

# INTERVAL HEALTH HISTORY FOR WINTER SPORTS PARTICIPATION

**PRIOR TO THE START OF TRYOUT SESSIONS OR PRACTICE AT THE BEGINNING OF EACH SEASON, A HEALTH HISTORY REVIEW FOR EACH ATHLETE MUST BE CONDUCTED.**

**ALSO, EVERY ATHLETE MUST HAVE A CURRENT PHYSICAL ON FILE IN THE HEALTH OFFICE. THIS PHYSICAL MUST HAVE BEEN PERFORMED ON OR AFTER NOVEMBER 1, 2015.**

STUDENT NAME \_\_\_\_\_, \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ SPORT \_\_\_\_\_  
(LAST) (FIRST)

## TO BE COMPLETED BY PARENT/GUARDIAN.

ANSWERING "YES" TO ANY OF THESE QUESTIONS DOES NOT MEAN AUTOMATIC DISQUALIFICATION FROM ATHLETIC ACTIVITY. HOWEVER, IT MAY REQUIRE A REVIEW AND APPROVAL OF THE FAMILY AND/OR SCHOOL PHYSICIAN BEFORE THE STUDENT IS ABLE TO PRACTICE/TRYOUT. THE ANSWERS TO THESE QUESTIONS WILL BE HELD IN THE HEALTH OFFICE AND MAY BE SHARED WITH PERSONNEL INVOLVED WITH THE ATHLETE.

### HISTORY SINCE LAST PHYSICAL/HEALTH APPRAISAL:

- |                                                                            |                              |                             |
|----------------------------------------------------------------------------|------------------------------|-----------------------------|
| ALLERGIES (BEE STING/MEDICATIONS/FOOD/LATEX, ETC.)                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DOES THE STUDENT CARRY AN EPI-PEN® FOR A LIFE-THREATENING ALLERGY          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ASTHMA                                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DOES THE STUDENT CARRY AN INHALER                                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| CONCUSSION/HEAD INJURY/SEIZURES                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| RECENT INJURY THAT REQUIRED MEDICAL ATTENTION OR PROTECTIVE EQUIPMENT      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| RECENT ILLNESS LASTING LONGER THAN ONE WEEK (IE. MONO)                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| CURRENTLY TAKING MEDICATIONS/UNDER DOCTOR CARE                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DIABETES/HYPOGLYCEMIA                                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HEART/BLOOD PRESSURE PROBLEMS                                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HEAT EXHAUSTION OR STROKE                                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FAINNESS/DIZZINESS/FATIGUE AFTER EXERCISE OR EXERTION                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HEARING IMPAIRMENT                                                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| BLEEDING TENDENCY/ANEMIA                                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| RECENT SURGERY OR HOSPITALIZATION                                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| KIDNEY/LIVER DISEASE                                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FAMILY HISTORY OF SUDDEN DEATH                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| CONTACT LENSES                                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IS THERE ANY MEDICAL CONDITION THAT MIGHT BE AGGRAVATED BY PLAYING SPORTS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE DESCRIBE THE CONDITION OR SITUATION THAT PROMPTED YOUR ANSWER.**

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I, THE UNDERSIGNED PARENT/GUARDIAN, CLEARLY UNDERSTAND THESE QUESTIONS ARE ASKED IN ORDER TO DECIDE IF MY CHILD CAN SAFELY PARTICIPATE IN THIS ATHLETIC SEASON. THE ANSWERS ARE CORRECT AS OF THIS DATE AND HE/SHE HAS MY PERMISSION TO PARTICIPATE IN ALL PRACTICE SESSIONS, GAMES, AND TRAVEL TO AND FROM THE ATHLETIC CONTESTS. I AGREE TO EMERGENCY MEDICAL TREATMENT AS DEEMED NECESSARY BY THE PHYSICIANS DESIGNED BY SCHOOL AUTHORITIES. CONDITIONS LISTED MAY BE SHARED WITH PERSONNEL INVOLVED WITH MY CHILD.\*\*\* I ALSO UNDERSTAND THAT IF MY CHILD HAS ANY ILLNESS/INJURY AFTER COMPLETING THIS FORM, BUT PRIOR TO TRYOUTS, OR AT ANY TIME DURING THE SEASON, I WILL CONTACT THE HEALTH OFFICE.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*PLEASE READ AND SIGN OTHER SIDE ALSO.\*\*\***

