

INTERSCHOLASTIC SPORTS HEALTH QUESTIONNAIRE

POLICY: THIS FORM MUST BE COMPLETED AND SIGNED IF YOUR CHILD PLANS TO PARTICIPATE IN INTERSCHOLASTIC SPORTS AT A.D.L. THIS SEASON. IF A CHILD IS INJURED IN SCHOOL DURING ANY SEASON, THE SCHOOL NURSE WILL CONTACT THE PARENTS/GUARDIAN AND THE INJURED CHILD WILL NOT BE PERMITTED TO PARTICIPATE UNTIL A PHYSICIAN'S LETTER CLEARS THE CHILD'S HEALTH. IF PARENTS NOTICE ANY INJURY AT HOME, PARENTS/GUARDIAN MUST CONTACT THE SCHOOL NURSE WHO WILL INFORM THE PHYSICAL EDUCATION STAFF, TO BE CERTAIN THE INJURED CHILD AGAIN DOES NOT PARTICIPATE UNTIL A PHYSICIAN'S LETTER CLEARS THE CHILD'S HEALTH. IF THE SCHOOL NURSE DOES NOT HEAR FROM PARENTS/GUARDIAN OR THE PHYSICAL EDUCATION STAFF, IT IS ASSUMED THAT THE CHILD IS IN GOOD HEALTH AND ABLE TO PARTICIPATE.

IN ORDER TO PLAY INTERSCHOLASTIC SPORTS AT A.D.L., ALL PARTICIPANTS MUST HAVE A COMPLETE PHYSICAL EXAMINATION BY A LICENSED DOCTOR OF MEDICINE (MD), A DOCTOR OF OSTEOPATHY (DO) OR HIS/HER DESIGNEE (IE. NURSE PRACTITIONER), A MINIMUM OF ONCE EVERY TWO YEARS. A WRITTEN COPY OF THE PHYSICAL MUST BE ON FILE IN THE HEALTH OFFICE PRIOR TO THE BEGINNING OF PRACTICE.

Please answer the following questions and provide a brief explanation for "yes" responses.

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| 1. Have you been told you may not participate in a sport for any reason? | yes | no |
| 2. Have you been unconscious or lost memory from a blow to the head? | yes | no |
| 3. Have you had a fracture or dislocation? | yes | no |
| 4. Have you had a knee or ankle sprain? | yes | no |
| 5. Have you had any other injuries? | yes | no |
| 6. Are you currently under a physician's care for a medical problem? | yes | no |
| 7. Do you take any daily medication? | yes | no |
| 8. Have you had any illnesses lasting longer than one week? | yes | no |
| 9. Do you have any allergies/hayfever/asthma? | yes | no |
| 10. Have you ever fainted or felt faint during exercise? | yes | no |
| 11. Have you been in the hospital for any reason? | yes | no |
| 12. If you are a girl with regular periods, have you ever missed 3 or more periods in a row? | yes | no |

Explanation: _____

I give our son/daughter _____ permission to participate in _____ during the 2010-2011 school year.
(specific sport)

Parent Signature _____ Date: _____

In the event of an emergency and I can't be contacted I give consent for emergency medical treatment.

This form will be kept with coaches during practices and home/away games/meets.