

BEAVER RIVER CENTRAL SCHOOL

HEALTH UPDATE FOR SPORTS PARTICIPATION

PART A: TO BE COMPLETED BY THE STUDENT AND SCHOOL HEALTH OFFICE

Student: _____ Age: _____

Grade (circle): 7 8 9 10 11 12 Date of Birth: ____/____/____

Sport: _____ Level (circle): Varsity JV Modified

Date of last physical: ____/____/____ Restrictions: Yes No

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN & STUDENT

Note: “Yes” to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it will require a review and approval by the school physician before the student can report to practice or tryouts. The answers to the questions on this form will be held in the school health office, and will be kept confidential.

UPDATE SINCE LAST PHYSICAL:

If the answer to any of the following questions is “YES”, please explain your answer in PART C on the reverse side of this form.

Since your **last physical**, have you had...

1. Any family history of sudden death prior to age 50?..... Yes No
2. Any feeling of faintness or dizziness during exercise causing you to stop? Yes No
3. Any episodes of wheezing, cough or hayfever during or after exercise?... Yes No
4. Any injuries involving broken bone, injury to joint or requiring use of
Cast, brace, or crutches?..... Yes No
5. Any history of heat related illness?..... Yes No
6. Any history of concussion- being knocked out?..... Yes No
7. Any surgical operations?..... Yes No
8. Any illness lasting more than 5 days?..... Yes No
9. Any treatment in a hospital or emergency room? Yes No
10. Taking any medication or under doctor’s care at this time? Yes No
11. Any seasonal allergies or allergy to medication or bee stings? Yes No
12. Any chronic illness? Yes No
13. Do you have **only one** of any **paired organ** (eyes, ears, kidneys, testicles)? Yes No
14. Any other concerns you want to discuss? Yes No

PART C: TO BE COMPLETED BY PARENT AND STUDENT
(EXPLAIN ANY QUESTION MARKED "YES" FROM PART B)

PART D: 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 in PART A of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED _____ **DATE** _____

PLEASE RETURN TO THE SCHOOL NURSE BEFORE THE FIRST PRACTICE OF THE SEASON. STUDENTS WITHOUT THIS FORM ON FILE WILL NOT BE ALLOWED TO PRACTICE OR OTHERWISE PARTICIPATE.

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sports Participation (check):

_____ Approved _____ Referred to School Physician
Signed _____ Date ___/___/___

SCHOOL HEALTH OFFICE

If referred to the School Physician (check):

_____ Requalified _____ Disqualified

Signed _____ Date ___/___/___
