

**WATERBURY DEPARTMENTS OF HEALTH AND EDUCATION  
SPORT PERMISSION FORM**

SCHOOL \_\_\_\_\_

**NAME**

**BIRTHDATE**

**GRADE**

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding I have not violated any of the eligibility rules and regulations of the State Association.

DATE: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

**PARENT'S /GUARDIAN'S PERMISSION AND RELEASE**

I hereby give permission for the above named student to represent his/her school in athletic activities except those indicated on this form by the examining physician, provided that such athletic activities are approved by the State Association. I also give my consent for the student to accompany the school team on any of its local or out of town trips.

I realize that anyone who participates in athletic activities in which the body is in motion or objects are in motion is exposing themselves to a risk of severe injury, paralysis or even death, regardless of the use of protective equipment, regardless of the utilization of standard coaching techniques and regardless of the observance of the rules, these injuries can still occur. Acknowledging the aforesaid factors and realizing that the City of Waterbury, the Board of Education, or its agents/employees have no responsibility to provide first aid at any athletic activity the parent or guardian understands that the risk of injury is assumed by the parent and student when they sign this form. However, in the event physicians, physical therapists, physician assistants, nurses or other persons trained in rendering of first aid are available, as volunteers or otherwise, and render first aid to any student injured during the course of any such activities then the parents do hereby release and forever discharge such persons and the City of Waterbury, the Board of Education or its agents/employees from any liability arising out of any first aid or immediate treatment of injuries.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**HEALTH HISTORY**

Primary Care Practitioner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Hospitalizations (including surgery)	Condition	Date

Medications presently taking: \_\_\_\_\_

Has this student had:	Yes	No	Has this student had:	Yes	No	Has this student had:	Yes	No
Anemia			Diabetes			Mononucleosis		
Arthritis			Hepatitis-liver disease			Pneumonia		
Asthma			High blood pressure			Seizures		
Bleeding Disorder			Low blood sugar			Skin disorders		
Boils			Missing organs (eye, spleen, kidney, testicle)			Spleen injury		

Does this student:	Yes	No	Has this student:	Yes	No	Is there a history of:	Yes	No
Wear a hearing aid			Impaired vision			Neck injury, back or spine injury		
Wear glasses/contacts			Had a severe eye injury			Knee injury or surgery		
Wear braces, dental bridges/plates			Had a fractured nose			Shin Splints		
Use a mouth guard			Injury that caused you to miss a game or practice			Ankle injury		
Impaired hearing			An x-ray of a bone or joint			Other joint problems		
Had a severe ear injury			Needing a cast, splint, cane or crutches					

Broken Bone: \_\_\_\_\_ Year \_\_\_\_\_ Broken Bone: \_\_\_\_\_ Year \_\_\_\_\_

**For Females:** Yes No

Do you menstruate? \_\_\_\_\_

Age Onset \_\_\_\_\_

Are your periods regular? \_\_\_\_\_

Do you have disabling cramps? \_\_\_\_\_

**For Males:** Yes No

Have you ever had undescended testicles? \_\_\_\_\_

<b>Has this student:</b>	<b>Yes</b>	<b>No</b>	<b>Has this student:</b>	<b>Yes</b>	<b>No</b>
Been knocked unconscious			Had nay family member have a heart attack before 50 years of age		
Become weak or passed out upon heat exposure			Had any family member die suddenly before 40 years of age – not due to an accident		
Passed out during vigorous exercise			Had a heart murmur		

**Explanation of all yes answers in Medical History:** \_\_\_\_\_

**PHYSICAL EXAMINATION TO BE FILLED OUT BY PHYSICIAN**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_ Pulse 2 minutes after exercise: \_\_\_\_\_

HCT/HGB: \_\_\_\_\_ BP: \_\_\_\_\_ UA: \_\_\_\_\_ Vision: \_\_\_\_\_

**NORMAL    ABNORMAL    NOT EXAMINED    COMMENTS**

	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>NOT EXAMINED</b>	<b>COMMENTS</b>
Eyes				
Ears, Nose, Throat				
Mouth and Teeth				
Neck (soft tissue)				
Cardiovascular				
Chest and Lungs				
Abdomen				
Genitalia – Hernia				
Sexual Maturity				
Skin and Lymphatic				
Neck				
Spine				
Shoulders				
Arms and Hands				
Hips				
Thighs				
Knees				
Ankles				
Feet				
Neurological				

This student should have the following health problems evaluated or treated before participation recommendations can be made:

**Immunizations Received Today:** \_\_\_\_\_

**This student can participate in all interscholastic sports**     Yes     No

This student has health problems that prohibit him or her from participating in the following sports: \_\_\_\_\_  
however, this student can participate in: \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_ **Physician:** \_\_\_\_\_