

**COLD SPRING HARBOR HIGH SCHOOL
ATHLETIC PRE-PARTICIPATION HEALTH UPDATE**

Sport _____

Name _____ DOB _____ Grade _____ Sport Level V JV JH

Since Last Medical Exam:

1. Have there been any illnesses or injuries requiring medical attention? _____
2. Is the student under a doctors care or taking any medication? _____
3. Any feeling of faintness, dizziness or fatigue upon exertion? _____
4. Does the student wear contact lenses? _____ Glasses? _____
(Safety Lenses are **MANDATORY** during participation in athletic activities.)
5. Are there any known allergies? _____
6. Are there any chronic diseases? _____
7. Has the student had a concussion or serious head injury? _____
8. Is there any reason this person cannot participate in any sport? _____

If yes to any of the above, please describe:

We understand clearly that the questions are asked in order to decide if this student is in a proper condition to participate in the sport named at the top of this form. The answers are correct as of the date this form is signed. All answers will be kept confidentially in his/her health record in the school health office.

Signature of Parent/Guardian _____ Signature of Student _____ Date _____

**COLD SPRING HARBOR HIGH SCHOOL
COACH'S AUTHORIZATION FOR TEAM MEMBERSHIP AND PARTICIPATION**

Student's Name _____ Sex _____ Grade _____ Sport/Level _____

(Mother)

Home Tel. No. _____ Work No. (Father) _____

(Mother) (Mother)

Cell Phone No. (Father) _____ Beeper No.(Father) _____

Parent's Email: _____ Student-Athlete's Email: _____

Emergency Contact Name & No. _____

Family Physician & No. _____ Date of Birth: _____

PARENT PERMISSION: I hereby give my son/daughter permission to engage in interscholastic athletics, with the understanding of the risks involved in participation

Parent/Guardian Signature: _____ Date _____

NURSE AND ATHLETIC DIRECTOR'S AUTHORIZATION: The sports physical and/or pre-participation evaluation has been completed and the above named student is approved for participation in interscholastic athletics.

Nurse's Signature _____ Date _____

Athletic Director's Signature _____ Date _____

All three (3) signatures are required prior to any practice or participation in an interscholastic athletic activity.

HEALTH CONCERNS/ALLERGIES: _____ **Locker Info:** _____

SEE REVERSE SIDE FOR CODE OF CONDUCT!!