Student Medical Registration Form

This section should be completed by parent/guardian

Name_____Birthdate_____Grade_____

Has your child ever had any of the following conditions? Please explain any YES answers on the right side of this form under explanations.

Heart Murmur	Yes	No
High Blood Pressure	Yes	No
Other Heart Problems	Yes	No
Fainting or Passing out	Yes	No
Ever been knocked out	Yes	No
Concussion…If so, please give dates, outcome	Yes	No
Hospitalized for a concussion/head injury	Yes	No
Seizure or Epilepsy, if so date of last seizure_____	Yes	No
Asthma, wheezing, or difficulty breathing	Yes	No
Other respiratory problem, i.e. pneumonia	Yes	No
Ever stopped running because of: Chest Pain	Yes	No
Palpitations	Yes	No
Dizziness	Yes	No
Shortness of breath	Yes	No
Anemia, Sickle Cell Trait, or blood disorder	Yes	No
Mononucleosis, if so when _____	Yes	No
Diabetes or High blood sugar	Yes	No
Low Blood Sugar	Yes	No
Arthritis or joint pain	Yes	No
Broken bones, if so when_____	Yes	No
Any glasses, contacts or vision problems	Yes	No
Frequent ear infection and/or hearing loss	Yes	No
Birthmarks, scars or chipped teeth	Yes	No
Any dental appliances worn during sports	Yes	No
Any skin disorders	Yes	No
Do you have only one of a normally paired organ? i.e. Kidney, testicle, ovary, eye	Yes	No
Do you require any special sports equipment? i.e. Knee braces, neck rolls, foot orthotics, etc.	Yes	No

Has this student ever been **hospitalized** Yes No

If so, when and why? _____

Has this student ever had any **surgery**? Yes No

Has this student ever had an illness lasting a week or more Yes No

Has this student ever had **allergies** to:

Bee Stings, if so did you require an Epi Pen?	Yes	No
Foods	Yes	No
Medicine, if so, which medication and what reaction	Yes	No
Other allergies	Yes	No

Does this student take any **medication** regularly or periodically Yes No

If yes, what are they _____

Does this student have any other health problems? Yes No

Has any family members had a heart attack, heart problems, or sudden death before the age of 50? Yes No

I agree and understand pertinent medical information regarding my child, _____ will be shared with appropriate school staff to insure my child's safety in this educational setting.

Signature _____Date_____

Print Full Name_____Relationship_____

Explanations: _____

2/08
lc