

# East Meadow School District Athletic Health Update

WT Clarke Middle School & WT Clarke High School

This form must be completed and submitted to the school nurse at the beginning of each sport season in order to be cleared to participate in Interscholastic Athletics.

**\*PLEASE RETURN THIS FORM TO THE NURSE\***

Any changes in your child's physical condition prior to or during competitive activities must be reported to the Health office.

STUDENT NAME:

STUDENT DATE OF BIRTH:

GRADE:

ATHLETIC ACTIVITY:

**\*To Be Completed By a Parent or Guardian\***

Please check yes or no to the following questions.

Since his/her last physical has your child:

	YES	NO
Had any injuries requiring medical attention?		
Had any illness lasting more than 5 days?		
Taken any medicine or been under a physicians care?		
Fainted, felt dizzy, or had excess fatigue after exercise?		
Obtained eye glasses or contact lenses?		
Been treated in the emergency room or hospitalized?		
Had a surgical operation?		
Been diagnosed with any new allergies?		
Been told not to participate in a sport?		
Had any chronic disease?		

Please explain any "yes" answers:

**Permission**

We understand clearly that these questions are asked in order to decide if this student is in the proper condition to participate in the activity named at the top of this form. All answers will be kept confidentially in his/her health record in the school health office.

All answers are correct as of the date of these signatures:

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Student Signature    Date