

ATHLETIC PRE-PARTICIPATION FORM

The Carlisle Public Schools Administration, coaches, and nurses strive to keep your child's health and safety at the forefront of the athletic experience. Please help us accomplish this by filling in the information below and returning this form to your child's coach. This update is required each season in order to participate in school athletic activities.

Name of Student _____ Sport _____ Grade _____

Tel. # Mother (home) _____ Work _____ Cell _____

Tel. # Father (home) _____ Work _____ Cell _____

Emergency contact (person who has permission to transport your child)

Name _____ Tel. #1 _____ Tel. #2 _____

Medical Insurance Company _____ Certificate/ID # _____

Health History Update

Should your student-athlete carry an epipen? Yes [] No []

Please specify allergy: _____

Has your student-athlete ever:

had a head injury or concussion? Yes [] No []

had a seizure? Yes [] No []

had numbness/tingling in your arms, hands, legs, feet? Yes [] No []

passed out during/after exercise? Yes [] No []

had chest pain during/after exercise? Yes [] No []

had wheezing, asthma or reactive airway disease? Yes [] No []

broken or fractured any bones, or dislocated any joints? Yes [] No []

Please specify: _____

had pain/swelling in muscles, tendons, bones or joints? Yes [] No []

are there any other medical/emotional concerns? Yes [] No []

Please specify: _____

Please clarify any "yes" response _____

Signature of Parent/Guardian

Date