking any medication now? \_\_\_\_\_  
 If so, what? \_\_\_\_\_

OVER

Yes No

Have you ever had your activities restricted or sports participation denied by a physician?  
Please explain. \_\_\_\_\_

Do you have any worries about your child's health that you would like addressed?.....

Does your child have: Orthodontic appliances?.....

Capped teeth?.....

Wear contact lenses for sports?.....

Wear glasses for sports?.....

Since your child's last physical examination has your child had any illness or injury?.....

In the past year has your child had a significant weigh gain \_\_\_\_\_/weight loss \_\_\_\_\_?

I state that the to best of my knowledge the answers to the above questions are complete and correct. In the event of an emergency and I cannot be reached, I agree to emergency treatment as deemed necessary by the physicians designated by the school authorities.

I give my consent for my child to participate in the interscholastic program of Immaculate Conception School including practice sessions and athletic contests.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_