

**LEVITTOWN UNION FREE SCHOOL DISTRICT**  
**STUDENT SPORT PARTICIPATION FORM**  
 TO BE COMPLETED AND SIGNED BY THE PARENT AND RETURNED TO THE NURSE'S OFFICE.  
 (PLEASE NOTE: YOU CAN TYPE ON THIS FORM)

STUDENT'S NAME \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_ AGE: \_\_\_\_ MALE \_\_ FEMALE \_\_

**A. GENERAL FAMILY HISTORY**

HAS ANYONE IN YOUR FAMILY (PARENTS, AUNTS, UNCLAS), HAD OR NOW HAS:	YES	NO
-DIABETES		
-ALLERGIES		
-ASTHMA		
-EPILEPSY		
HAS ANYONE IN YOUR FAMILY DIED SUDDENLY UNDER 50 YEARS OF AGE?		
TENDENCY TO BLEED		
HEART DISEASE		
HIGH BLOOD PRESSURE		
MARFAN'S SYNDROME		

	YES	NO
REACTION TO INSECT STINGS		
VERY BAD VISION IN ONE EYE		
WEAR GLASSES OR CONTACT LENSES		
DENTAL PLATE (DENTURES)		
ORTHODONTIA (BRACES/CAPS)		
HERNIA		
LACK OF KIDNEY		
BONE FRACTURE (BROKEN BONE)		
JOINT DISLOCATION		
SPINE OR LIMB DEFORMITY		
BACK INJURY		
KNEE INJURY		
ASTHMA		
REACTION TO INSECT STINGS/MEDICATION		
DOES YOUR CHILD TAKE MEDICATION REGULARLY?		

**B. STUDENT HISTORY**

HAS YOUR CHILD HAD:	YES	NO
HEART MURMUR		
HIGH BLOOD PRESSURE		
CHEST PAINS WHICH EXERCISE		
RAPID OR IRREGULAR HEART BEATS		
SHORTNESS OF BREATH		
RHEUMATIC FEVER		
TENDENCY TO BLEED OR BRUISE EASILY		
HEPATITIS		
MONONUCLEOSIS		
YELLOW JAUNDICE		
DIABETES		
SKULL FRACTURE		
SICKLE CELL ANEMIA		
BRAIN CONCUSSION (HEAD INJURY)		
RECURRING SEVERE HEADACHES		
CONVULSIONS OR EPILEPSY		

NAME: \_\_\_\_\_

TAKE MEDICATION FOR EMERGENCY USE? \_\_\_\_\_

NAME: \_\_\_\_\_

HAS YOUR CHILD EVER HAD AN OPERATION? \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

EVER BEEN HOSPITALIZED MORE THAN 24 HOURS? \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

IF THERE ARE ANY YES ANSWERS TO THE ABOVE QUESTIONS, PLEASE GIVE DATE AND FURTHER EXPLANATION BELOW:

I am aware that practicing and playing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of practicing and playing in a sport include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of practicing and playing in a sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Football, wrestling, baseball, basketball, soccer, lacrosse and softball are more dangerous collision/contact sports involving greater risk of injury than other sports.

I have read the above statement and I give permission for my child to participate in the following sport: \_\_\_\_\_

\* PARENT/GUARDIAN (SIGNATURE) \_\_\_\_\_ PARENT/GUARDIAN (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

BECAUSE OF THE DANGERS OF PARTICIPATING IN THE ABOVE SPORTS, I RECOGNIZE THE IMPORTANCE OF FOLLOWING COACHES' INSTRUCTIONS REGARDING PLAYING TECHNIQUES, TRAINING AND OTHER TEAM RULES, ETC. AND AGREE TO OBEY SUCH INSTRUCTIONS. I HAVE READ THE ABOVE WARNING,

\* STUDENTS SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

**LEVITTOWN PUBLIC SCHOOLS ATHLETE'S EMERGENCY CARD**

SPORT \_\_\_\_\_

STUDENTS LAST NAME (PRINT) \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBERS - LIST TWO (2)**

1) PRINT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

2) PRINT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONDITIONS**

CHRONIC ILLNESS \_\_\_\_\_ ALLERGIES (ANTIBIOTICS, BITES, FOOD, ECT) \_\_\_\_\_

MEDICATIONS (REGULARLY TAKEN) \_\_\_\_\_ DENTAL APPLIANCES / ABNORMALITIES \_\_\_\_\_

PROTECTIVE EYEWEAR/CONTACT LENSES \_\_\_\_\_ CARRYING INHALER AT PRACTICE OR GAMES \_\_\_\_\_

LAST TETANUS \_\_\_\_\_ OTHER \_\_\_\_\_

\* PARENT/GUARDIAN (SIGNATURE) \_\_\_\_\_ PARENT/GUARDIAN (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVED TO PARTICIPATE:** \_\_\_\_\_

SIGNATURE - SCHOOL NURSE