

WILMINGTON HIGH SCHOOL

MEDICAL HISTORY FORM/ PERMISSION FORM

Name: _____ DOB: _____ Sex: M F Class of _____

Address: _____ Home Phone: _____

Parents Email: _____ Students Email: _____

Please indicate which sports you participate at the high school for each season

Fall: _____ Winter: _____ Spring: _____

Please answer all of the following questions to the best of your ability. Explain "YES" answers below.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a missing or diseased paired organ?	<input type="checkbox"/>	<input type="checkbox"/>	23. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you ever had a sprain, strain, broken or fracture bone, dislocation of a joint, or any other problems with pain or swelling in muscles, tendons, bones or joints? <i>If yes, check appropriate box and explain below:</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
11. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
12. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
13. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Ankle		
14. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Foot		
15. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Shin/Calf		
16. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you taken the ImPACT concussion test within the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>			
19. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>			

Explain "Yes" answers here with what number:

Wilmington High School Athletic Emergency Information/Permission Sheet

Emergency Contact Information

Mother/Guardian: _____ Cell #: _____ Work #: _____
Father/Guardian: _____ Cell #: _____ Work #: _____

List two neighbors or nearby relatives that would assume responsibility in an emergency if parent or guardian cannot be reached.

Name		Name	
Address		Address	
Phone		Phone	
Relationship		Relationship	

Insurance Information

Name of Insurance Company: _____ Plan Type: HMO PPO Other
Policy #: _____ Group #: _____
Pediatrician: _____ Office Phone #: _____

Medical Requirements

MIAA Rule 56.1 All students must pass a physical examination prior to participation in High School Athletics. A physical exam covers the student for 13 months from the exam date. A student's eligibility will terminate once a physical has reach the 13 month limit. Physical examinations must be performed by a duly registered Licensed Physician, Physician's Assistant or Nurse Practitioner. The Sports Medicine Committee recommended physical examination form is in the MIAA White Book. Please turn in a copy of your most recent physical to be kept on file in the athletics department.

Date of Last Physical: _____

Consent to Participation/ Assumption of Risk

In order for your son or daughter to participate in a sport, it is necessary for you to give your written consent below. Any activity brings with it a risk of injury, to help reduce this risk; parents should encourage their children to maintain optimum fitness levels and nutrition and to follow proper sports training procedures. It is the responsibility of the athlete to report any injuries to the athletic trainer as soon as possible.

Release to Treat

By signing below, I hereby authorize the Athletic Training Staff, Team Physicians, School Nurses, Medical Consultants and Athletic Staff to have access to information and to provide any and all care deemed necessary for any specific injury or condition and to release any medical or insurance information necessary. By signing below, I hereby authorize the above parties to release and share any necessary information needed to treat a specific injury or condition, whether pre-existing or acute. Any athlete who is referred to a physician for medical treatment must have clearance from that physician in conjunction with the athletic trainer on staff.

Rules for Athletes

I, (athlete), will review the Athletic Philosophy, code of Ethics and will abide by all school policies.

Head Injury and Concussion

The Commonwealth of Massachusetts passed a law in July 2010, Chapter 166 of the Acts of 2010, since that time state organizations have gone to great lengths to provide information and set policies in regards to this injury. The MIAA has developed Rule 56.4 in accordance with CH. 166, which states, "Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the practice or competition and must not return to practice or competition that day, and further shall not return to play until cleared (in writing to the Athletic Director) by an appropriate health-care professional (as determined by the Department of Public Health). Whenever it is decided to disqualify a student-athlete from further participation for a suspected concussion or other injury, the person making that decision must communicate about this matter with the injured athlete's coach and athletic director in a timely fashion."

* Also in accordance with this law, Wilmington High School requires all parents **and** athletes to take the online concussion course provided by the National Federation of High School Associations at www.nfhslearn.com and by signing below are responsible for all content in that online course.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____