## **Health History**

Since your last school exam	<u>Health History</u>			
Since your last senious exam	m or doctor's physical have you			
	been ill or injured such that you missed school?	yes	no	
	been hospitalized or had surgery?	$\mathbf{yes}$	$\mathbf{no}$	
	started any medications?	$\mathbf{yes}$	no	
	fainted or passed out?	$\mathbf{yes}$	no	
	had chest pains while exercising?	$\mathbf{yes}$	no	
	had coughing or wheezing during exercise?	$\mathbf{yes}$	no	
	been restricted from activity for any reason?	$\mathbf{yes}$	no	
Have you ever				
	been knocked out or had memory loss?	$\mathbf{yes}$	no	
	had a concussion or serious head injury?	$\mathbf{yes}$	no	
	suffered from frequent or severe headaches?	$\mathbf{yes}$	no	
Do you				
	have any allergies requiring treatment?	$\mathbf{yes}$	no	
	require special protective gear for sports?	$\mathbf{yes}$	no	
	have asthma?	$\mathbf{yes}$	no	
	wear contacts?	$\mathbf{yes}$	no	
In your family has any	one died of heart problems or sudden death before the ag	e of 50?.	yes	no
	W. 11 W.			
	<u>Health History</u>			
Since your last school exam	m or doctor's physical have you			
Since your last school exam	m or doctor's physical have you been ill or injured such that you missed school?	yes	no	
Since your last school exam	m or doctor's physical have you been ill or injured such that you missed school? been hospitalized or had surgery?	$\mathbf{yes}$	no	
Since your last school exam	m or doctor's physical have you been ill or injured such that you missed school? been hospitalized or had surgery?started any medications?	yes yes	no no	
Since your last school example of the school example.	m or doctor's physical have you been ill or injured such that you missed school? been hospitalized or had surgery? started any medications? fainted or passed out?	yes yes yes	no no no	
Since your last school exam	m or doctor's physical have you been ill or injured such that you missed school? been hospitalized or had surgery? started any medications? fainted or passed out? had chest pains while exercising?	yes yes yes yes	no no no no	
Since your last school example of the school example.	been ill or injured such that you missed school? been hospitalized or had surgery? started any medications? fainted or passed out? had chest pains while exercising? had coughing or wheezing during exercise?	yes yes yes yes	no no no no no	
	m or doctor's physical have you been ill or injured such that you missed school? been hospitalized or had surgery? started any medications? fainted or passed out? had chest pains while exercising?	yes yes yes yes	no no no no	
Since your last school exame sc	been ill or injured such that you missed school?  been hospitalized or had surgery?	yes yes yes yes yes yes	no no no no no	
	been ill or injured such that you missed school? been hospitalized or had surgery? started any medications? fainted or passed out? had chest pains while exercising? had coughing or wheezing during exercise? been restricted from activity for any reason?	yes yes yes yes yes yes yes	no no no no no no	
	been ill or injured such that you missed school?  been hospitalized or had surgery?	yes yes yes yes yes yes yes yes	no no no no no no no no	
Have you ever	been ill or injured such that you missed school? been hospitalized or had surgery? started any medications? fainted or passed out? had chest pains while exercising? had coughing or wheezing during exercise? been restricted from activity for any reason?	yes yes yes yes yes yes yes	no no no no no no	
	been ill or injured such that you missed school?  been hospitalized or had surgery?	yes yes yes yes yes yes yes yes	no no no no no no no no	
Have you ever	been ill or injured such that you missed school?  been hospitalized or had surgery?	yes	no no no no no no no no no	
Have you ever	been ill or injured such that you missed school?  been hospitalized or had surgery?	yes	no	
Have you ever	been ill or injured such that you missed school?  been hospitalized or had surgery?	yes	no	
Have you ever  Do you	been ill or injured such that you missed school?  been hospitalized or had surgery?	yes	no n	no

Please explain any positive answers here:

Do you have any limitations?

The coach must have this card in order for the athlete to participate on a sports team.

## NEW LEBANON CENTRAL SCHOOL ATHLETE EMERGENCY CARD

This card	may	be	used	for	the	following	seaso	ns
This card	may	be	used	for	the	following	seaso	n

 $\_$  Fall  $\_$ Winter  $\_$ Spring

Signature of Parent or Guardian

Full Name of Athlete				(Parents: please check seaso	ns to use this card.
(Last		(First)	)		
Date of Birth//	$ m Age\_\_$	Sex	_ G	rade	
Student's Residence Address					
Father's Full Name & Address					
Mother's Full Name & Address	·				
Athlete's Home Phone		Email			
#1 Phone to call in emergency			Name_		
#2 Phone to call in emergency			Name		
Physician's Name & Phone					
Hospital Preference					
I,				tment for my	
son/daughter	in the event that	such treatment becomes	necessary.		
Todays Date					
		Signa	ture of Par	ent or Guardian	
The coach must have this card in order for ${f N}$	EW LEBANON C	CENTRAL SCHOOL		This card may be used for th	e following seasons
the athlete to participate on a sports team.	ATHLETE EMP	ERGENCY CARD		FallWinterSpring	
Full Name of Athlete				(Parents: please check seaso	ns to use this card.
(Last	t)	(First)	)		
Date of Birth//	Age	Sex	_ G	rade	
Student's Residence Address					
Father's Full Name & Address	(Street)			(Town)	
Mother's Full Name & Address					
Athlete's Home Phone		Email			
#1 Phone to call in emergency			Name_		
#2 Phone to call in emergency			Name		
Physician's Name & Phone					
Hospital Preference					
Ι,	, give per	rmission for immediate m	edical treat	tment for my	
son/daughter	in the event that	such treatment becomes	necessary.		
Todays Date					