



Athlete Information

Name _____ DOB _____ Sex M F Class of _____
 Sports Fall _____ Winter _____ Spring _____

Answer all of the following questions to the best of your knowledge. Please explain all "YES" answers.

- YES___ NO___ 1 Have you had a medical illness or injury since your last checkup or sports physical?
Explain: _____
- YES___ NO___ 2 Do you have a chronic or ongoing illness?
Explain: _____
- YES___ NO___ 3 Have you ever been hospitalized overnight or had surgery?
Explain: _____
- YES___ NO___ 4 Do you have any allergies (i.e. pollen, medicine, food, insect bites)?
Explain: _____
- YES___ NO___ 5 Have you ever had a rash or hives during or after exercise?
Explain: _____
- YES___ NO___ 6 Are you currently taking any prescription or nonprescription medications?
Explain: _____
- YES___ NO___ 7 Have you ever taken any supplements or vitamins to help you gain or lose weight to improve performance?
Explain: _____
- YES___ NO___ 8 Have you ever passed out, been dizzy or had chest pains during or after exercise?
Explain: _____
- YES___ NO___ 9 Have you ever had racing of the heart/skipped heartbeats, or a heart murmur?
Explain: _____
- YES___ NO___ 10 Have you ever had high blood pressure or high cholesterol?
Explain: _____
- YES___ NO___ 11 Has any family member or relative died of heart problems or of sudden death before the age of 50?
Explain: _____
- YES___ NO___ 12 Has a physician ever denied or restricted your participation in sports for any heart problems?
Explain: _____
- YES___ NO___ 13 Have you ever become ill from exercising in the heat, experienced heat cramps, or heat exhaustion?
Explain: _____
- YES___ NO___ 14 Do you cough, wheeze, or have trouble breathing during or after exercise?
Explain: _____
- YES___ NO___ 15 Do you have asthma? If so do you use an inhaler?
Explain: _____
- YES___ NO___ 16 Have you ever been informed that you have epilepsy or any abnormality of the circulatory system or brain?
Explain: _____
- YES___ NO___ 17 Have you ever experienced a seizure or convulsions?
Explain: _____
- YES___ NO___ 18 Do you have diabetes? If so What type and do you wear a pump or take insulin injections?
Explain: _____
- YES___ NO___ 19 Have you ever had a head injury or concussion? (please supply date(s) of injury)
Explain: _____
- YES___ NO___ 20 Have you ever been knocked out, lost consciousness, or lost your memory? (please supply times and dates)
Explain: _____
- YES___ NO___ 21 Do you have frequent or severe headaches?
Explain: _____
- YES___ NO___ 22 Have you had numbness or tingling in your arms, hands, legs, or feet? A stinger, burner, or pinched nerve?
Explain: _____
- YES___ NO___ 23 Have you had any injury to the neck involving nerves, vertebrae, or discs that incapacitated you for a week or more?
Explain: _____

YES___ NO___ 24 Have you fractured, dislocated, sprained or strained any of the following areas? Was surgery performed?
 _____ Head _____ Chest _____ Elbow _____ Hand _____ Thigh
 _____ Neck _____ Shoulder _____ Forearm _____ Hip _____ Lower Leg
 _____ Back _____ Upper Arm _____ Wrist _____ Knee _____ Foot/Ankle
 Explain: _____

YES___ NO___ 25 Do you have a pin, screw, or plate somewhere in your body as a result of bone or joint surgery?
 Explain: _____

YES___ NO___ 26 Have you ever had any problems with you eyes or vision? If so do you wear glasses, contacts or protective eye gear?
 Explain: _____

YES___ NO___ 27 Do you wear any dental appliances? If yes, please list.
 Explain: _____

YES___ NO___ 28 Have you ever had any problems with your hearing? If so do you wear a hearing device?
 Explain: _____

Wilmington High School Athletic Emergency Information/Permission Sheet

Emergency Contact Information

Mother _____ Phone # _____ Cell # _____
 Father _____ Phone # _____ Cell # _____
 or Legal Guardian _____ Phone # _____ Cell # _____
 Address _____ City _____ State _____ Zip _____

List two neighbors or nearby relatives who would assume responsibility in an emergency if a 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 _____ Phone # _____

Medical Requirements

MIAA rule requires all athletes to turn in a physical form prior to sports participation. Before the fall season, please check the Town Crier for notification of the FREE school physical which can be used for the entire academic year.
 Date of Last Physical _____
 Please be aware that physicals are valid for thirteen months from the date of the last exam. (attached current physical this form)

Consent to Participation

In order for your son/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 child to maintain an optimum fitness level and to follow the sports training procedures. Your signature indicates not only your consent to participate, but also consent for medical treatment as needed.

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.

Student Signature _____ Date _____
 Parent Signature _____ Date _____

Rules for Athletes

I will review the Athletic Philosophy, Code of Ethics and will abide by all school policies.
 Student Signature _____ Date _____

Please return this form to Kate Doherty, ATC, prior to the beginning of the season.