

## MUNSTER HIGH SCHOOL ATHLETE'S MEDICAL AND INJURY INFORMATION FORM

**PLEASE LIST THE SPORT PARTICIPATING IN:**

Today's Date: _____	Fall: _____
Athlete's Name: _____	Winter: _____
Graduation Year: _____	Spring: _____
Date of Birth: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Parent Name(s): _____	
Best Contact Phone Number(s): _____	

**EMERGENCY CONTACT – IF PARENTS CANNOT BE CONTACTED IMMEDIATELY:**

Name: _____	Relationship to Athlete: _____
Best Contact Phone Number: _____	Other: _____
Family Physician: _____	Office Phone Number: _____
Orthopedic Physician: _____	Office Phone Number: _____
Family Dentist: _____	Office Phone Number: _____

**ATHLETE'S MEDICAL HISTORY:**

Do you or your child have any of the following issues? If YES to any condition, please provide an explanation on the back of this document.

General conditions	Circle one		Circle one or both	
1. Fainting spells	Yes	No	Past	Present
2. Headaches	Yes	No	Past	Present
3. Convulsions/epilepsy	Yes	No	Past	Present
4. Asthma	Yes	No	Past	Present
5. High blood pressure	Yes	No	Past	Present
6. Kidney problem	Yes	No	Past	Present
7. Intestinal disorder	Yes	No	Past	Present
8. Hernia	Yes	No	Past	Present
9. Diabetes	Yes	No	Past	Present
10. Heart disease/disorder	Yes	No	Past	Present

Does your child or anyone in your family have Sickle Cell Trait or disease? Yes No (Circle one)

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any medication? Yes No (Circle one)

If yes, please list medication(s), amount taking and reason for taking \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Yes No (Circle one) Plant, Insect, food, medications?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Has a physician placed any restrictions on your child's present activity? Yes No (Circle one)

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any existing and/or past medical or emotional conditions that require special concerns and attention by a sports coach? Yes No (Circle one)

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

### ATHLETE – CARDIAC RISK FACTORS

Circle one

- |   |     |    |
|---|-----|----|
| 1. Have your parents or has a physician ever told you that you have a heart murmur?   | Yes | No |
| 2. Have you experienced chest pains or fainting within the past two years?  | Yes | No |
| 3. Has anyone in your family (parent, grandparent, aunt, uncle, brother, sister, 1 <sup>st</sup> cousin) died suddenly at a young age? (Under age 35) | Yes | No |
| 4. Has a physician diagnosed anyone in your family with an abnormally thickened heart or Marfan Syndrome?   | Yes | No |
| 5. Has a physician ever disqualified you from athletic competition?   | Yes | No |

If you answered YES to **any** of the above questions, please give more details in the space below.

A physician may need to review your status further.

\_\_\_\_\_  
\_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I/We consent to Munster High School Athletic Department personnel initiating emergency medical Services as they see fit if my/our child is injured or becomes ill. I/We may supersede the decisions of Munster High School personnel in this regard ONLY if I/we are physically present.**

Parent or Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_