

INTERVAL HEALTH HISTORY FOR 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 unless the student received a full medical examination within 30 days of the start of the season.

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student: _____ Age: _____
(Print)

Present Grade: 7 8 9 10 11 12

Date of Birth ___/___/___ Sport: _____

NOTE: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

HISTORY SINCE LAST HEALTH APPRAISAL:

If the answer to any of the following questions is "YES", please describe the condition or situation that prompted your answer.

Does your child have any of the following:

One Eye of Severe Uncorrectable Loss of Vision in one or both eyes	YES	NO
Severe Hearing Loss in both ears	YES	NO
One Kidney	YES	NO
One Testicle	YES	NO

Any illness for five consecutive days? _____ YES NO

Has your child ever had an illness, condition, or injury that required him/her to go to the hospital, either as a patient overnight or in the emergency room causing your child to miss a game or practice?

Is your child under medical care now? _____ YES NO

Is your child taking medication now? If so what and why? _____ YES NO

Has your child fainted during exercise? _____ YES NO
If so, explain _____

Has there been a sudden death in a family member under 50 years of age? YES NO

Does your child have any chronic diseases? _____ YES NO

Does your child have:

Orthodontic Appliances?	YES	NO
Capped Teeth?	YES	NO
Glasses?	YES	NO
Contact lenses?	YES	NO

Since last physical examination has your child had any injury or medical illness? YES NO

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ DATE: _____

Note: This form must be returned WITH the completed signed permission form.

Athletic Participation Permission Form Hannibal Central School

When a student at Hannibal chooses to try out for an athletic team it is his/her responsibility and his/her parents' responsibility to become familiar with all rules and regulations stated in the attached Interscholastic Athletics Policies and Codes of Conducts. Tryout opportunities are provided at the beginning of each sport season. Competent supervision will be provided. Students will be determined physically capable by the school physician prior to being allowed to participate.

Some degree of risk is inherent in any physical activity whether contact or non-contact. Furthermore, many injuries are incidental in nature and involve no negligence on the part of coaches, official or other athletics. A signature below indicates an acknowledgement that participants could be at risk of accidental injury. The school has an athletic insurance program with limited fee scales. It provides a secondary coverage that becomes effective only after personal medical insurance has been utilized. It is extremely important that athletes report any injury promptly to the coach and school nurse so an insurance claim form can be mailed to the student's home.

Athletic equipment will be issued to participants of all teams. Students assume full responsibility for its proper use and care during the season. All equipment should be returned in clean condition when called for by the coach.

In some sports it may be necessary to use the roads for proper training. Athletes will be instructed to run in single file, facing traffic and to communicate verbally concerning traffic. Intersections will be supervised to the best of a coach's ability.

When not participating in the practice (e. g., practice has ended or not yet started) athletes are expected to be attending a supervised program with a member of the faculty or the After School Program in the cafeteria as long as they are in the Jr./Sr. High Building. A snack will be provided in the cafeteria for those in the After School Program at 2:32.

Please indicate your agreement with the above information and that contained in the Interscholastic Policies and Codes of Conduct by signing below. A signature forms a contract with the district and binds parents and students to the policies established for each group.

Permission slips must be returned to the school nurse prior to students being eligible for a physical.

I have read the Interscholastic Policies and Codes of Conduct and agree to abide by all rules stated within. I agree to accept the consequences of any failure to comply.

(print student name)

(grade)

(student signature)

(Date)

As parent/guardian of the above named student, I acknowledge that I have read and understand the Interscholastic Policies and Codes of Conduct. I give permission for my child to participate in an interscholastic sport at Hannibal and to attend the After School Program when not otherwise supervised while in the building.

(Sport Participating In)

(Parent signature)

(Date)