

Health History

Since your last school exam or doctor's physical have you...

been ill or injured such that you missed school?..	yes	no
been hospitalized or had surgery?.....	yes	no
started any medications?.....	yes	no
fainted or passed out?.....	yes	no
had chest pains while exercising?.....	yes	no
had coughing or wheezing during exercise?.....	yes	no
been restricted from activity for any reason?.....	yes	no

Have you ever...

been knocked out or had memory loss?.....	yes	no
had a concussion or serious head injury?.....	yes	no
suffered from frequent or severe headaches?.....	yes	no

Do you...

have any allergies requiring treatment?.....	yes	no
require special protective gear for sports?.....	yes	no
have asthma?.....	yes	no
wear contacts?.....	yes	no

In your family ... has anyone died of heart problems or sudden death before the age of 50?... yes no

Please explain any positive answers here:

Do you have any limitations?

Health History

Since your last school exam or doctor's physical have you...

been ill or injured such that you missed school?..	yes	no
been hospitalized or had surgery?.....	yes	no
started any medications?.....	yes	no
fainted or passed out?.....	yes	no
had chest pains while exercising?.....	yes	no
had coughing or wheezing during exercise?.....	yes	no
been restricted from activity for any reason?.....	yes	no

Have you ever...

been knocked out or had memory loss?.....	yes	no
had a concussion or serious head injury?.....	yes	no
suffered from frequent or severe headaches?.....	yes	no

Do you...

have any allergies requiring treatment?.....	yes	no
require special protective gear for sports?.....	yes	no
have asthma?.....	yes	no
wear contacts?.....	yes	no

In your family ... has anyone died of heart problems or sudden death before the age of 50?... yes 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 seasons:

Fall Winter Spring

(Parents: please check seasons to use this card.)

Full Name of Athlete _____
(Last) (First)

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

Student's Residence Address _____
(Street) (Town)

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, _____, give permission for immediate medical treatment for my
son/daughter _____ in the event that such treatment becomes necessary.

Today's Date _____
Signature of Parent or Guardian

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 seasons:

Fall Winter Spring

(Parents: please check seasons to use this card.)

Full Name of Athlete _____
(Last) (First)

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

Student's Residence Address _____
(Street) (Town)

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, _____, give permission for immediate medical treatment for my
son/daughter _____ in the event that such treatment becomes necessary.

Today's Date _____
Signature of Parent or Guardian