

MONROE WOODBURY CENTRAL SCHOOL DISTRICT INTERSCHOLASTIC SPORTS PARENT PERMISSION/UPDATE FORM

PLEASE COMPLETE AND SIGN REVERSE SIDE

Student Name: _____ M/F: _____ Grade: _____ DOB: _____

Sport: _____ Level (Circle One): Varsity JV Freshman Modified

Emergency Name: _____ Phone #: _____

I grant permission for my son/daughter to participate in the above sport during the current school year.

1. We have read the Monroe/Woodbury Central School District Interscholastic Rules and Regulations and understand the purpose and direction of this athletic code.
2. Any student medically excused from physical education cannot participate in the interscholastic athletic program during the "excused time".
3. We understand physical hazards may be encountered as a result of participation in the sport. Please be aware that the Monroe/Woodbury Central School District carries Secondary Insurance. Any claims due to a sport injury **MUST** be processed through your insurance **FIRST**. For any questions, please call the school nurse.
4. We understand a physical is required to participate in sports.
5. We have read the CDC's Heads Up Concussion Fact Sheet and are aware of the risks of concussion. **All** High School students participating in contact sports will participate in a baseline concussion assessment.

** The Monroe Woodbury Central School District Interscholastic **Rules & Regulations** and the CDC Concussion Guidelines and Fact Sheet are available on the web site at www.mw.k12.ny.us or in the Middle School and High School Health Offices!

MEDICAL CERTIFICATION

Student Name: _____ M/F: _____ Grade: _____

Emergency Name: _____ Phone(s) #: _____

Sport: _____ Level (Circle One): Varsity JV Freshman Modified

TO BE COMPLETED BY SCHOOL NURSE ONLY

Medical Concerns: _____

Medications: _____

I certify that the student listed above has had a physical exam and is approved to compete in sports during the **CURRENT** sport season.

School Nurse Signature: _____ Date: _____

Is your son/daughter subject to any conditions that limit his/her participation in physical activities or competitive sports (including sprains, fractures and/or **concussions**)? **Yes / No**

Was your child treated for any illness or injuries requiring medical attention/or treated in the emergency room/ hospital within the last year? **Yes / No**

FAMILY HISTORY QUESTIONS:

Has any relative died suddenly from an unknown or heart related cause before age 50? **Yes / No**

Has any relative been diagnosed with hypertrophic cardiomyopathy, Marfan syndrome, long or short QT Syndrome, Brugada Syndrome or catecholaminergic polymorphic ventricular tachycardia? **Yes / No**

STUDENT HISTORY QUESTIONS:

Has your child been dizzy or passed out DURING or AFTER exercise? **Yes / No**

Has your child had fatigue associated with exercise? (different from other children?) **Yes / No**

Has your child ever had unusual or extreme shortness of breath during exercise? **Yes / No**

Has your child ever had chest discomfort, fluttering, or pressure during exercise? **Yes / No**

Has your child ever been diagnosed with an unexplained fainting or seizures? **Yes / No**

Does your child have a history of a heart murmur or eye problems and is unusually tall as compared to other family members? **Yes / No**

Does your child have a bleeding disorder? **Yes/No** Two functioning kidneys? **Yes/ No**

Does your child use a brace/ orthotic or other device? **Yes / No**

Does your child have an **allergy** to any food, medication, insect, latex or other substance? **Yes / No**

If **yes**, does s/he carry an **EpiPen** ? **Yes/No** Any other medication? _____

Does your child have a history of:

Asthma	Yes / No	Vision Problem/ Vision in One Eye Only?	Yes / No
--------	-----------------	---	-----------------

Heart Condition	Yes / No	Seizure Disorder	Yes / No
-----------------	-----------------	------------------	-----------------

Arthritis	Yes / No	Muscular/Orthopedic Problem	Yes / No
-----------	-----------------	-----------------------------	-----------------

Diabetes	Yes / No	Taking prescribed OTC Medications	Yes / No
----------	-----------------	-----------------------------------	-----------------

If your child is on medication, please list medication and reason for taking the medication: _____

Please explain more about any **“Yes”** answers here: _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

EMERGENCY NOTIFICATION

In case of an emergency situation requiring medical attention for my son/daughter, I hereby authorize _____ to act as temporary legal guardian for him/her so that appropriate medical assistance may be obtained.

Parent/Guardian Signature