

Medical History Form

This MEDICAL HISTORY FORM must be completed annually by parent or guardian and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed an condition which would make it hazardous to participate in an athletic event.

	<u>Yes</u>	<u>No</u>
1. During the past 12 months		
a. Was he/she hospitalized?	_____	_____
b. Did he/she have any injuries requiring medical attention?	_____	_____
c. Did he/she have any illness lasting more than one week?	_____	_____
2. Does he/she take any medication regularly?	_____	_____
3. Do you know of any reason why there should be limits in his/her participation of any sport?	_____	_____
4. Has he/she ever had a concussion or been knocked unconscious?	_____	_____
5. Has he/she ever had a convulsion?	_____	_____
6. Is he/she now under a doctor's care?	_____	_____
7. Is he/she missing any paired organ (eye, kidney, etc.)?	_____	_____
8. Is he/she wearing any removeable dental applicance (bridge or plate)?	_____	_____
9. Is he/she allergic to any medication (aspirin, tylenol, etc.)?	_____	_____
10. What year was the last tetanus booster given?	_____	_____

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the Archdiocesan Interscholastic Athletic League nor St. Mary's School assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

Student signature: _____ Date: _____

Parent/Guardian signature _____ Date: _____

Evidence of Student Insurability:

Health Insurance Company: _____ Policy #: _____

Other Insurance Information: _____