

**MILFORD SCHOOL DISTRICT
EMERGENCY INFORMATION/HEALTH FORM**

Please print...

(to be completed by Parent/Guardian)

Name _____ Date of Birth _____
Address _____
Town/State _____ Zip _____ Grade _____
Home Phone# _____

Parent/Guardian

Father _____	Mother _____
Address _____	Address _____
Place of Employment _____	Place of Employment _____
Home# _____ Wk# _____	Home# _____ Wk# _____
Cell# _____	Cell# _____
E-mail address: _____	E-mail address: _____

IN CASE OF EMERGENCY WHERE PARENT/GUARDIAN CANNOT BE REACHED,
PLEASE NOTIFY:

Name of Responsible Person _____ Relationship _____
Address _____
Phone _____

MEDICAL/HEALTH INFORMATION

Name of Insurance Company _____
Policy# _____ Type of Coverage _____
Physician's Name: _____ Phone Number: _____

CONSENT TO PARTICIPATION AND ACKNOWLEDGEMENT OF RISKS

I hereby acknowledge an awareness that participation in the sport of _____ in-
volves a risk of injury, which may include severe injuries possibly involving paralysis, permanent mental
disability, or death, and that these injuries may occur in some instances as a result of unavoidable acci-
dents. I accept these risks in giving consent to participation in _____ during the
_____ season by the undersigned athlete.

PERMISSION TO PROVIDE EMERGENCY TREATMENT

On rare occasions an emergency arises and we are unable to contact the parent/guardian. In order that
no delay occur that may jeopardize the life of the student, the school requests permission from the parent/
guardian to seek emergency treatment.

I hereby grant permission to the Milford School District to administer First Aid, administer epineph-
rine if necessary, secure proper medical treatment and/or hospitalize my son/daughter in case of
emergency, provided they are unable to communicate with me, and according to their best judgment, fur-
ther delay might jeopardize the life of my son/daughter.



Parent/Guardian Signature _____ Date: _____

HEALTH QUESTIONNAIRE FOR SPORTS PARTICIPATION

Please answer each question below. Those marked yes, please explain below to the best of your ability.

	<u>Circle One</u>	
1. Have you ever been in a hospital for an operation or other reason?	NO	YES
2. Do you take any kind of medicine every day?	NO	YES
3. Do you have asthma or allergies (hives, medicine, bee sting?)	NO	YES
4. Are you under a physician's care for any problems now?	NO	YES
5. Have you ever felt dizzy or had chest pains during or after exercise?	NO	YES
6. Do you have a heart murmur or other heart conditions?	NO	YES
7. Have you ever fainted or "blacked out" during exercise?	NO	YES
8. Have you ever had a heat illness such as heat exhaustion or stroke?	NO	YES
9. Have you ever had a concussion or suffered loss of consciousness or memory?	NO	YES
10. Have you ever had a fracture, dislocation, sprain, strain or other injury to any body part?	NO	YES
11. Do you have any eye problems, wear glasses or contacts?	NO	YES
12. Have you ever been told not to participate in any sport?	NO	YES

EXPLAIN "YES" ANSWERED QUESTIONS: _____

DATE OF LAST TETANUS BOOSTER: _____

Physical Examination For Sports Participation

Name: _____ Date of Birth: _____ Sex: _____

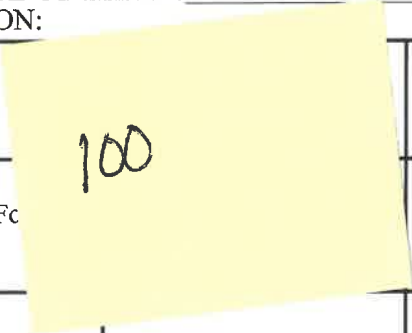
Medical Problems: _____

Allergies: _____ Medication(s): _____

This young person is going to enter a program of strenuous activity. In addition to a brief assessment of general health, the following specific items should be noted:

DATE OF EXAM: _____

RECOMMENDATION:



ITEM Specially Note	ITEM Specially Note	HT: Pulse:	WT: B/P:
SKIN ACENE-Herpes-Ath.Fc	ABDOMEN Organomegaly		
MOUTH Caries-Prosthesis	GENITALIA(MALES) Lesions-Testes-Hernia		
EYES-EARS Pupils/Perf.-Dischrg	MUSCULOSKELETAL SCREEN See Guidelines:		
LUNGS AIR ENTRY - Wheezing	TANNER MATURITY Circle one: 1 2 3 4 5		
HEART Murmur-Rhythm-Size	OTHER OBSERVATIONS		

CHECK ONE AND SIGN: FULL PARTICIPATION APPROVAL
 LIMITED: _____

RECOMMENDATIONS
 PHYSICIAN'S SIGNATURE: _____ TODAY'S DATE: _____

PERIODIC MEDICAL HISTORY UPDATE

DATE **NOTES:**
