



## SPORTS HEALTH HISTORY

To Parent/Guardian:

*Prior* to the start of sport season, a health history review for each athlete must be completed. Return the Health History Form to the School Nurse or the student cannot be cleared to participate in the sport.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Sport(s) \_\_\_\_\_

Check any current conditions below affecting your child *during the past year*.

Allergies-Environmental		Frequent Headaches
Allergies-Food, Medicine, Insects		Glasses needed for Sports
Asthma-needs inhaler		<b>Head Injury or Concussion</b>
Blood or bleeding disorder		Heart Disease/Chest Pain
Back or Neck Pain/Injury		Heat Exhaustion/Heat Stoke
Blood or Bleeding Disorder		High Blood Pressure
Capped Teeth, Bridges or partial denture		Hospitalization due injury/illness
Convulsions/Seizures		Knee, Ankle, Wrist, or Elbow Pain/Injury
Diabetes		Medications (taken daily)
Fainting Spells		Memory Loss/Unconscious after injury
Fainting During Exercise		Nosebleeds (frequent/severe)
Fracture/Dislocated Bone		Orthodontic Appliance

Give details regarding any checked items:

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### PARENTAL PERMISSION:

- I give my son/daughter permission to participate in Brown School Athletics. I assume responsibility for any injuries sustained, understanding that the school officials will use all ordinary precaution to safeguard his/her health.
- The school nurse has permission to share pertinent medical information needed for my child's safe participation in sports with his/her coach.
- I acknowledge receipt of the "Concussion Fact Sheet for Parents".

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

Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_