

Valid for Academic Year: ___/___/___

LYMAN C. HUNT MIDDLE SCHOOL
Athletics Health Questionnaire Form

Student Name: _____ Sex: M / F Birth Date: ___/___/___

Fall Sport: _____ Winter Sport: _____ Spring Sport: _____

If you have had any injury or illness since your last physical that has lasted longer than a week in the six months prior to the date of this form, then you will also need a statement from your physician about this condition with his/her assessment regarding your ability to participate in the sport.

Date of last complete physical exam by a physician or a health care facility: ___/___/___

Name of Physician: _____ Name of Health Care Facility: _____

Please answer the following questions to the best of your ability. Explain in detail below any answered "Yes".

- | Has the above named athlete ever..... | YES | NO |
|---|--------------------------|--------------------------|
| 1. Been told you could not participate in sports in the last 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been told you have had a concussion? Unconscious or lost memory from a blow to the head? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had a fracture or dislocation? Recurrent back pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Had a knee, ankle or shoulder sprain or back injury lasting more than 1 week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had any other injuries/illness that caused you to miss physical activity for more than 1 week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Had surgery of any kind? Been hospitalized for an operation or overnight stay? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Felt faint/dizziness or fainted during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Experienced chest pains, irregular heart beats, heart murmur, or been diagnosed with a heart disorder/disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Been or are you now under medical care for heart disease, diabetes, bleeding tendencies, seizures, kidney disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have any of your grandparents, parents, siblings suffered a heart attack before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |

- | Does the above named athlete..... | YES | NO |
|--|--------------------------|--------------------------|
| 11. Take any medications every day or other medications regularly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have asthma or exercised-induced asthma? Shortness of breath/wheezing with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have an impairment or loss of a paired organ (eyes, kidney, testicle, lung, etc)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have a condition that requires any special equipment for participation in sports (pads, braces, eye protection)? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions are answered "YES", please explain below, include dates and physician if possible (Use the back of this page if you need more space to complete your information):

I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TO THE VERY BEST OF MY KNOWLEDGE.

Parent/Guardian: _____ Date: _____

Student Athlete: _____ Date: _____

This form is valid for One Academic Year. This form must be in the possession of the Athletic Department Prior to any participation in HUNT sponsored activities, practices, events, or contests.

LYMAN C. HUNT MIDDLE SCHOOL

Athletics Physical Clearance Form

(To be filled out by Physician, Nurse Practitioner, or Physicians Assistant)

This form (or equivalent proof of a physical) must be on file in the LYMAN C. HUNT Nurse's Office before a student is eligible to participate in any HUNT sponsored activity, practice, game, or event.

Student Athlete: _____

Birth Date: ___/___/___ **Age:** _____ **Grade:** _____

Ht: ___ ft. ___ in. **Wt:** _____ lbs. **BP:** ___ / ___ **HR:** _____

Current Medications: _____

Asthma / Allergies / Seizure Disorder / Diabetes: _____

Required Inhaler / Epi-pen: _____

Significant Past Illness or Injury: _____

EYES	EARS
NOSE	THROAT
HEART	LUNGS
LIVER	SPLEEN
HERNIA	CONCUSSION HISTORY
MUSCULOSKELETAL	NEUROLOGICAL

SCOLIOSIS SCREENING: NEGATIVE RE-SCREEN WATCH _____

PLEASE CHECK ONE OF THE FOLLOWING: ELIGIBLE FOR ALL SPORTS
 EXCEPTIONS: _____
 FOLLOW UP NECESSARY

COMMENTS:

PHYSICIAN'S SIGNATURE: _____ **ADDRESS:** _____

DATE OF EXAMINATION: _____

This form is valid for 2 years following date of examination. Student-athletes will be required to update their primary physician if any significant injuries occur before expiration date.

LYMAN C. HUNT
ATHLETIC PARTICIPATION CONSENT FORM
VALID FOR THE ACADEMIC YEAR _____

Student Name: _____ Date of Birth: _____

Sport(s): _____

CONTACT INFORMATION

Parent/Guardian: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

EMERGENCY INFORMATION

Students participating in athletics sponsored by Lyman C. Hunt Middle School **must** be covered by health and accident insurance. If my son/daughter is injured in an activity sponsored by the Burlington Public Schools, I give permission to the school personnel to furnish such emergency medical care as is needed for his /her welfare.

Insurance Company: _____ Policy #: _____

Allergies/Conditions: _____

Current Medications: _____

CONCUSSION DISCLAIMER

Concussions are one of the most commonly reported injuries in children or adolescents who participate in sports. A concussion is a disturbance in brain function caused by a blow to the head or body that causes the brain to move rapidly inside the skull. A concussion may occur even without loss of consciousness. It may cause temporary confusion, disorientation, or memory loss. It is a short lived impairment of brain function that gets better by itself. The treatment for a concussion is physical AND cognitive rest. The risk of catastrophic injuries or death is possible when a concussion is not properly evaluated and managed. It is now a State of Vermont law that all coaches receive training on how to recognize the symptoms of a concussion or the head injury. Any athlete suspected of having a concussion must be removed from participation and further evaluated. A coach shall not allow an athlete to participate if the athlete has been removed or prohibited from participating due to symptoms of a concussion until the athlete has been examined and received written permission to return to participation from a licensed health care provider trained in the evaluation and management of concussions. The Lyman C. Hunt Athletic Director and the school administration have the final decision as to when an athlete may return to participation.

TRANSPORTATION DISCLAIMER

At times it may be necessary for parents to provide transportation to "away" activities in Chittenden County. The Burlington School Department can not assume responsibility for the transportation or liability of transporting students in any instance where a school department employee is not driving.

INFORMED CONSENT

"I hereby give my consent for the above named student to participate in the listed athletic activities. The information provided is correct and I will inform the athletic department if any information changes. I understand the danger in sports and agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel. I have read the Lyman C. Hunt Athletic Handbook and understand that to be eligible for participation the above named student must be in good standing with all policies and eligibility outlined."

By signing this permission form, we acknowledge that we have read the above information. Parents or students who do not wish to accept the risks listed above should not sign this permission form.

Parent/Guardian Signature: _____ Date: _____

Student - Athlete Signature: _____ Date: _____

This form must be turned in to the Athletic Director **PRIOR** to any participation.