

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64
BRADFORD CORINTH HUDSON KENDUSKEAG STETSON

HEALTH UPDATE

(To be used for all Interscholastic/Intramural Athletics in Grade 7, 8, 10, 11 and 12)

Student's Name _____ Date _____
Birth Date _____ Age _____ Grade _____ Height _____ Weight _____
Sport(s) _____

1. Do you wear athletic "safety" frames and lenses? _____ contact lenses? _____
2. Have you ever been knocked out while playing a contact sport or at any other time during your life? _____
If so, please provide details _____
3. Any history of neck injuries? _____ Any burners, stingers, numbness or weakness? _____
Was shoulder, arm, hand or fingers involved? _____
4. Have you ever broken a bone? _____ (for example: collarbone, arm, leg, ankle, etc.)
If so, when and what? _____
5. Have you ever worn a cast or splint? _____ If so, for what reason? _____
6. Elbow: Ever had pain, swelling, dislocation or surgery? _____
Any wrist surgery? _____
7. Shoulder: Have you ever had any shoulder injury such as a dislocated shoulder, shoulder separation or rotator cuff injury? _____ If so, please provide details _____
8. Back: Any history of back pain or back injury? _____ If so, please provide details _____
9. Knee: Have you ever had a knee injury? _____ Was there any "locking" or "giving way?" _____
What treatment was given? Was surgery required? If so, please provide details _____
10. Ankle: Have you had severe, recurrent ankle sprains which have required taping? _____ Any history of Achilles tendon injury? _____ If so, please provide details _____
11. Have you ever required surgery for any medical illness or for any injury (include injury received in contact sports)? _____ If so, please provide details _____
12. Have you recently had "mono" or appendicitis, or other acute illness? _____ If so, please provide details _____
13. Have you ever had a hernia? _____ heart murmur? _____ collapsed lung (Pnuemothorax)? _____
If so, please provide details _____

Please complete form on reverse side

14. Are you epileptic? _____ diabetic? _____ asthmatic? _____
15. What medications do you now take and for what reasons? _____
16. Do you have two functioning (working) eyes? _____ kidneys? _____ testicles (males)? _____ ovaries (females)? _____
17. Any history of kidney disease? _____ Have you ever passed blood in urine? _____
18. Do you have allergies? _____ If so, what? _____
19. Do you have any abnormal bleeding? _____ If so, please provide details _____
20. Do you have any medical illness which the school should know about for your own protection? _____
If so, please explain _____

All of the preceding information is complete and honest to the best of my knowledge.

Signature of Student Athlete _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64
Bradford Corinth Hudson Kenduskeag Stetson

STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM
(To be used for all Interscholastic/Intramural Athletics)

School: _____ Student's Name: _____

Date of Birth: _____ Place of Birth: _____

Grade: _____ Date: _____

This application to compete in interscholastic/intramural athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Student's Signature:

PARENT/GUARDIAN'S PERMISSION

I hereby give my consent for the above named student to: (1) represent the school in athletic activities except those found to be medically inadvisable as noted on the Health Examination Form (provided that all interscholastic athletic activities are approved by the State Association); (2) accompany any school team of which she/he is a member on any of its local and out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

Parent/Guardian's Signature

Print Name: _____

Address:

Phone: _____

Date: _____

NOTE: This form is to be filled out completely and filed in the office of the school principal before the student is allowed to practice and/or compete.