

**TICONDEROGA CENTRAL SCHOOL
SPORTS UPDATE
(REQUIRED FOR EACH SEASON)**

Prior to the start of tryout sessions or practice at the beginning of each season, a Sports Update form for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

TO BE COMPLETED BY PARENT OR GUARDIAN:

STUDENT: _____ AGE: _____
GRADE: _____ BIRTHDATE: _____
SPORT: _____

If the answer to any of the following questions is "YES", please describe on the reverse side of this form the condition or situation that prompted your answer.

NOTE: "YES" to any of the questions below does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

The answers to the questions on this form will be held in the school health office and will be kept confidential.

SINCE HIS/HER **LAST** SPORTS PHYSICAL HAS YOUR CHILD HAD:

	YES	NO
1. Any injuries requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any illness lasting more than (5) days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Taking medicine or under physician's care at this time?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any feeling of faintness, dizziness, or fatigue after exercise or exertion?	<input type="checkbox"/>	<input type="checkbox"/>
5. Change in wearing glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any surgical operations or fractures?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any treatment in a hospital or emergency room?	<input type="checkbox"/>	<input type="checkbox"/>
8. Developed any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any chronic disease?	<input type="checkbox"/>	<input type="checkbox"/>

Describe the condition or situation that caused any questions to be answered "YES" on front:

PARENTAL PERMISSION:

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team. The answers are correct as of this date and he/she has my permission to participate.

Signed: _____ Date: _____

PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Date of last appraisal: _____ Limitations: Yes No

Sports Participation: _____ Approved _____ Referred to School Physician

Signed: _____ Date: _____
(School Health Office)

If referred to the School Physician:
_____ Re-Qualified _____ Disqualified

Physician Comments:

Signed: _____ Date: _____
(School Physician)