

Wilmington High School Permission Form/ Medical History Form



Name: _____ DOB: _____ Sex: M F Class of _____

Address: _____ Phone: _____

Please indicate which sports you participate at the high school for each season

Fall: _____ Winter: _____ Spring: _____

Please answer all of the following questions to the best of your ability.

Have you ever experienced the following during or immediately after exercise?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Rash/hives | <input type="checkbox"/> Numbness/Tingling in arms/legs | <input type="checkbox"/> Heat Cramps |
| <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Vertigo/Dizziness |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Coughing/Wheezing | <input type="checkbox"/> Heat Illness | |
| <input type="checkbox"/> Heart Palpitations | | | |

Have you been diagnosed or treated by a physician for the following

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood Disorders (hemophilia/sickle cell) | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Other Illness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Low Blood Pressure | |
| <input type="checkbox"/> Seizures/epilepsy | <input type="checkbox"/> Musculoskeletal Disorders | <input type="checkbox"/> Respiratory Conditions | |
| <input type="checkbox"/> Heart conditions | | <input type="checkbox"/> Gastrointestinal Disorders | |

Please explain all items that are checked.

Have you had any medical illness or injuries since your last physical? Y N _____

Are you currently taking any prescription or non-prescription medications? Y N _____

Have you ever been hospitalized overnight? Y N _____

Has any family member died of heart problems or sudden death before the age of 50? Y N _____

Have you received a traumatic head injury or blow to the head? Y N If so please lists the date. _____

Have you ever received medical treatment for a traumatic head injury? Y N If so please list date _____

Have you ever been diagnosed with a concussion by a physician? Y N If so please list date and describe the duration of the symptoms _____

Has any physician ever restricted your participation in sports for any reason? Y N _____

Have you ever fractured, dislocated, sprained or strained any of the following areas? Was surgery performed? Y N

- | | | | | |
|-------------------------------|------------------------------------|----------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Chest | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hand | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Forearm | <input type="checkbox"/> Hip | <input type="checkbox"/> Lower Leg |
| <input type="checkbox"/> Back | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | <input type="checkbox"/> Ankle/Foot |

Please Explain: _____

Wilmington High School Athletic Emergency Information/Permission Sheet

Emergency Contact Information

Mother/Guardian: _____ Work #: _____ Cell#: _____

Father/Guardian: _____ Work #: _____ Cell#: _____

List two neighbors or nearby relatives that would assume responsibility in an emergency if parent or guardian cannot be reached.

Name	Name
Address	Address
Phone	Phone
Relationship	Relationship

Insurance Information

Name of Insurance Co.: _____ Plan Type HMO PPO Other

Pediatrician: _____ Office Phone #: _____

Medical Requirements

MIAA Rule 56.1 All students must pass a physical examination within thirteen months of the start of each season. Students who meet this criterion at the start of the season will remain eligible for that season. Physical examinations must be performed by a duly registered Physician, Physician’s Assistant or Nurse Practitioner. Participation without a physical will result in suspension in accordance with this rule. Date of Last Physical: _____

Consent to Participation/ Assumption of Risk

In order for your son or daughter to participate in a sport, it is necessary for you to give your written consent below. Any activity brings with it a risk of injury, to help reduce this risk; parents should encourage their children to maintain optimum fitness levels and nutrition and to follow proper sports training procedures. It is the responsibility of the athlete to report any injuries to the athletic trainer as soon as possible.

Release to Treat

By signing below, I hereby authorize the Athletic Training Staff, Team Physicians, School Nurses, Medical Consultants and Athletic Staff to have access to information and to provide any and all care deemed necessary for any specific injury or condition and to release any medical or insurance information necessary. By signing below, I hereby authorize the above parties to release and share any necessary information needed to treat a specific injury or condition, whether pre-existing or acute. Any athlete who is referred to a physician for medical treatment must have clearance from that physician in conjunction with the athletic trainer on staff.

Rules for Athletes

I, (athlete) will review the Athletic Philosophy, code of Ethics and will abide by all school policies.

Head Injury and Concussion

The Commonwealth of Massachusetts passed a law in July 2010, Chapter 166 of the Acts of 2010, since that time state organizations have gone to great lengths to provide information and set policies in regards to this injury. The MIAA has developed Rule 56.4 in accordance with CH. 166, which states, *“Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the practice or competition and must not return to practice or competition that day, and further shall not return to play until cleared (in writing to the Athletic Director) by an appropriate health-care professional (as determined by the Department of Public Health). Whenever it is decided to disqualify a student-athlete from further participation for a suspected concussion or other injury, the person making that decision must communicate about this matter with the injured athlete’s coach and athletic director in a timely fashion”*

Also in accordance with this law, Wilmington High School is asking all parents and athletes to take the online concussion course provided by the National Federation of High School Associations at www.nfhslearn.com and by signing below are responsible for all content in that online course.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____