

**Warwick Public Schools  
Athletic Health History and Emergency Contact Form**

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and in order for the student to participate in athletic activities.  
Valid for Academic Year: \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_

Sport(s) \_\_\_\_\_ Coach: \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

1. Have you ever had an illness or injury that required you to go to the emergency room? Yes No  
Date \_\_\_\_\_ Reason \_\_\_\_\_

Ever hospitalized overnight? Yes No  
Date \_\_\_\_\_ Reason \_\_\_\_\_

Have you ever had surgery? No Yes Explain \_\_\_\_\_

2. Are you presently taking any medications? Yes No Name of medication \_\_\_\_\_

3. Do you have any allergies (medications, foods, **BEES** or other stinging insects)? Yes No

Epi-pen needed? Yes No

4. Have you ever had a head injury, loss of memory, or concussion? Yes No  
If yes, how many times? \_\_\_\_\_ When was the last concussion? \_\_\_\_\_

5. Have you ever had chest pain during or after exercise? Yes No  
Have you ever had high blood pressure? Yes No  
Have you ever been told that you have a heart murmur? Yes No  
Has anyone in your family died of heart problems or a sudden death before age 50? Yes No  
Cause of Death \_\_\_\_\_

6. Do you have trouble breathing or do you cough during or after activity? Yes No  
- Do you have Asthma? Yes No Inhaler needed: Yes No

7. Do you wear glasses or contacts or protective eye wear? Yes \_\_\_\_\_ No

8. Have you ever fractured or broken a bone or dislocated a joint?  
If yes, please circle the body part and explain \_\_\_\_\_

Head	Shoulder	Thigh	Neck	Elbow	Knee	Chest	Foot
Forearm	Shin/Calf	Back	Wrist	Ankle	Hip	Hand	

9. Have you ever had a seizure? Yes No If yes, date \_\_\_\_\_

10. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? Yes No

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

Authorization from the health provider is required for ALL MEDICATION at school (form available from school nurse)

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_