

BROOKLYN FRIENDS SCHOOL

PART 3 OF BFS HEALTH FORM TO BE COMPLETED BY PARENT AND STUDENT ATHLETE ATHLETIC PARTICIPATION HEALTH SCREENING

STUDENT NAME _____ **GRADE** _____ **DOB** _____

QUESTION	YES	NO	EXPLAIN
Have you ever had an illness that:			
Required a hospital stay?			
Caused you to miss 3 days of practice or a competition?			
Required an operation?			
Is related to allergies? (i.e. hay fever, hives, asthma, insect stings)			
Is chronic? (i.e.. asthma, diabetes, etc.)			
Have you ever had an injury that:			
Required you to see a doctor?			
Required you to go to an emergency room?			
Required a hospital stay?			
Required x-rays or an operation?			
Caused you to miss 3 days of practice or competition?			
Have you ever:			
Been dizzy or passed out during or after exercise or participation in sports?			
Been unconscious, had a concussion, or seizure?			
Had a heart murmur, high blood pressure, or a heart abnormality?			
Do you:			
Wear glasses or contacts?			
Wear bridges, braces, or a dental plate?			
Have any current physical complaints (i.e. back, neck or joint pain)?			
Are you:			
Missing a kidney?			
Able to run a mile without stopping?			
Allergic to any medications?			
Currently taking any medications, including inhalers?			

List all medications you are presently taking and the condition you are taking the medication for:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

EMERGENCY CARE AUTHORIZATION: I give my permission for the school to administer first aid if needed. In the event that I cannot be reached and emergency hospital care/treatment is needed, I give my permission for my child to be taken to the nearest hospital and given the necessary emergency care.

Parent Signature: _____ Date _____

Medical Insurance Co. _____ Policy # _____

Policy Holder's Name _____ Relationship _____