



Sports Participation Health History and Consent Form

All students participating in scholastic sports are required to conduct a health history review at the beginning of each sports season, prior to the first practice. Every participant on the team must submit this form to the Health Office **prior to the first practice**. Failure to turn in this form, without exception, will result in ineligibility for participation. **A new form must be completed at the start of each sport season, including current emergency contact information.**

STUDENT'S NAME _____

SPORT _____ Coach _____

Grade: _____ Date of Birth: ____/____/____ Age: _____

Emergency Contact Information

Parent Full Name (contact first)	Home Phone
	Work Phone
	Cell Phone
	Email:
Parent Full Name	Home Phone
	Work Phone
	Cell Phone
	Email:

I understand that transportation to and from off-campus games will be provided by means of bus, van, or car, and I authorize my child to utilize this transportation to/from athletic events and practices.

My child has permission to play this sport. I understand that this sport is voluntary and that there are some risks involved with playing this sport, including traveling to and from the location to attend games, and I am willing to accept those risks. In addition, I will not hold Manlius Pebble Hill ("MPH") accountable for the acts of third parties, such as, but not limited to, common-carriers or vendors. In the event of illness or injury, I expect to be consulted immediately, but in the event that consultation is not possible, I hereby consent to whatever treatment is necessary in the best judgment of MPH, and any attending physician and/or dentist and/or hospital and/or facility furnishing medical or dental services. Accordingly, I absolve and hold harmless MPH with regard to any and all liability relating to said treatment. Further, I understand that I am responsible for providing the primary medical insurance for my child and for any payment of any medical expenses for my child that are incurred and not covered by any additional insurance.

Parent/Guardian Signature: _____ Date: _____

(OVER)

HEALTH HISTORY SINCE LAST SEASON AND/OR LAST FULL PHYSICAL:

1. Any injuries or illness requiring loss of school or practice for more than 5 days, or required hospitalization?

2. Any treatment in a hospital or emergency room?

3. Under a doctor's care at this time? _____

4. Any feeling of faintness, dizziness, fatigue after exercise or exertion, or unconsciousness?

5. Recent concussion or seizure? _____

6. Any chronic illnesses, such as hypertension, asthma, or diabetes? _____

7. Does your child wear corrective lenses/contact lenses? _____

8. Have any family members had a heart attack under age 50, or died unexpectedly?

9. Additional comments

To be completed by Health Office:

Date of Last Physical on record with Health Office: _____

Cleared by nurse: _____ Date: _____