

HOLLIS BROOKLINE HIGH SCHOOL
STUDENT-ATHLETE MEDICAL HISTORY & PRE-PARTICIPATION QUESTIONNAIRE

Date of Last Physical: _____

Athlete's Name: _____ **Graduation Year:** _____ **Date of Birth:** _____

What Sports Played: Fall _____ Winter _____ Spring _____

Address: _____

Phone: () _____ Cell Phone: () _____ Email: _____

Who Does Athlete Live With: _____

Mother's (Guardian) Name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Father's (Guardian) Name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

I would like to be put on the HB Athletic Booster Club's email list (please circle one) Yes No

Emergency Contact if Parent/Guardian Can't Be Reached: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact if Parent/Guardian Can't Be Reached: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Insurance Company & Phone Number: _____

Policy Holder Name & Policy Number: _____

Doctor's Name & Phone Number: _____

Hospital Preference: _____

Do you routinely wear contact lenses? Yes " No "

Have you ever had a head injury or concussion? Yes " No "

List Dates and Describe _____

Have you ever been hospitalized, knocked out, become unconscious, and /or lost your memory due to a head injury/concussion? Yes " No "

Were any diagnostic tests performed? Yes " No " " MRI " CT-Scan " Neuropsychological Testing " Other _____

Please list ALL prescription & over the counter medications that you are currently taking and for what purpose: _____

Have you ever been diagnosed with allergies? Yes " No "

Describe: _____

Are you allergic to and/or ever had an unfavorable/allergic reaction to bee stings, insect bites, etc.? Yes " No "

If yes, do you carry an epi pen? Yes " No "

History of Joint or Muscle Injury including Ankle, Knee, Shoulder? Yes " No "

Describe: _____

Were any diagnostic tests performed? Yes " No " " MRI " CT-Scan " X-Ray " Other _____

Have you ever had surgery of any kind? Yes " No "

Describe: _____

I understand that there are medical risks associated with the participation in interscholastic sports. I hereby waive all claims of liability against the Hollis Brookline High School, Hollis Brookline Cooperative School District, the County of Hillsborough, and the State of New Hampshire for injury, accident, illness, emotional distress or death which may occur during or by reason of my participation, including transportation to and or from any events while associated with a Hollis Brookline High School Athletic Team.

I give permission for a licensed medical authority (EMT, RN, ATC) to administer first aid or a doctor of medicine selected by the school nurse, coach, or other authorized school personnel to hospitalize, secure proper treatment for, and to order medicine, injections, anesthesia, surgery, or x-rays, for my child following a medical emergency.

I will not hold responsible the coach, or authorized school personnel or Hollis/Brookline School District for any injury or repercussion from medical attention.

I also give my child permission for the school nurse, coach or authorized school personnel to transport my (our) child to a medical facility for the purpose of obtaining medical care following an injury or emergency.

Every attempt will be made to contact you prior to any decision.

In signing this form I am aware that it may be used for medical emergencies, including inter scholastic sport injuries at Hollis/Brookline High School during the school year. I also agree that photocopies of this form may be used as permission for treatment within or out of the state of New Hampshire, and used for school field trips in the event a student was given verbal permission only.

Parent/Guardian _____ Date _____