

HEALTH HISTORY UPDATE

In addition to having a medical exam (on file with the school nurse) dated less than one year from the start date for this sport season all student-athletes must provide the coach of their team with updated medical information prior to participation.

Since the date of your child's last physical exam have he/she experienced any of the following:

- Feelings of faintness or dizziness during/after exertion or exercise? Y/N
- Chest or abdominal pain during/after exertion or exercise? Y/N
- Shortness of breath during/after exertion or exercise? Y/N
- Treatment by a hospital or emergency room? Y/N
- Fractures, Sprains, Dislocations, or other serious injury? Y/N
- Any illness lasting more the 5 days? Y/N
- Are you currently taking any medications or under a physician's care? Y/N
- Change in prescription for glasses/contact lenses? Y/N
- Developed any allergic conditions? Y/N

If you answered yes above, or have any other medical concerns not listed above that may be of importance, please explain in the space provided below:

Notice Regarding Uniforms/Equipments

Student athletes are responsible for all items issued for their use in practice or competition. Failure to return such items upon request will result in the student being charged for full replacement cost of the item(s). Failure to compensate the department in a timely fashion can result in disciplinary action.

Parent Permission (Completion of both sides is required)

Student Name	Grade	Date of Birth
Sport	<u>OMS JV VARSITY</u> Level (circle one)	
Parent/Guardian Names (s)		
Street Address	Town	Zip
Home Phone	Work Phone	Cell Phone

I am aware of my child's wish to participate in the interscholastic Athletic Program and of the risks adherent as a result of participation. Participation in Athletics is voluntary. Neither the school nor the district assumes any financial responsibility in case of accident incidental to participation in Athletics. I have read the Athletic Agreement/Eligibility Policy. I understand that if my child's conduct does not meet the standards set forth in that document he/she may be suspended or removed from the athletic program.

Signature of Parent/Guardian	Date
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EMERGENCY LOCATOR INFORMATION

If unable to contact parents by phone numbers provided above in the case of emergency, Please call the following (list in preferred order);

Name	Phone	Relationship to Student
Name	Phone	Relationship to Student
Name	Phone	Relationship to Student

(over)