

SPORT: _____

South Colonie Central Schools

Parent permission and Health History for _____(name)

This form **MUST BE COMPLETED PRIOR TO TRYOUTS** for **EACH SPORT SEASON!** Please explain all "yes" answers below.

History

DOES YOUR CHILD HAVE:

1. Required medication? _____
2. Allergies to medication? _____
3. Food Allergies? _____
4. Environmental allergies? _____
5. Recent Hospitalizations? _____
6. Disabilities? _____
7. Prosthetic devices? _____

Past Injuries

1. Head injury/Concussion? _____
2. Joint Injury? _____
3. Extremities? _____
4. Back Injury? _____
5. Fractures? _____
6. Sprains? _____
7. Restrictions? _____

Medical Conditions

DOES YOUR CHILD HAVE:

1. Fainting episodes? _____
2. Headaches? _____
3. Asthma? _____
4. Issues with cold/heat? _____
5. Neurologic problems? _____
6. Cardiac problems? _____
7. Any Other Condition? _____

Your Signature indicates that your child has permission to tryout for/play sports at Colonie High School. It also indicates that we may share important medical information with your child's coach. Please feel free to contact the health office for any questions or concerns (456-2306)

Parent/guardian signature _____ Date _____

***This form cannot be completed until 30 days before the beginning of tryouts*.**