JENKS PUBLIC SCHOOLS ATHLETIC DEPARTMENT
PRE-PARTICIPATION MEDICAL HISTORY and PARENTAL CONSENT FORM

Student ID# _____ ☐ Male ☐ Female

Student **LAST** Name _____ FIRST Name _____ MIDDLE _____

Name Uses (if different from above) _____

Date of Birth _____ Age _____ Grade ☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ 7

The information below is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by Physicians, Athletic Trainer, Coaches or other personnel properly trained.

SIGNATURE of ATHLETE _____ **Date** _____

SIGNATURE of PARENT / GUARDIAN _____ **Date** _____

Explain "Yes" answers at the end of questionnaire.

	YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2. Do you have an ongoing or chronic illness?	☐	☐
3. Have you ever been hospitalized overnight?	☐	☐
4. Have you ever had surgery?	☐	☐
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	☐	☐
6. Do you have any allergies (i.e. medicine, food, pollen or stinging insects)?	☐	☐
7. Have you ever had a rash or hives develop during or after exercise?	☐	☐
8. Have you ever passed out during or after exercise?	☐	☐
9. Have you ever been dizzy during or after exercise?	☐	☐
10. Have you ever had chest pain during or after exercise?	☐	☐
11. Do you get tired more quickly than your friends do during exercise?	☐	☐
12. Have you been diagnosed with Sickle Cell Trait?	☐	☐
13. Have you ever had racing of your heart or skipped heartbeats?	☐	☐
14. Have you had high blood pressure or high cholesterol?	☐	☐
15. Have you ever been told you have a heart murmur?	☐	☐
16. Has any family member or relative died of heart problems or sudden death before age 50?	☐	☐
17. Have you had a severe viral infection (i.e. mononucleosis or myocarditis) within the last month?	☐	☐
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
19. Do you have any current skin problems (i.e. itching, rashes, acne, warts, fungus or blisters)?	☐	☐
20. Have you ever had a head injury or concussion?	☐	☐
21. Have you ever been knocked out, become unconscious or lost your memory?	☐	☐
22. Have you ever had a seizure?	☐	☐
23. Do you have frequent or severe headaches?	☐	☐
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
25. Have you ever become ill from exercising in the heat?	☐	☐
26. Do you cough, wheeze or have trouble breathing during or after activity?	☐	☐
27. Do you have asthma?	☐	☐
28. Do you have seasonal allergies that require medical treatment?	☐	☐
29. Have you had any problems with your eyes or vision?	☐	☐
30. Do you wear glasses, contacts or protective eyewear?	☐	☐
31. Have you ever been diagnosed with an injury or removal of an internal organ (i.e. liver, spleen, kidney, etc.)? If so, when?	☐	☐
32. Have you broken or fractured any bones or dislocated any joints?	☐	☐
33. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	☐	☐

34. If yes, check appropriate box and explain below.

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Lower Leg
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm		☐ Foot

35. Do you want to weigh more or less than you do now?	☐	☐
36. Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
37. Do you feel stressed out?	☐	☐

38. Record the date of your most recent immunization shots for (**do not** turn in a copy of shot record):

Tetanus _____ Measles _____

Hepatitis _____ Chickenpox _____

39. Explain "Yes" answers here _____

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