

PEMETIC ELEMENTARY SCHOOL
INSURANCE / HEALTH FORM

TO PARENTS/GUARDIANS: This form gives permission for coaches and athletic medical personnel to assist athletes in providing optimal protection against and treatment for injury, and accompanies coaches to away games and the hospital if necessary.

Name of Student: _____ Grade _____ Date of Birth _____

Insurance Information: Students must be covered by medical insurance in order to participate in competitive athletics. Please indicate which option will cover your child:

___ Individual or group health/accident insurance.

Company _____

Policy _____

___ I have purchased student accident insurance through the school.

ID Confirmation #: _____

[Contact school nurse for information.]

Copy of ID card attached.

HEALTH HISTORY

Allergies (medication, food, etc.) _____

Glasses

Contacts

Any history of chest pain, dizziness, fainting with exercise? _____

Any chronic illness? (Diabetes, asthma, seizures, etc.) _____

Date of last tetanus booster? _____

No change from previous season.

Has student-athlete ever experienced a traumatic head injury [a blow to the head]? Yes No

If no, skip next section and both parent/guardian and student-athlete sign below:

If yes, complete section below and then both parent/guardian and student-athlete sign below:

• Dates of injury[ies] [month/year]: _____

• Please describe the circumstances for each incident: [if necessary, use separate sheet of paper]

• Was student-athlete diagnosed with a concussion? Yes _____ No _____

• If yes, when? List dates [month/year]:

• Duration of symptoms [such as *headache, difficulty concentrating, fatigue*] for **most recent** concussion:

• Did the student-athlete's **most recent** concussion occur at an athletic event? Yes _____ No _____

• If No, Date of student-athlete's most recent physical _____

• Has **most recent** concussion occurred after student-athlete's most recent physical? Yes _____ No _____

• If Yes, **Post Sports-Related Head Injury Medical Clearance and Authorization Form**, must be on file for student-athlete to participate.

Student - Athlete Signature

Date

Parent/Guardian Signature

Date