Rome City School District
Physical Education Participation Form

Name of Pupil _____ School _____ Grade _____

All pupils who are physically able to attend school are required by NYS Education Law, Section 135.4 to participate in some form of Physical Education. Physical Education is a requirement for graduation.

Date of follow up appointment _____

Date may return to PE _____

PLEASE CHECK PARTICIPATION LEVEL BELOW

1._____ Student may return to regular physical activities with no Restrictions on:_____

2._____ Student can participate in regular physical education activities with the following restrictions_____

3._____ Students whose injury/illness exceeds two weeks must be placed in an adaptive PE program. Please indicate appropriate activities below.

___Aquatics
___Archery
___Yoga/Pilates
___Lawn games (bocce, croquet, miniature golf)
___Upper Body Skills (Throwing, catching, bouncing)
___Lower Body Skills (Kicking, walking, running)
___Weight room activities (Cardio-stepper, elliptical, stationary bike, treadmill)
___Weight room activities (Upper body lifting, Nautilus, free weights)
___Weight room activities (Lower body lifting, Nautilus, stretch bands)
___Walking indoor/outdoor track
___Students unable to do any form of physical education will be given written work or table games

Physician's Signature:_____Date_____

Phone Number_____FAX Number:_____

Sport Participating In: _____

Rome City School District
Athletic Health History

Student Name: _____ Birth Date: _____

School Name: _____ Grade: _____

Participation in athletics is voluntary and is not a required part of the regular physical education program. Identify any sports in which you do not wish your child to participate:

_____

This form must be completed and returned to the School Nurse in order to participate in the sports physical.

Health History To Be Completed By Parent:

Has your child ever had: (please check)

	Yes	No		Yes	No
Allergies/Hay Fever	☐	☐	Stomach Ulcer	☐	☐
Bee Sting Allergy	☐	☐	Fast Heart Rate	☐	☐
Medicine Allergy	☐	☐	Elevated Blood Pressure	☐	☐
Asthma/Chronic Cough	☐	☐	Heart Problem/Murmur	☐	☐
Anemia	☐	☐	Chest Pain	☐	☐
Arthritis	☐	☐	Headaches	☐	☐
Bladder/Kidney Problem or Injury	☐	☐	Head Injury/Concussion	☐	☐
Convulsions/Seizures	☐	☐	Nose Bleeds *(frequent or severe)*	☐	☐
Fainting Spells	☐	☐	Ankle Injury	☐	☐
Diabetes	☐	☐	Back Pain/Injury	☐	☐
Ear Problems/Hearing Loss	☐	☐	Broken/Dislocated Bones/Joints	☐	☐
Eye Problems/Vision Loss	☐	☐	Knee Pain/Injury	☐	☐
Injury to Spleen	☐	☐	Neck Injury	☐	☐
Joint Sprain	☐	☐	Nose Fracture	☐	☐
Ligament Tear	☐	☐	Rheumatic Fever	☐	☐
Muscle Pull	☐	☐			

Has your child been unconscious or lost memory from a blow on the head?	☐	☐
Has your child ever had numbness/tingling in an extremity?	☐	☐
Has your child ever fainted during exercise or become ill from the heat during exercise?	☐	☐
Has any family member died of heart problems or of sudden death before age fifty (50) years ?	☐	☐

Please explain any yes answers: _____

(over)

Does your child have any of the following:

	Yes	No
One eye or severe uncorrectable loss of vision in one or both eyes?	☐	☐
Severe hearing loss in both ears?	☐	☐
One kidney?	☐	☐
One testicle?	☐	☐
Any hernia?	☐	☐
Any current skin conditions (rash, fungus, blisters, etc)?	☐	☐
Severe viral .infection such as mono or myocarditis within the past month?	☐	☐
An orthodontic appliance?	☐	☐
Capped teeth?	☐	☐
Contact lenses for sports?	☐	☐
Glasses for sports?	☐	☐
Has your child ever had an illness, condition or injury that required him/her to stay in the hospital?	☐	☐
Please explain: _____		
Has your child ever had surgery?	☐	☐
Please explain: _____		
Is your child under medical care now?	☐	☐
Please explain: _____		
Has your child taken any medication in the past year?	☐	☐
What medicine/why? _____		
Is your child taking medication now?		
What medicine/why? _____		
Since your child's last physical examination, has your child had any injury or illness?	☐	☐
Please explain: _____		

Female athletes:

	Yes	No
Are you pregnant now or have you delivered within the past six weeks?	☐	☐
Are you still being treated?	☐	☐

I am the legal parent/guardian of this student. I hereby give my permission for _____ *to have a medical examination, as arranged by the school, prior to sports participation. I agree with the above answers and consent to participation of my child in the interscholastic program of his/her school, including practice sessions and travel to and from the athletic contests. I also agree to emergency medical treatment as deemed necessary by the physicians designed by school authorities.*

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

To Be Filled Out by School Nurse: **Screening Date:** _____

Ht: **Wt:** **BP:** **Eyes (Far)** (L) (R) **(Near)** (L) (R)

Ears: (L) (R) **Date DT:** _____