

Date _____

**Manlius Pebble Hill School Health History and Consent Form for Sports Participation
Please Complete Both Sides**

At the beginning of each sports season, prior to the start of the first practice, a health history review for each athlete must be conducted. Every participant on the team must complete this form and give it to the nurse **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 _____ Birth date _____ Age _____

EMERGENCY CONTACT INFORMATION

Parent Full Name (contact first) _____	Home Phone
	Work Phone
	Cell Phone
	Beeper
Parent Full Name _____	Home Phone
	Work Phone
	Cell Phone
	Beeper

I understand that transportation to and from off-campus games will be

provided by means of _____.
(Bus/Van/Car)

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.

DATE: _____ (Signature of Parent or Guardian)

Name of Student _____

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. Had a concussion or a 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? _____

Additional comments _____

For Nurse use:

Date of Last Physical recorded in Health Office: _____

Cleared by nurse: _____ Date: _____