

West Seneca Central School District
 Parent Consent & Health Office Update Questionnaire
 INTERVAL MEDICAL HISTORY

Athlete's Name _____ Date of Birth _____ Gender: M F

Address _____

Home Phone _____ Emergency # _____

School _____ Grade _____ SPORT _____ LEVEL _____

Since your child's last sport physical, has he/she had any of the following?

<i>check appropriate answer</i>	YES	NO	YES	NO
Any injuries or illness requiring medical attention?			Any concussion?	
Any feeling of faintness, dizziness, fatigue after heavy exertion?			Any surgery or fractures?	
Taking any medicine or under a physician's care at this time?			Any chronic disease?	
Treated in a hospital or Emergency Room?			Any Abnormalities?	
Any illness lasting more than 5 days?			Any known allergies?	
Wears glasses/contact lenses?				

(Note: "Yes" does not mean automatic disqualification, but evaluation by school personnel.)

If "Yes" to any of these, explain: _____

Parents Must Notify School of any change in Child's Medical Status.

I have carefully read, understand, and agree to abide by the rules and regulations set for the West Seneca Athletic Program. To the best of my knowledge, there is no physical condition that would exclude the above named from participation in athletics.

Parent/Guardian Signature: _____ Print _____ Date _____

Do Not Fill Out Below This Line

Date of last approved sport physical _____ by _____

The above named student is physically qualified to participate in areas of competition during the _____ season for _____ school year.

Restrictions _____

Nurse's Signature _____ Date _____

Athlete – Return entire form to Coach / Nurse or Athletic Office (during summer). Coach: turn into nurse a week prior to practice.