

MEDICAL UPDATE PACKET
PLEASANTVILLE SCHOOL DISTRICT
MIDDLE SCHOOL – ATHLETIC DEPARTMENT

NAME: _____ PHONE: _____

ADDRESS: _____

PARENT/GUARDIAN: _____ CELL #: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____ TEACHER: _____
(Month/Day/Year)

SEX: M _____ / F _____ HOMEROOM # _____

I hereby apply for the privilege of trying out for the _____ team in **2015-2016**
(Sport) (Year)

In order to represent the Middle School of Pleasantville in interscholastic athletics, the following standards and rules must be adhered to:

1. Adherence to the basic standard of A.C.C.L. regarding age, residence, years of competition. Adherence to Pleasantville's standards regarding academics and good disciplinary standing.
2. Every athlete is required to pass a strict physical examination prior to competing in interscholastic athletics each year and complete a health history update after the initial physical examination.
3. Every athlete is completely responsible for all equipment issued. If equipment is not turned in when requested by the coach, the athlete will be held monetarily responsible.
4. Any athlete found with drugs or alcohol in his/her possession or found using same, will be severely dealt with.
5. Students must maintain good disciplinary standing to participate in any athletic activity. A student is not eligible to participate in practice or competition while serving a detention or suspension (in-school or out-of-school).
6. Every athlete must realize that he/she is representing Pleasantville High School and make it a point to govern himself/herself in a manner that their connection with the sport will bring honor to it and the school.

I HAVE READ THE STANDARDS AND RULES AND UNDERSTAND THAT VIOLATIONS OF SAID RULES AND STANDARDS MAY RESULT IN SUSPENSION OR EXCLUSION FROM PARTICIPATION IN ATHLETICS.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN CONSENT

I give my permission for _____ to participate in organized district-sponsored athletics,
(Student's name)

realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge that I have read and understand this warning.

I furthermore, release the said school from all liability for injuries received by my child while in route to or from contests which are held at other schools.

PARENT/GUARDIAN SIGNATURE

DATE

**MIDDLE SCHOOL ATHLETIC DEPARTMENT
REPORT OF HEALTH HISTORY - UPDATE**

NAME: _____ GRADE: _____ SPORT: _____
Date of Last Athletic Physical: _____ Sport for which Physical was given: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

Have you ever had, or do you currently have:

- | | |
|---|----------------|
| a. A chronic or ongoing illness (such as diabetes or asthma)? | Y/N/Don't Know |
| 1. Use an inhaler of other prescription medicine to control asthma? | Y/N/Don't Know |
| b. Take any prescribed or over the counter medication regularly? | Y/N/Don't Know |
| c. Have any allergies to medications? | Y/N/Don't Know |
| d. Have any allergies to bee stings, pollen, latex or foods? | Y/N/Don't Know |
| 1. If yes, circle the type of reaction: | |
| Rash Hives Breathing or other anaphylactic reaction | |
| 2. Take any medication/Epipen taken for allergy symptoms (List Below) | |
| e. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders | Y/N/Don't Know |

Since the date of your last preparticipation physical examination have you:

- | | |
|---|----------------|
| f. Been advised by a medical professional (MD, PA or APN) not to participate in sports? | Y/N/Don't Know |
| g. Sustained a concussion, been unconscious or lost memory from a blow to the head? | Y/N/Don't Know |
| h. Broken a bone or sprained, strained or dislocated any muscles or joints? | Y/N/Don't Know |
| i. Fainted or blacked out? Was this during or immediately after exercise? | Y/N/Don't Know |
| j. Experienced chest pains, shortness of breath or heart racing? | Y/N/Don't Know |
| k. Had a recent history of fatigue or unusual tiredness? | Y/N/Don't Know |
| l. Been hospitalized, visited an emergency room or had a significant medical illness? | Y/N/Don't Know |
| m. Started or stopped taking any over the counter or prescribed medications? | Y/N/Don't Know |
| n. Had a sudden death in the family due to medical illness? | Y/N/Don't Know |
| o. Had a family member under the age of 50 have a heart attack or heart trouble? | Y/N/Don't Know |

Explain all "YES" Answers Here (Include Dates)

EMERGENCY CONTACT PERSON

NAME: _____ RELATIONSHIP: _____

Home: _____ Work: _____ Cell: _____

INSURANCE COVERAGE INFORMATION

NAME OF COMPANY _____

SUBSCRIBER'S NAME _____ COMPANY PHONE # _____

COMPANY ADDRESS _____

ID NUMBER _____ GROUP NUMBER _____

MY CHILD IS NOT COVERED BY ANY HEALTH INSURANCE. (Please Check if Applicable)

PERMISSION TO EXTEND EMERGENCY MEDICAL CARE IN THE ABSENCE OF A PARENT/GUARDIAN

In the absence of myself as parent/guardian, I hereby give any recognized hospital or medical facility permission to extend treatment to my son/daughter, if he/she should be injured while participating in district-sponsored athletics.

I understand that my child's school insurance is a secondary insurance coverage plan and it is therefore necessary to supply the following insurance information in order to process an insurance claim for payment of services rendered by said recognized hospital or medical facility.

DATE

PARENT/GUARDIAN SIGNATURE