

CONTOOCCOOK VALLEY REGIONAL HIGH SCHOOL

EMERGENCY INFORMATION & RELEASE

PLEASE PRINT

NAME _____ BIRTHDAY _____ AGE _____

Parent's (Guardian's) Name _____

Home Tel. _____ Address _____

Grade _____

Phone No. of Parents/Guardian During Day:

Father _____ Mother _____ Guardian _____

In an Emergency, if Parents/Guardian cannot be contacted:

Notify _____ at _____
(name) (telephone)

Family Doctor _____ Telephone _____

Preferred Hospital _____

Date of Last Tetanus Toxoid Booster _____ Known Allergies _____

Medical Insurance Co. _____ Policy No. _____

The team physician, trainer, and coach may apply first aid treatment until the family doctor can be contacted. YES
_____ NO _____.

Please note any other medications and medical considerations which the coach should be

aware of: _____

PARENT'S (GUARDIAN'S SIGNATURE & DATE)

PLEASE RETURN THIS FORM TO THE COACH

(PLEASE COMPLETE REVERSE SIDE OF THIS FORM)

CONTOOCOOK VALLEY REGIONAL HIGH SCHOOL

Pre-participation Physical Evaluation

Date _____

History:

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ Sport _____

Personal Physician _____ Address _____ Physician's Phone Number _____

Yes No

Explain "Yes" answers below:

1. Have you ever been hospitalized? _____
Have you ever had surgery? _____
2. Are you presently taking any medications or pills? _____
3. Do you have any allergies (medicine, bees or other stinging insects)? _____
4. Have you ever passed out during or after exercise? _____
Have you ever been dizzy during or after exercise? _____
Have you ever had chest pain during or after exercise? _____
Do you tire more quickly than your friends during exercise? _____
Have you ever had high blood pressure? _____
Have you ever been told that you have a heart murmur? _____
Have you ever had racing of your heart or skipped heartbeats? _____
Has anyone in your family died of heart problems or a sudden death before age 50? _____
5. Do you have any skin problems (itching, rashes, acne)? _____
6. Have you ever had a head injury? _____
Have you ever been knocked out or unconscious? _____
Have you ever had a seizure? _____
Have you ever had a stinger, burner or pinched nerve? _____
7. Have you ever had heat or muscle cramps? _____
Have you ever been dizzy or passed out in the heat? _____
8. Do you have trouble breathing or do you cough during or after activity? _____
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? _____
10. Have you had any problems with your eyes or vision? _____
Do you wear glasses or contacts or protective eye wear? _____
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? _____
____ Head ____ Shoulder ____ Thigh ____ Neck ____ Elbow ____ Knee ____ Chest
____ Forearm ____ Shin/Calf ____ Back ____ Wrist ____ Ankle ____ Hip ____ Foot
12. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? _____
13. Have you ever had a medical problem or injury since your last evaluation? _____
14. When was your last tetanus shot? _____
When was your last measles immunization? _____
15. When was your first menstrual period? _____
When was your last menstrual period? _____
What was your longest time between your periods last year? _____

Explain "Yes" answers:

I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Date _____

Signature of athlete _____

Signature of parent/guardian _____