

Saint Lawrence Academy  
Athletic Pre-Participation Exam

**Part 1: TO BE COMPLETED BY THE ATHLETE'S PARENT/GUARDIAN**

Athlete's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Last Know Tetanus: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

Hospital to which I would like my child transported: \_\_\_\_\_ City: \_\_\_\_\_

**HEALTH HISTORY**

Has this student had any: (Please circle Y or N)

- |  |  |
|--|--|
| Y N Hospitalizations?  | Y N Neck or back injury?   |
| Y N Surgery other than removal of tonsils?   | Y N Shoulder or elbow injury?  |
| Y N Missing or non functioning organs?   | Y N Hand/wrist/thumb injury?   |
| Y N Problems with heart or blood pressure (heart murmur, etc.)?                          | Y N Hip/knee injury?   |
| Y N Heat exhaustion or heat stroke?  | Y N Ankle injury?  |
| Y N Dizziness or faint feelings during or immediately following an exercise?             | Y N Dislocation of a joint?  |
| Y N Severe or frequent headaches?  | Y N Catching or locking of a joint?  |
| Y N Concussions or loss of consciousness? Number: _____ Dates: _____                     | Y N Broken bones or fractures?   |
| Y N Mononucleosis, hepatitis, hemophilia?  | Y N Ulcers or hernias?   |
| Y N Seizures, convulsions, epilepsy?   | Y N Stingers or nerve problems?  |
| Y N Diabetes?  | Y N Wears contact lenses, glasses, hearing aids or dental appliances?                        |
| Y N Asthma, use of an inhaler?   | Y N Use of orthopedic braces?  |
| Y N Bee or insect allergies?   | Y N Previous sprains or severe muscle strains?   |
| Y N Drug allergies?<br><i>Please list all drug allergies:</i><br>_____<br>_____<br>_____ | Y N Missed practices or competitions due to an injury?                                       |
|  | Y N Severe eye injuries or conditions?   |
|  | Y N History of unexplained abnormal cardiac rhythm?  |
|  | Y N Is there a family history of a Marfan's syndrome? (Abnormally enlarged heart)            |
|  | Y N Has any family member had a heart attack at less than 55 years of age?                   |
|  | Y N Has any family member died suddenly at less than 40 years of age other than by accident? |

**Please explain any "Yes" answers below:**

***Parent/Guardian Acknowledgment:***

I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate and represent his or her school in supervised athletic activity.

***Authorization for Emergency Medical Treatment***

Authorization is hereby given to school officials to render emergency medical treatment for any serious injury or illness to my child or children in the event I cannot be reached at the time of the accident or illness. I also authorize emergency transportation of my child to a hospital if deemed necessary.

***If parents cannot be reached, please notify:***

Name \_\_\_\_\_ Name \_\_\_\_\_

Number \_\_\_\_\_ Number \_\_\_\_\_

PRINT name of parent or legal guardian

Signature of parent/guardian

Home Phone

Work Phone

Date