Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

# ATHLETIC EMERGENCY/MEDICAL INFORMATION & PARTICIPATION FORM

*(If you are physically filling out this form, please use blue or black ink)*

## STUDENT INFORMATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| NAME: | | | ADDRESS: | | | | |
| GRADE: | | BIRTH DATE: | GENDER: | | STUDENT ID #: | | |
| FATHER OR GUARDIAN NAME: | | | EMPLOYER: | | | PHONE #: | |
| MOTHER OR GUARDIAN NAME: | | | EMPLOYER: | | | PHONE #: | |
| EMERGENCY PHONE #: | | | FAMILY PHYSICIAN: | | | PHONE #: | |
| HEALTH INSURANCE PROVIDER: | | | POLICY #: | | | DOES THIS INSURANCE COVER FOOTBALL? | YES NO |
| SCHOOL ATTENDED PREVIOUS SEMESTER: | | | SCHOOLS ATTENDED IN THE PAST 12 MONTHS: | | | CITY & STATE OF BIRTH: | |

## CHECK ALL SPORTS IN WHICH THIS STUDENT WILL PARTICIPATE:

| FALL | | | | WINTER | SPRING | | |
|---|---|---|---|---|---|---|---|
| ☐ | Cross Country | ☐ | Pep Squad/Cheer | ☐ Basketball (Boys) | ☐ Baseball | ☐ | Softball |
| ☐ | Football | ☐ | Tennis (Girls) | ☐ Basketball (Girls) | ☐ Golf (Boys) | ☐ | Swimming/Diving |
| ☐ | Golf (Girls) | ☐ | Volleyball (Girls) | ☐ Pep Squad/Cheer | ☐ Lacrosse (Boys) | ☐ | Tennis (Boys) |
| ☐ | Marching Band | ☐ | Water Polo (Boys) | ☐ Soccer (Boys) | ☐ Lacrosse (Girls) | ☐ | Track & Field |
| | | | | ☐ Soccer (Girls) | ☐ Pep Squad/Cheer | ☐ | Volleyball (Boys) |
| | | | | ☐ Water Polo (Girls) | ☐ | ☐ | |
| | | | | ☐ Wrestling | ☐ | ☐ | |

## MEDICAL HISTORY

***This section must be completed by a parent/guardian.*** ***Name of Person Filling Out Form:*** _____

| | Y | N | | Y | N |
|---|---|---|---|---|---|
| 1. Are you current under a doctor's care for any reason? | | | 15. Have you ever been dizzy or passed out due to the heat? | | |
| 2. Have you ever been hospitalized? | | | 16. Do you have trouble breathing after exercise (beyond normal fatigue)? | | |
| 3. Have you had surgery within the last 3 months? | | | 17. Have you ever had any problems with your eyes or vision? | | |
| 4. Are you currently taking any medications or pills? | | | 18. Do you wear glasses or contacts or protective eyewear? | | |
| 5. Do you have any known allergies (medicines, food, bee stings, etc.)? | | | 19. Do you use special equipment (splints, neck rolls, mouth guards, etc.)? | | |
| 6. Have you ever been dizzy or fainted during or after exercise? | | | 20. Has as a family member had heart problems or sudden death before 50? | | |
| 7. Have you ever had chest pains during or after exercise? | | | 21. Do you have only one working organ of any usually-paired organs (kidneys, etc.)? | | |
| 8. Have you ever had high blood pressure? | | | 22. Have you ever sprained, broken, dislocated or had repeated swelling or pain of any bones or joints? | | |
| 9. Have you ever been told you have a heart murmur? | | | 23. Have you ever had a stinger, burner, or pinched nerve? | | |
| 10. Have you ever had a racing heart or skipped heartbeats? | | | 24. Have you ever had medical problems (asthma, mono, diabetes, etc.)? | | |
| 11. Have you ever had a head injury? | | | 25. Have you had any medical problems since your last physical? | | |
| 12. Have you ever been knocked unconscious? | | | 26. Were there any special instructions or precautions given by the doctor? | | |
| 13. Have you ever had a seizure? | | | 27. When was the date of your last tetanus shot? | | |

14. Are any of the following bothering you?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ☐ | *Hand* | ☐ | *Wrist* | ☐ | *Elbow* | ☐ | *Forearm* | ☐ | *Hip* |
| ☐ | *Thigh* | ☐ | *Knee* | ☐ | *Ankle* | ☐ | *Shin/Calf* | ☐ | *Foot* |

***IF YOU CHECKED YES – Below please indicate which number(s), provide explanation and background information, and include any special instructions:***

***LIST ANY RESTRICTIONS:***

| DATE OF THIS EXAM: | | | | | | | |
|---|---|---|---|---|---|---|---|
| HEIGHT: | | WEIGHT: | | PULSE RATE: | | BLOOD PRESSURE: | |

***I/we hereby state, to the best of my/our knowledge, the answers to the questions for the medical history questionnaire above are true. I/we understand that by performing this examination, the undersigned physician does not assume responsibility for medical care of this individual. I understand that this is only a pre-season screening and should in no way replace a complete physical by your own doctor as recommended. I/we verify that I/we have read and understand all material presented and all information I/we have provided is correct and I/we give permission for my/our child or ward to receive a physical exam and to participate in athletics.***

***In the event reasonable attempts to contact the parent/guardian at the above phone numbers meets with no success, full authorization is given for the administration of any treatment deemed necessary by a medical practitioner, and the transfer of son/daughter or ward to any medical practitioner, and the transfer of my/our son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school authorities and aforesaid agent(s) to give reasonable care. Facts are provided concerning the student athlete's medical history which a medical practitioner should know.***
***I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholastic athletics.***

PHYSICIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**OFFICE USE ONLY: DATE RECEIVED**