

**Edmeston Central School Sports Update**

**Ph (607) 965-8609**

**Fax (607) 965-8942**

Student Name \_\_\_\_\_ Sport \_\_\_\_\_

To Be Completed and Signed By Parent/Guardian:

**Has your child ever had (please check)**

	Yes	No	If yes, explain further _____
Bee Sting Allergy	___	___	_____
Asthma	___	___	_____
Anemia (low iron)	___	___	_____
Convulsions/Seizures	___	___	_____
Heat Stroke	___	___	_____
Heart Murmur, Palpitations, Irregular Heart Beat	___	___	_____
Frequent Nose Bleeds	___	___	_____
Chest Pain with exercise	___	___	_____
Mononucleosis (mono)	___	___	_____
High Blood Pressure/High Cholesterol	___	___	_____
Allergies (medication/food)	___	___	_____

Has your child ever been told not to participate in any sport?

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

Has your child been unconscious or lost memory from a blow to the head?

If yes, date?

\_\_\_\_\_

Is your child currently taking a Prescription/Nonprescription medication? \_\_\_\_\_

\_\_\_\_\_

Has your child had any other injuries since their last physical? \_\_\_\_\_

\_\_\_\_\_

Has your child ever passed out or nearly passed out during or AFTER exercise?

\_\_\_\_\_

Does your child cough, wheeze, or have difficulty breathing during or after exercise? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever had an injury such as a sprain, strain, muscle or ligament tear, broken bone, stress fracture, dislocated joint or any injury that required x-rays, MRI, CT, surgery, cast, brace, or crutches: If yes, check below:

\_\_\_\_\_ Head    \_\_\_\_\_ Neck    \_\_\_\_\_ Shoulder    \_\_\_\_\_ Arm    \_\_\_\_\_ Back  
\_\_\_\_\_ Hip    \_\_\_\_\_ Knee    \_\_\_\_\_ Ankle    \_\_\_\_\_ Leg

If yes, Explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family History**

Does anyone in your family have Marfan Syndrome \_\_\_\_\_

Has any family member/relative died of heart problems or from sudden death before the age of 50 \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Has a doctor ever said that you or someone in your family has sickle cell trait or sickle cell disease \_\_\_\_\_

**Girls ONLY**

	Yes	No	If yes, explain
Has your child started her period	_____	_____	_____

Any Problems with your period	_____	_____	_____
-------------------------------	-------	-------	-------

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

**Edmeston Central School  
Interscholastic Athletics  
Informed Consent**

We, the undersigned, acknowledge that we have been warned of the dangers involved with the participation in interscholastic sports. This warning was given during a Parent's Night by the coaching staff and also by video tape.

This warning included the possibility of injuries ranging in severity from strains, sprains, fractures and dislocations to brain injuries, paralysis and even death. We also acknowledge that these injuries can occur in all physical education activities and sports including soccer, football, cross country, basketball, wrestling, skiing, swimming, cheerleading, baseball, softball, and track.

\_\_\_\_\_  
Parents name (Please Print)

\_\_\_\_\_  
Parents signature/date

\_\_\_\_\_  
Athletes name

\_\_\_\_\_  
Athletes signature/date

\_\_\_\_\_  
Athletes name

\_\_\_\_\_  
Athletes signature/date

\_\_\_\_\_  
Athletes name

\_\_\_\_\_  
Athletes signature/date

\_\_\_\_\_  
Athletes name

\_\_\_\_\_  
Athletes signature/date

\_\_\_\_\_  
Athletes name

\_\_\_\_\_  
Athletes signature/date

**ATTENTION:**

**This form only needs to be completed one time in student's athletic career. If you have filled it out in the past, just return this form left blank.**

**\*\*Return this form to your coach\*\***

**STATEMENT OF AGREEMENT  
WITH EDMESTON CENTRAL SCHOOL  
EXTRACURRICULAR / ATHLETIC HANDBOOK POLICIES**

We have read the Athletic Handbook and Extracurricular participation policies and agree to comply with the rules and responsibilities for participation in interscholastic athletics at Edmeston Central School.

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

Activity \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

This policy agreement page must be signed and returned to the coach or advisor prior to the beginning of practices and participation.

**PART V – EMERGENCY PERMISSION FORM  
(To be Completed and signed by parent/guardian)**

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **AGE** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_ **CITY** \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency \_\_\_\_\_

Please list any allergies to medications, etc. \_\_\_\_\_

Has student been prescribed an inhaler or epipen? \_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ if so, what type? \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) \_\_\_\_\_

Evening time phone number (where to reach you in emergency) \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

**\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.**

I certify all the above information is correct \_\_\_\_\_

Parent/Guardian Signature