



HEALTH HISTORY FORM

SPORTS CANDIDATE RE-EVALUATION/PARENT CONSENT FORM

STATE REGULATIONS MANDATE THAT PRIOR TO THE START OF EACH TRYOUT OR PRACTICE AT THE BEGINNING OF EACH SEASON, A HEALTH HISTORY REVIEW FOR EACH ATHLETE MUST BE CONDUCTED UNLESS THE STUDENT RECEIVE A FULL MEDICAL EXAMINATION WITHIN 30 DAYS OF THE START OF THE SEASON.
THIS PARENT CONSENT FORM MUST BE SIGNED

Today's Date _____ School _____ Grade _____ Sport _____

Student Name _____ Sex: M F Date of Birth ____/____/____
Last First

MEDICAL HISTORY:

THIS IS ONLY FOR THE PERIOD SINCE YOUR LAST PHYSICAL

Circle One

- 1. Have you experienced any type of head injury or concussion requiring medical attention? Yes No
- 2. Have you received any injury requiring medical attention, joint injuries or fractured bones? Yes No
- 3. Have you been diagnosed with any condition requiring medical attention? Yes No
- 4. Have you had any surgery? Yes No
- 5. Have you been treated in a hospital or emergency room? Yes No
- 6. Have you missed any practices or games due to illness? Yes No
- 7. Are you taking medicine or under a physician's care at this time? Yes No
- 8. Do you have allergies or asthma? Yes No
- 9. Do you have any newly diagnosed heart murmur, high blood pressure, extra heart beat or any other heart abnormality? Yes No

PLEASE EXPLAIN ALL "YES" ANSWERS TO QUESTIONS ABOVE

Note: 'Yes' to any of these questions does not mean automatic disqualification from an interscholastic activity. However, it will require a review and approval by the school nurse and/or school physician before the student can report to practice and tryout.

PARENT CONSENT MUST BE SIGNED BELOW:

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate in the interscholastic athletic team named above on this form. All answers are correct as of this date and I hereby give my consent for my child to participate. All athletic events (including non-contact sports) carry some risk of participants sustaining an impact to their head which results in a mild traumatic brain injury, commonly referred to as a concussion. This can be a potentially serious condition with significant health implications, and any student athlete exhibiting its signs and symptoms should receive **immediate** medical attention. Parents and legal guardians are encouraged to visit the New York State Department of Health's website for further information regarding mild traumatic brain injuries (MTBI). (www.health.ny.gov/publications/3278.pdf), as well as the Manhasset Union Free School District website (www.manhassetsschools.org) for return to play protocol.

SIGNED: _____ Phone # _____ DATE: ____/____/____

MUST BE COMPLETED WITHIN 30 DAYS OF SPORT STARTING

TO BE COMPLETED BY SCHOOL NURSE:

Date of last physical: _____ Date: _____ Approved: _____ Referred: _____



Dear Parents:

I am pleased that your son/daughter has expressed a desire to participate in the Manhasset athletic program. By becoming a member of an athletic team, you and your child have assumed a responsibility to fulfill a significant and important commitment to his/her teammates, coaches, the team and ultimately, himself/herself. We recognize the right of all students to practice the teachings of their religion, observe religious holidays, and attend religious education programs. Such requests to be excused from practice/competition will be honored without penalty. All students will comply with all Board of Education policies, including the following rules:

1. **In the presence/possession/use of/alcohol or illicit drugs:**
FIRST OFFENSE: Three days out of school suspension, confiscation, and three week social suspension, during which time the student may not participate in any extracurricular activities. Until suspensions are satisfactorily served, the student is prohibited from all extracurricular activities.
SECOND OFFENSE: Five days out of school suspension and suspension from extracurricular activities for the remainder of the school year. Please note: In the case of illegal drugs and/or other illegal substances, the police will be notified.
2. **In the presence/use of tobacco products including but not limited to smoking:**
FIRST OFFENSE: Confiscation, double PM detention and one week of social suspension (includes one week suspension from all extracurricular activities).
SECOND OFFENSE: Out of school suspension and 3 PM detentions. Until suspensions are satisfactorily served, the student is prohibited from all extracurricular activities.
3. **Hazing, Harassment or Bullying of another student(s):**
FIRST OFFENSE: Immediate out of school suspension and the immediate suspension from the team for a period of at least one week. Punishment may be greater, if the incident is egregious.
SECOND OFFENSE: Immediate out of school suspension and suspension from the team for the remainder of the season.
4. **There is no longer a five-period rule for eligibility for co-curricular/athletic involvement after school. Each student is required to be in attendance for their entire school day in order to participate in any co-curricular or after school activities including, but not limited to, athletic practices or competitions. On any day preceding a weekend or holiday, this requirement applies to playing in or practicing for sports competitions during the upcoming weekend or holiday. Any lateness to class or school in excess of fifteen minutes will be recorded as an illegal absence for that class and result in a detention after the third infraction per quarter. Additionally, the student will be ineligible to participate in after school activities the day of this infraction.**
5. **Regular attendance at practices/contests is essential to remain as a team member. Absences from practices and contests must be excused by the coach in advance and will be approved only for compelling reasons. Generally, a one game suspension will result for each unexcused absence, and excessive unexcused absences will result in dismissal from the team.**
6. **Athletes will be required to return all issued equipment or pay for replacement. Replacement equipment will not be issued until payment for the lost item(s) is made.**

When participating in athletics, the possibility exists that athletes may sustain an injury, and it is very important that you and your child acknowledge this risk. While our overriding concern is the physical well-being of our students, there is a possibility that an athlete may suffer a severe injury as a result of participating in athletics. In the event an injury occurs while participating in sports, it is the athlete's responsibility to report to the Health Office and complete an accident report. In the event an accident report is not completed within 30 days of the injury, the District's supplementary health insurance will not be in effect.

After having read this letter, please sign it, indicating your understanding and support of the rules and your acknowledgement and appreciation of the risk of injury. Your son/daughter must also sign and return to the Health Office.

Sincerely,

James Amen

James Amen, Athletic Director

Parent's Signature _____ Sport _____

Athlete's Signature _____ Date _____