

## BELLMORE-MERRICK CENTRAL HIGH SCHOOL DISTRICT SPORTS CANDIDATE HEALTH HISTORY

Dear Parent:

Your child has indicated an interest in participating in the Bellmore-Merrick Central High School District Interscholastic Athletic Program. The purpose of this card is to assist the school officials and physicians in determining your child's physical and medical qualifications to participate in the various sport activities that are offered.

A new card must be completed for each sport which your child wishes to participate in during the school year. Only one physical examination is required during a school calendar year.

If you have any questions please feel free to contact your school nurse or building athletic coordinator.

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Yr. Graduate \_\_\_\_\_

Sport \_\_\_\_\_

Please answer all the questions and provide an explanation for any "YES" answer on the reverse side of this card.

	Please check one	
	Yes	No
1. Has your child had any serious illness, injury or operation requiring treatment in a hospital or other emergency room?		
2. Does your child have a history of high blood pressure?		
3. Does your child have a history of heart surgery for any reason?		
4. Has your child had a concussion or loss of consciousness during the last 12 months?		
5. Does your child have a history of unexplained fainting or dizzy spells?		
6. Does your child have a history of epilepsy, seizure, or convulsions?		
7. Does your child have only one organ or a history of damage to an organ?		
8. Does your child have a hearing loss?		
9. Does your child have bronchial asthma?		
10. Does your child have a history of persistent headaches during the past 12 months?		
11. Does your child have a heart murmur, a history of heart disease or rheumatism?		
12. Does your child have a history of problems with the liver, spleen or jaundice?		
13. Does your child have a history of neck, back, shoulder, hip, knee or ankle problems?		
14. Does your child have a history or show symptoms of diabetes?		
15. Does your child have a history of hemophilia?		
16. Does your child wear glasses or contact lenses during sports?		
17. Does your child wear a protective or supportive brace during sports?		
18. Is your child currently taking any medication?		
19. Does your child have a family history of sudden cardiac death?		
20. Does your child have a history of allergic reactions to anything?		
21. Does your child have any problems that might affect his/her ability to participate on an interscholastic athletic team?		

Please provide an explanation of any "YES" answer on the reverse side of this card.

**Parent Permission**

As the parent or guardian of the above named student, I am familiar with his/her wishes to participate in the Interscholastic Athletic Program. The answers to questions on this card are correct as of the date this form was signed. In addition we agree to inform the school nurse and coach of any changes in medical condition which might affect participation on the interscholastic athletic team.

We are also aware that with participation in sports comes the risk of injury and the risk inherent in the interscholastic athletic activity increases with involvement in endurance activities and further increases with contact sports such as football and wrestling. I understand that there is a possibility of injury and I have discussed with my child the nature of the various injuries and the consequences of such injuries as a result of being hurt during participation in athletic activities.

In addition, I am aware that participation in interscholastic activities will involve travel with the team. I acknowledge and accept the risks inherent in interscholastic athletic participation and with the travel involved.

Signature of Parents/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Insurance**

The Bellmore-Merrick Central High School District Board of Education provides insurance coverage to all students enrolled in the school system. This coverage extends to student/athletes participating in interscholastic athletics when injured in a bonafide activity under the supervision of a coach.

The coverage is provided through the Pupil Benefits Plan, Inc. The coverage is designed to **supplement** any other insurance policy in which the parents may participate. Where no other policy is in effect, or when expenses exceed the policy limits, this coverage will help to defray expenses by paying scheduled benefits. In addition, this plan also includes major medical coverage for those claims that qualify. **ALL SPORTS INJURIES MUST BE REPORTED TO THE SCHOOL NURSE AS SOON AS POSSIBLE.** This is the responsibility of the student and should be followed up by the parents if necessary.

**Equipment**

In appreciation of the loan to my child of uniforms, protective equipment and related supplies used in connection with the Interscholastic Athletic Program, I will agree to monitor the proper fitting and take care of this school property. In addition, I also agree to assume financial responsibility and pay for any school property that is damaged or lost while assigned to my child.

Signature of Parents/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_