**Jericho Union Free School District**

**Parent Consent and Health History for Interscholastic Athletics**

This form must be filled out completely within 30 days of the start of each season and must be submitted to the nurse.

Dear Parent/Guardian:

Regulations of the Commissioner of Education require that participants have a parental permission, provide a medical history and have an updated sports physical examination. Confidential medical issues that coaches/staff need to be aware of MUST be shared with the athletic director, school nurse, athletic trainer and coach. **This form must be filled out completely within 30 days of the start of each season and must be submitted to the school nurse for approval prior to the first day of practice.** If you have any questions, please contact the health office: Tel 516-203-3600 ext.: 3230 or 3206 Fax 516-203-3626.

**HEALTH HISTORY UPDATE**

The questions must be completed prior to the beginning of each season. If the answer is “YES” please provide a brief explanation.

1. Any injuries requiring medical attention; sprains dislocation or others?  
   YES ______ NO ______
2. Any condition that required a treatment in the emergency room or an overnight stay in the hospital?  
   YES ______ NO ______
3. Have undergone a surgery?  
   YES ______ NO ______
4. Any feeling of faintness, dizziness or fatigue after heavy exertion?  
   YES ______ NO ______
5. Have been absent from school for more than 5 days?  
   YES ______ NO ______
6. Taking any medications prescribed under physician care?  
   YES ______ NO ______
7. Any head injury with or without loss of consciousness?  
   YES ______ NO ______
8. Any excuse from physical education?  
   YES ______ NO ______
9. Any reason couldn’t or shouldn’t participate in physical education or sport?  
   YES ______ NO ______
10. Any Chronic disease?  
    YES ______ NO ______
11. Any missing organ (e.g. eye, kidney, etc.)?  
    YES ______ NO ______
12. Have any eyeglasses, contact lenses, dental appliance (e.g. denture, bridge, etc.)?  
    YES ______ NO ______
13. Any allergies?  
   YES ______ NO ______

Please list allergies _____________________________________________
If YES please provide an explanation ____________________________________________________________

**PARENT CONSENT**

I hereby give my child_____________ permission to participate in the interscholastic athletic program. I acknowledge the risk involved in sports activities and I hereby give permission to any professional staff member of the Jericho School District to transport my child to or from a license physician or hospital for emergency treatment, including of necessary in conduction with such emergency care.

Student’s Name _______________________________ Date of Birth_________ Grade __________

To participate in the following sports_________________________

Parent/Guardian Signature __________________________________________ Date_________

**STUDENT’S CLEARANCE TO PARTICIPATE IN INTERSCHOLASTIC SPORT**

*For school use only –do not write below*

<table>
<thead>
<tr>
<th>Physical Exam Date</th>
<th>Signature of School Nurse</th>
<th>Date of Review</th>
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