

## Medical History Form

To be completed and signed by a parent or legal guardian.

Athlete's Name : \_\_\_\_\_ Birthday : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address : \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s) : \_\_\_\_\_

Please answer the following questions by checking "yes" or "no". If you answer "yes", please give a brief explanation.

- yes  no    1. Has your child been seriously ill, had surgery, or been seriously injured within the past 3 months?
- yes  no    2. Has your child ever had a concussion, skull fracture, or neck injury?
- yes  no    3. Has your child ever had epilepsy or any other convulsive disorder?
- yes  no    4. Has your child ever had any chest, heart, or lung condition?
- yes  no    5. Has your child ever had a ruptured hernia, an un-descended testicle, or loss of a testicle?
- yes  no    6. Has your child ever had a bone and/or joint injury?
- yes  no    7. Does your child have vision issues?
- yes  no    8. Does your child have any known drug allergies?
- yes  no    9. Does your child have any other medical problems or surgical issues?
- yes  no    10. Do you know of any reason(s) why your child should not participate in a sport?

I give permission for my child to participate in Benicia High School Athletics. I understand that there exists a possibility of injury while participating in any sporting activity.

Date \_\_\_\_\_ / \_\_\_\_\_ / 2011

Parent/Guardian Signature : \_\_\_\_\_