

# Parent Permission and Health History

## For Athletic Participation

Student Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

*Parent/Guardian* – complete and sign NO SOONER than 30 days prior to tryouts for each sports season.

### History

Does your child have:

Required medications? \_\_\_\_\_

Allergies to medications? \_\_\_\_\_

Food Allergies? \_\_\_\_\_

Environmental Allergies? \_\_\_\_\_

Recent Hospitalizations? \_\_\_\_\_

Disabilities? \_\_\_\_\_

Prosthetic Devices? \_\_\_\_\_

### Past injuries

Head injury/Concussion? \_\_\_\_\_

Joint Injury? \_\_\_\_\_

Extremities? \_\_\_\_\_

Back Injury? \_\_\_\_\_

Fractures? \_\_\_\_\_

Sprains? \_\_\_\_\_

### Medical Conditions

Does your child have:

Fainting Episodes \_\_\_\_\_

Headaches? \_\_\_\_\_

Asthma? \_\_\_\_\_

Issues with heat/cold? \_\_\_\_\_

Neurological problems? \_\_\_\_\_

Cardiac problems? \_\_\_\_\_

Any other conditions? \_\_\_\_\_

Please explain all "yes" answers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTINUED ON BACK

NYS LAW REQUIRES US TO PROVIDE YOU WITH INFORMATION ON CONCUSSIONS.

A concussion is a reaction by the brain, to a jolt or force that can be transmitted to the head by an impact of blow occurring anywhere on the body. A concussion results from the brain moving back and forth or twisting rapidly inside the skull.

Any student suspected of having a concussion either based on disclosure of a head injury, observed or reported symptoms, or by significant blow to the head or body must be removed from athletic activity and/or physical activities until observed until an evaluation can be completed by a medical provider.

Symptoms of concussion include, but are not limited to:

- Amnesia (decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness, or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheaded
- Concentration or focusing problems

Students removed from school athletics activities for a suspected concussion must be evaluated by and receive written and signed authorization from a physician, along with the school’s medical director in order to return to school athletic activities.

Any student diagnosed with a concussion will comply with the district’s “return to play” protocol.

The district’s medical director has the final authorization to clear a student to participate in or return to extra-class physical activities in accordance with 8NYCRR 135.4(c)(7)(i).

Please keep and read the FACT SHEET from the CDC.

Your signature below indicates your child has permission to try out for/play sports for the Cohoes City School District and that you have read the information on concussions.

It also indicates that we may share important medical information with your child’s coach. Please feel free to contact the health office for any questions or concerns.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_