WHITE PLAINS PUBLIC SCHOOLS
PERMIT FOR EXAMINATION BY SCHOOL PHYSICIAN FOR INTERSCHOLASTIC SPORTS PARTICIPATION

Instructions: This form must be completed, front and back, and signed in all **three** places. It must then be returned to the school nurse before the physical exam may take place.

STUDENT NAME: ________________________________ SPORT: _________________

This is to certify that my child has permission to have a physical examination by the school physician for the purpose of competing in interscholastic sports.

PARENT/ GUARDIAN'S SIGNATURE: ____

My Child Wears:			
	Braces	Yes ____	No ____
	Removable Dental Appliance	Yes ____	No ____
	Eyeglasses	Yes ____	No ____
	Contact Lenses	Yes ____	No ____

I take full responsibility for the use of the above during sports participation.

PARENT/ GUARDIAN'S SIGNATURE:___________________________ DATE:_________

MEDICAL HISTORY

This must be completed annually by the parent/guardian and student in order for the child to participate in interscholastic sports.

During the past 12 months has the student had any hospitalizations____ surgeries ____ injuries____ orthopedic problems/fractures____ diseases____ Mono____ illness lasting more than 5 days____? Please explain___________
____

Do you take **any** medication? Yes____No____
If yes, please list____________________________________

Did you ever have an injury to, loss or absence of one organ, or vision to an eye?_________________________________ Yes____No____

Any **allergies** to medication, insect bites or food? Yes____No____

Any history of heat intolerance, fainting, dizziness or seizure disorder? Yes____No____

Any history of heart problems-murmurs, extra beats or high blood pressure? Yes____No____

Has any family member had sudden death or heart attack before age 50? ____________________________________ Yes____No____

Have you ever passed out or become dizzy while exercising? Yes____No____

Do you have **Asthma** or **Reactive Airway Disease**? Yes____No____

Do you have diabetes or any chronic illness? Yes____No____

Have you ever been disqualified from sports participation? Yes____No____
____

Date of last tetanus booster___________________

My son/daughter has my permission to participate in the aforementioned sport and I attest that all of the above information is true.

Signature of parent/guardian____

Student Signature________________________________ Date_______________