

## ATHLETIC PRE-PARTICIPATION FORM

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The Concord Schools administration, coaches, and nurses strive to keep your child's health and safety at the forefront of the athletic experience. Please fill out the information below and return this form to your child's coach. This update is required each season in order to participate in school athletic activities.

**Name of Student** \_\_\_\_\_ **Sport** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Tel.# Mother (home)** \_\_\_\_\_ **work** \_\_\_\_\_ **cell** \_\_\_\_\_

**Tel.# Father (home)** \_\_\_\_\_ **work** \_\_\_\_\_ **cell** \_\_\_\_\_

**Emergency contact (person who has permission to transport your child)**

**Name** \_\_\_\_\_ **tel#1** \_\_\_\_\_ **tel#2** \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_ **certificate #** \_\_\_\_\_

### Health History Update

Should your student-athlete carry an epipen? yes [ ] no [ ]

Please specify the allergy: \_\_\_\_\_

Has your student-athlete ever:

had a head injury or concussion? yes [ ] no [ ]

had a seizure? yes [ ] no [ ]

had numbness or tingling in your arms, hands, legs or feet? yes [ ] no [ ]

passed out during or after exercise? yes [ ] no [ ]

had chest pain during or after exercise? yes [ ] no [ ]

had a family member die of heart problems before age 50? yes [ ] no [ ]

had wheezing, asthma or reactive airway disease? yes [ ] no [ ]

broken or fractured any bones, or dislocated any joints? yes [ ] no [ ]

Please specify: \_\_\_\_\_

had pain or swelling in muscles, tendons, bones or joints? yes [ ] no [ ]

Please clarify any "yes" response \_\_\_\_\_

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

\_\_\_\_\_  
Date

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