

WEST RUNNING BROOK MIDDLE SCHOOL

MEDICAL HISTORY UPDATE

If your son/daughter already has a physical on file in the nurse's office, the only medical form needed to participate in the West Running Brook Athletic Program is this Medical History Update. Please fill out the following form and hand it in to your son/daughter's coach. PLEASE be sure to fill out ALL information needed as accurately as possible.

Student/Athlete's Name: _____ Grade: _____
Last Name First Name Mid. Int.

Address: _____ Date of Birth _____

Student/Athlete's Physician: _____ & Phone # _____

Insurance Company: _____ Policy #: _____

In case of an Emergency Please Contact:

Name: _____ Relationship ()Parent ()Guardian ()Other

Address: _____ Town: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer each of the following questions:

- | | | |
|--|-----|----|
| 1. Have you ever been unconscious or lost memory from head injury | YES | NO |
| 2. Have you ever had a fracture or dislocation? | YES | NO |
| 3. Are you under a physicians care for anything right now? | YES | NO |
| 4. Have you ever been hospitalized for an operation or an emergency? | YES | NO |
| 5. Have you ever fainted or blacked-out during exercise? | YES | NO |
| 6. Are you presently taking any medications? | YES | NO |
| 7. Do you suffer from allergies? | YES | NO |
| 8. Do you wear contact lenses or eyeglasses? | YES | NO |
| 9. Have you ever had a knee or ankle sprain? or other injuries? | YES | NO |
| 10. Are there any other medical concerns we should know about? | YES | NO |
| 11. Have you ever been told NOT to participate in any athletic activity? | YES | NO |

Please describe any of your YES answers from the above questions. _____

Date of last Tetanus Shot: _____ Hospital: _____

I hereby agree that the above statements of medical history are accurate and give my consent for this student/athlete to participate in _____

Parent/ Guardian Signature: _____ Date: _____