

**SOUTH BURLINGTON HIGH SCHOOL
SPORTS HEALTH QUESTIONNAIRE**

Questionnaire for All Candidates for Competitive Sports Interscholastic, Club, or Intramural

TO BE COMPLETED, SIGNED BY PARENT/LEGAL GUARDIAN AND STUDENT
AND RETURNED TO THE ATHLETIC MEDICINE OFFICE ***BEFORE EACH SPORTS SEASON***

NAME: _____ **SPORT:** _____ **DATE:** ____/____/____

BIRTH DATE: ____/____/____ **SEX:** M _____ F _____ **GRADE:** _____

ADDRESS: _____

TELEPHONE: _____ **PARENT/GUARDIAN NAME:** _____

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, and explain below any answered "Yes".

YES NO

Have you ever

- | | | |
|---|--------------------------|--------------------------|
| 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"/> |

Do you

- | | | |
|--|--------------------------|--------------------------|
| 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:

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

PARENTAL/GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches and/or Certified Athletic Trainer, follow a proper conditioning program, and inspect their own equipment daily.

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 described in this warning should not sign this permission form.

“I hereby give my consent for the above-named student,

1. To participate in Vermont Principals' Association approved athletic programs as a representative of South Burlington High School in the athletic activity named above.
2. To accompany any school team of which he/she is a member on its local or out-of-town trips;
3. To have my child examined or receive emergency medical care by school officials, physician or Certified Athletic Trainer which may become reasonably necessary in the course of such athletic activities or travel.
4. To have individual student names and sports photos published on the SBHS athletic webpage.

I further 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.”

Parent/Guardian Signature: _____

“I have read the foregoing and will abide by the principles and regulations contained therein.”

Student's Signature: _____

INSURANCE INFORMATION

(Vermont Principals' Association requires proof of insurance to participate)

Please check one:

- ☐ My son/daughter is covered under our own insurance policy.

Policy Number: _____ Company: _____

- ☐ My son/daughter will provide proof of insurance coverage, by applying through Vermont state approved insurance programs. The family/guardian is responsible to pay the premiums, if necessary, for participation. This policy will give her/him coverage during any school activities. SBHS recommends the “Dr. Dynasaur Program” – information is available at: (800) 250-8427.