Middle School Athletics Participation Authorization and Medical History Form

Middle School parents and students must complete this annual athletic participation form and return to the Athletic Director by ***August 17, 2022****.*

Student Name: _____ Grade: _____
Parent Name: _____ Phone: _____
Parent Name: _____ Phone: _____
Family Physician: _____ Phone: _____

In case of emergency and parents are unavailable, contact:
Name: _____ Phone: _____
Relationship: _____

Answer all questions below. Explain all "Yes" in assigned section. Circle questions to which you do not know the answer.

	Yes	No
1. Have you had a medical illness or injury since your last check-up or sports physical?	❑	❑
2. Have you been hospitalized overnight or had surgery in the past year?	❑	❑
3. Are you currently taking any prescription or over-the-counter medication or pills or using an inhaler?	❑	❑
4. Do you have any allergies (e.g., pollen, medicine, food, stinging insects)?	❑	❑
5. Have you ever passed out during or after exercise?	❑	❑
Have you ever been dizzy during or after exercise?	❑	❑
Have you ever had chest pain during or after exercise?	❑	❑
Do you get tired more quickly than your friends do during exercise?	❑	❑
Have you ever had racing of your heart or skipped heartbeats?	❑	❑
Have you had high blood pressure or high cholesterol?	❑	❑
Have you ever been told you have a heart murmur?	❑	❑
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?		
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long AT syndrome, Marfan's syndrome, or abnormal heart rhythm?	❑	❑
Have you had a severe viral infection (e.g., myocarditis or mononucleosis) within the last month?	❑	❑
Has a physician ever denied or restricted your participation in sports for any heart problems?	❑	❑
6. Do you have any current skin problems (e.g. itching, rashes, acne, warts, fungus, or blisters)?	❑	❑
7. Have you ever had a head injury or concussion?	❑	❑
Have you ever been knocked out, become unconscious, or lost your memory? How many times?_____ When was the last concussion?_____ How severe? _____	❑	❑
Have you ever had a seizure?	❑	❑
Do you have frequent or severe headaches?	❑	❑
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	❑	❑
Have you ever had a stinger, burner, or pinched nerve?	❑	❑
8. Have you ever become ill from exercising in the heat	❑	❑
9. Have you ever gotten unexpectedly short of breath with exercise?	❑	❑
Do you cough, wheeze, or have trouble breathing during or after activity?	❑	❑
Do you have asthma?	❑	❑
Do you have seasonal allergies that require medical treatment?	❑	❑

	Yes	No
10. Have you had any problems with your eyes or vision?	❑	❑
11. Are you missing any paired organs?	❑	❑
12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (e.g., knee brace, retainer, etc.)?	❑	❑
13. Have you ever had a sprain, strain, or swelling after injury?	❑	❑
Have you broken or fractured any bones or dislocated any joints?	❑	❑
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	❑	❑
If yes, check appropriate box and explain below:		
❑ Head ❑ Elbow ❑ Hip		
❑ Neck ❑ Forearm ❑ Thigh		
❑ Back ❑ Wrist ❑ Knee		
❑ Chest ❑ Hand ❑ Shin/Calf		
❑ Shoulder ❑ Finger ❑ Ankle		
❑ Upper Arm ❑ Foot		
14. Do you want to weigh more or less than you do now?	❑	❑
15. Do you feel stressed out?	❑	❑
16. Are you under a doctor's care?	❑	❑

17. Record the dates of your most recent immunizations for:
Tetanus _____ Hepatitis B _____
Measles _____ Chickenpox _____

18. Females Only
When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Explain "Yes" answers:

It is understood that even though the athlete wears protective equipment as needed, the possibility of an accident still exists. Neither the Greater Houston Athletic Conference nor Holy Spirit Episcopal School assumes any responsibility if an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, nurse, or school representative. I do hereby agree to indemnify and save harmless the School and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If any illness or injury that may limit the participation of the student should occur between this date and the beginning of athletic practice and competition, I agree to notify the Athletic Director of such illness or injury.

Student Signature Parent Signature Date