WATERVILLE SENIOR HIGH SCHOOL ATHLETIC DEPARTMENT

ATHLETIC EMERGENCY AND HEALTH INFORMATION

Part 1: Athlete Information

Athlete's First Name: Last Name: Date of Birth:

Current Address: City: State: Zip:

Primary Phone #: Alternate Phone #:

Part 2: Parent/Guardian

Name:

Primary Phone #: Alternate Phone #: Email:

*Part 3: Emergency Information (please provide two (2) contacts)

Emergency Contact: Phone #: Alternate Phone #:

Emergency Contact: Phone #: Alternate Phone #:

**Part 4: Medical/Insurance

Primary Physician: Phone #: Dentist: Phone #:

Preferred Hospital: Insurance Company: Group/Policy #:

MaineCare: MaineCare #:

***IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE COACH WILL USE HIS/HER BEST JUDGEMENT TO PROTECT AND ASSIST THE INJURED ATHLETE IN ACCORDANCE WITH THE FOLLOWING PROCEDURES:: **A.** Caring for the athlete **B**. Notifying the athlete's parent/guardian or if these cannot be reached notifying the emergency contacts listed. **C**. If an extreme event occurs, 911 will be called and the athlete will be placed under professional care with or without parent/guardian permission.*

***It is the parent/guardian's responsibility to provide insurance coverage for his/her child. Waterville Public Schools can be a source of secondary insurance in the event that private insurance does not cover the entire medical treatment. Please contact the Athletic Department 207-873-7050 for more information.*

Part 5: Athlete Health History

		YES	NO			YES	NO
1	Have you had a medical problem or injury since your last physical evaluation?	☐	☐	**14**	Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
2	Are you presently under a doctor's care?	☐	☐	**15**	Have you been diagnosed with Asthma?	☐	☐
3	Has your doctor ever denied or restricted your participation in sports for any reason?	☐	☐	**16**	Do you use an inhaler or take Asthma medication?	☐	☐
4	Have you ever been hospitalized?	☐	☐	**17**	Do you have a heart murmur ?	☐	☐
5	Have you ever had surgery?	☐	☐	**18**	Does your hear race or skip beats during exercise?	☐	☐
6	Do you have an ongoing medical condition? (diabetes, asthma, seizures, epilepsy, etc.)	☐	☐	**19**	Has the doctor ever ordered a test for your heart?	☐	☐
7	Are you currently taking any medications? (prescription or non-prescription)	☐	☐	**20**	Have you ever had a concussion/head injury?	☐	☐
8	Do you have any allergies? (medicines, foods, or stinging insects)	☐	☐	**21**	Have you ever been knocked unconscious?	☐	☐
9	Do you have any problems with your eyes or vision?	☐	☐	**22**	Have you ever been confused or had memory loss following a head injury?	☐	☐
10	Do you take supplements to improve athletic performance?	☐	☐	**23**	Have you ever had heat cramps or heat related illness?	☐	☐
11	Have you ever passed out during or after exercise?	☐	☐	**24**	Have you ever had a broken bone?	☐	☐
12	Have you ever been dizzy during or after exercise?	☐	☐	**25**	Have you ever had a neck/back/ankle/knee/shoulder injury?	☐	☐
13	Have you ever had chest pain during or after exercise?	☐	☐	**26**	Have you had any other serious joint injury?	☐	☐

Explain all "yes" answers:(Please use the back of this form)

CONSENT FOR ATHLETIC CONDITIONING, TRAINING, AND HEALTH CARE PROCEDURES

I hereby give consent for my child to participate in the school's athletic conditioning and training program and to receive any necessary health care treatment, including first aid, diagnostic procedures and medical treatment, which may be provided by treating physicians, nurses and other healthcare providers, including Certified Athletic Trainers. The Certified Athletic Trainers have my permission to release athletic injury information about my child to the school. **In the event I cannot be reached in an emergency, I hereby give my consent for my child to be transported to receive necessary treatment.**

Parent/Guardian signature: _____ **Date:** _____

This card is valid from August 1, 20 through July 31, 20

NOTE: If any changes in the above information occur, a new card must be completed by the parent/guardian and returned to the Athletic Department.