



STEVENS MIDDLE SCHOOL

1139 West 14th Street
Port Angeles, WA 98363
360.452.5590

COMPLETE THIS FORM ANNUALLY AND RETURN WITH ATHLETICS APPLICATION PACKAGE.

Name _____ Date _____

Address _____

Phone _____ Birth date _____ Male Female

Physician _____ Physician Phone _____

Sports _____ Grade _____

Notify in Emergency _____ Emergency Phone _____

Alternate Emergency Name _____ Alternate Emergency Phone _____

Medications (taken regularly) _____

Known Allergies

Medicine Yes No _____

Last tetanus shot _____ (year)

Bee sting Yes No _____

History: Check Yes or No. Explain "Yes" answers below: Yes No

1. Have you had a medical problem or injury since your last physical?
 2. Have you ever been in the hospital or had an operation?
 3. Have you ever been dizzy or passed out during or after exercise?
 4. Have you ever had chest pain during or after exercise?
 5. Have you ever had high blood pressure, a heart murmur, or irregular heartbeats?
 6. Has anyone in your family died of heart problems or a sudden death before age 50?
 7. Have you ever been knocked out or unconscious, had a head injury, or a seizure?
 8. Have you ever had a "stinger," "burner," or pinched nerve?
 9. Have you ever had muscle cramps, heat exhaustion, or heat stroke?
 10. Do you have trouble breathing or do you cough during or after activity?
 11. Have you ever had asthma, diabetes, mono, or other medical problems?
 12. Are you missing an eye, kidney, or testicle?
 13. Do you use any special equipment?(pads, braces, neck rolls, mouth guard, eye guards, etc.)
 14. Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling, or broken bone?
- neck back shoulder elbow wrist hand
hip thigh knee shin/calf ankle foot
15. Are you satisfied with your weight?
 16. *Females:* At what age was your first menstrual period? _____ Do you have at least eight periods in a year? _____

Please explain "Yes" answers:

Parent/Guardian: Please Read, Print and Sign (Return Form to Pam Kiteley, SMS Business Office)

I hereby state that, to the best of my knowledge, the answers to the above questions are correct.

I approve of my child's participation in athletics in the Port Angeles School District athletic program, and I will assume all financial responsibilities not covered by my child's school insurance for injuries received while he or she is training for or playing in athletic games. I also give my permission for my child to receive a physical examination. I give my permission for my son/daughter to travel as required as a member of the team(s) of which he/she is a member. I give my permission for emergency treatment of an injury by any physician designated by a school official.

Date Signature of Athlete Signature of Parent/Guardian

Revised 04/2010