IN CONSIDERATION OF ST. MARY'S HIGH SCHOOL (THE "SCHOOL") PERMITTING MY CHILD TO PARTICIPATE IN ATHLETIC ACTIVITIES DURING THE FALL SPORTS SEASON, I/WE HEREBY RELEASE THE SCHOOL, ITS EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, COACHES AND VOLUNTEERS FROM ALL CLAIMS AND CAUSES OF ACTION OF ANY NATURE (INCLUDING THOSE BASED ON NEGLIGENCE), ARISING FROM, OR IN ANY MANNER INCIDENT TO SUCH PARTICIPATION IN ATHLETIC ACTIVITIES SPONSORED BY THE SCHOOL, AND AGREE THAT I/WE WILL NOT INITIATE ANY LEGAL ACTION IN ANY FORUM AGAINST THE SCHOOL, ITS EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, COACHES AND VOLUNTEERS IN CONNECTION WITH SUCH PARTICIPATION IN SUCH ATHLETIC ACTIVITIES SPONSORED BY THE SCHOOL.

I/WE UNDERSTAND THAT BY OPERATION OF THIS DOCUMENT, I/WE AGREE TO ASSUME ANY AND ALL RISKS AND LIABILITIES WHICH ARISE DURING AND/OR ARE ASSOCIATED WITH MY CHILD'S PARTICIPATION IN ATHLETIC ACTIVITIES SPONSORED BY THE SCHOOL.

I/WE AUTHORIZE THE SCHOOL AND ITS EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, COACHES AND VOLUNTEERS TO PROVIDE OR AUTHORIZE PROVISION OF ANY MEDICAL TREATMENT FOR MY CHILD THAT APPEARS TO BE NEEDED AS A RESULT OF MY CHILD'S PARTICIPATION IN ATHLETIC ACTIVITIES SPONSORED BY THE SCHOOL, AND I/WE HEREBY RELEASE THE SCHOOL, ITS EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, COACHES AND VOLUNTEERS FROM ANY AND ALL LIABILITY (INCLUDING LIABILITY BASED ON NEGLIGENCE) RESULTING FROM THE PROVISION OR AUTHORIZATION OF SUCH MEDICAL TREATMENT.

THE UNDERSIGNED AGREES, ACKNOWLEDGES, AND UNDERSTANDS THAT I/WE SHALL INDEMNIFY AND HOLD HARMLESS THE SCHOOL, INCLUDING ALL AGENTS, EMPLOYEES, REPRESENTATIVES AND OFFICIALS OF THE SCHOOL, FROM AND AGAINST ANY AND ALL CLAIMS, LAWSUITS, DAMAGES, LOSSES AND EXPENSES, INCLUDING ATTORNEYS' FEES, ARISING OUT OF, OR RESULTING FROM, ANY OTHER INDIVIDUAL'S PERSONAL INJURY, BODILY INJURY OR DEATH DUE TO MY CHILD'S CONDUCT WHILE PARTICIPATING IN ANY SCHOOL SPONSORED ATHLETIC ACTIVITY, PROVIDED THAT ANY SUCH CLAIM, DAMAGE, LOSS, OR EXPENSE:

- A. IS ATTRIBUTABLE TO PERSONAL INJURY, BODILY INJURY, SICKNESS, DISEASE OR DEATH, OR TO INJURY TO, OR DESTRUCTION OF, TANGIBLE PROPERTY INCLUDING THE LOSS OF USE RESULTING THEREFROM; OR
- B. IS CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF MY CHILD OR ANYONE FOR WHOSE ACTS MY CHILD MAY BE LIABLE.

BY MY/OUR SIGNATURE(S) BELOW, I/WE ACKNOWLEDGE THAT I/WE HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE TERMS OF THIS DOCUMENT.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

I AGREE TO FOLLOW ALL OF THE SCHOOL'S RULES RELATING TO PARTICIPATION IN SCHOOL SPONSORED ATHLETICS OR ACTIVITIES AND UNDERSTAND THAT ANY VIOLATION OF THESE RULES MAY RESULT IN REMOVAL FROM SUCH ATHLETIC TEAM OR ACTIVITY.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*PLEASE COMPLETE AND SIGN OTHER SIDE ALSO.\*\*\***