ATHLETIC PRE-PARTICIPATION FORM

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 __________________________________________

________________________________________               ____________
Signature of Parent/Guardian                  Date