BROOKLYN FRIENDS SCHOOL

Health Form Supplement for Athletic Participation, 2010-11, for Students in Grades 5-12 only

Part III: To be completed/signed by parent/guardian and student/athlete

Student Name____ Gender_____ Date of Birth_ _/_ _/_ _ _ _
LAST FIRST MIDDLE **Grade in Sept '10**________ *mo. day year*

Parent/Guardian Name______________________________

E-mail______________________________

Parent/Guardian Name______________________________

E-mail______________________________

Parent/Guardian Phone Numbers:

Home______________________________

Cell______________________________

Work______________________________

Parent/Guardian Phone Numbers:

Home______________________________

Cell______________________________

Work______________________________

Have you completed Parts I and II of the BFS Health Form? YES ☐ NO ☐

Emergency Contact in the event BFS is unable to reach parent(s):

Name: ______________________________

Phone: ____________________ Relationship: ______________

Student's **Physician** (Name & Phone): ______________________________

Student's **Dentist** (Name & Phone): ______________________________

Medical Insurance Co.______________________________ Policy # ______________________________

Policy Holder's Name ______________________________ Relationship ______________________________

EMERGENCY CARE AUTHORIZATION: I give my permission for the school to administer first aid to my child as needed. I give permission for the school to contact my child's physician for medical instructions. 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 care.

✕ PARENT/GUARDIAN SIGNATURE ______________________________DATE ______________

Athletic Participation Health Screening; This section must be filled out completely. Thank you.

Has student ever had an illness that:	Yes	No	Explain (attach extra page if needed)
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.)	☐	☐	
Has student 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?	☐	☐	
Has student 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?	☐	☐	
Does student:			
Wear glasses or contacts?	☐	☐	
Wear bridges, braces, or a dental plate?	☐	☐	
Have any current physical complaints (i.e. back, neck or joint pain)?	☐	☐	
Is student:			
Missing a kidney?	☐	☐	
Able to run without stopping?	☐	☐	
Allergic to any medications?	☐	☐	
Currently taking any medications, including inhalers?	☐	☐	

List all medications student is presently taking and the condition for which medication is ordered (attach extra page if needed):

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

✕Parent Signature: ______________________________ Date: ______________

✕Athlete Signature: ______________________________ Date: ______________