

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 13, 2024**.

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		Yes	No	
1. Have you had a medical illness or injury since your last check-up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you been hospitalized overnight or had surgery in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	11. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you currently taking any prescription or over-the-counter medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	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.)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have any allergies (e.g., pollen, medicine, food, stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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 QT 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?	<input type="checkbox"/>	<input type="checkbox"/>	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: <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	15. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	16. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	
	6. Do you have any current skin problems (e.g. itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	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? _____		
	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?	<input type="checkbox"/>	<input type="checkbox"/>			
	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
	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?	<input type="checkbox"/>	<input type="checkbox"/>			

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 _____