

Frankford Township School

HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION

To participate on a school athletic squad or team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent.

STUDENT _____ BIRTHDATE _____ GRADE _____ SPORT _____

ADDRESS _____ HOME PHONE _____ MALE _____ FEMALE _____

DATE OF LAST MEDICAL EXAMINATION _____

DATE FORM DUE _____

Since the last medical examination, the above named child has experienced the following changes (please explain in full, any "YES" answers, including dates):

HOSPITALIZATION/OPERATIONS YES NO

ILLNESSES YES NO

INJURIES YES NO

CARE ADMINISTERED BY A PHYSICIAN, ADVANCED PRACTICE NURSE OR PHYCISICAN ASSISTANT YES NO

MEDICATIONS YES NO

Date

Signature of Parent/Guardian

ANY CHANGES IN STATUS MUST BE REVIEWED BY THE SCHOOL PHYSICIAN AND THE MEDICAL PROVIDER

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY THE "DUE DATE"