

**WILLIAM FLOYD HIGH SCHOOL ATHLETIC DEPARTMENT SPORTS PARENT PAGE**

**PART 1: MEDICAL-SURGICAL HISTORY**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED YES OR NO WITH EXPLANATION IF NEEDED, USE INK ONLY**

|                                    | <u>NO</u> | <u>YES</u> | <u>DATE</u> | <u>EXPLAIN</u> |
|------------------------------------|-----------|------------|-------------|----------------|
| 1. EYE DISORDER (VISION)           |           |            |             |                |
| 2. EAR DISORDER (HEARING)          |           |            |             |                |
| 3. NOSE DISORDER                   |           |            |             |                |
| 4. THROAT DISORDER                 |           |            |             |                |
| 5. LIVER/SPLEEN PROBLEMS           |           |            |             |                |
| 6. HEART MURMUR                    |           |            |             |                |
| RHEUMATIC FEVER                    |           |            |             |                |
| 7. LUNGS: PNEUMONIA                |           |            |             |                |
| BRONCHITIS                         |           |            |             |                |
| ASTHMA                             |           |            |             |                |
| 8. KIDNEY/BLADDER DISORDER         |           |            |             |                |
| 9. ABDOMINAL, INTENSTINAL DISORDER |           |            |             |                |
| 10. HERNIA                         |           |            |             |                |
| 11. UNDESCENDED TESTICLES          |           |            |             |                |
| 12. BONES/JOINTS: FRACTURES        |           |            |             |                |
| DISLOCATIONS/SPRAINS               |           |            |             |                |
| 13. MUSCLE, NERVE DISORDERS        |           |            |             |                |
| 14. EPILEPSY, SEIZURES             |           |            |             |                |
| 15. HEAD INJURY/CONCUSSION         |           |            |             |                |
| 16. ALLERGIES                      |           |            |             |                |
| 17. HOSPITAL ADMISSIONS            |           |            |             |                |
| 18. MEDICATIONS PRESENTLY USED     |           |            |             |                |
| 19. OTHER CHRONIC CONDITION(S)     |           |            |             |                |
| 20. ANY OPERATIONS/SURGERIES       |           |            |             |                |

NAME OF STUDENT'S HEALTHCARE PROVIDER \_\_\_\_\_ PHONE \_\_\_\_\_

**PART 2 – PERMISSION SLIP**

I give my son/daughter permission to participate in the interscholastic sports program at William Floyd School District. I give him/her permission to travel to away games and/or meets under the supervision of a coach. I will assume the responsibility for supplies and equipment given to my son/daughter that is not returned. I understand that participation in athletics can be hazardous to the health of my child and that my son/daughter and I are responsible for notifying the team coach and school nurse should an injury occur. I am aware of the school district's interscholastic sports insurance program and I assume responsibility for any lenses or orthodontic appliances that my child uses should they be lost or broken.

I give my son/daughter permission to participate in \_\_\_\_\_ (name of sport)

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note: this form must be completed no sooner than 2 weeks prior to every sport season. This form must be submitted to the school nurse by 12:00 noon for same-day processing.