

**WHITE PLAINS PUBLIC SCHOOLS
MEDICAL UPDATE**

Parent/guardian must complete this card if more than 30 days has elapsed since the last physical exam. It should be brought to the nurse interview **before** the first day of practice.

STUDENT NAME _____

SPORT _____

Since my son/daughter has had a physical exam, has (is) he/she:

Had an injury or fracture to any body part? Yes___ No___

Loss of vision in one eye? Yes___ No___

Illness requiring a doctor's care? Yes___ No___

Developed Asthma or Reactive Airway Disease? Yes___ No___

Severely **Allergic** to medications, insect stings or food? Yes___ No___

Experienced heat intolerance, fainting, dizziness or **Seizures**? Yes___ No___

Passed out, become dizzy or short of breath while exercising? Yes___ No___

Developed heart problems-murmurs, extra beats or high blood pressure? Yes___ No___

Been **disqualified from sports participation due to a medical problem?** Yes___ No___

If yes, please explain _____

Currently taking **any** medication? Yes___ No___

Please list medications _____

Need to carry medication with him/her? Yes___ No___

My child presently wears: Braces Yes___ No___

Removable dental appliance Yes___ No___

Eyeglasses Yes___ No___

Contact lenses Yes___ No___

I TAKE FULL RESPONSIBILITY FOR THEIR USE DURING SPORTS PARTICIPATION. Yes___ No___

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

Parent Signature

Date