

Our Lady of Mercy School for Young Women
Parent/Guardian Permission & Medical Recertification

Valid only if returned and signed within 30 days before the start of the sport season/tryouts

SPORT _____ **LEVEL** _____

STUDENT INFORMATION

Name _____				Grade _____		Birthdate _____	
Address _____				Phone _____			
Parent/Guardian _____		Home _____		Cell# _____		Work# _____	
Parent/Guardian _____		Home _____		Cell# _____		Work# _____	
Emergency Contact _____			Relationship _____		Phone _____		
Physician _____			Phone _____		Preferred Hospital _____		
Dentist _____			Phone _____				
Insurance Carrier _____			Policy ID # _____				
Did you attend Mercy last year? _____							

PARENT PERMISSION AND STUDENT AGREEMENT

Our signature indicates: + Permission to try out or participate in Our Lady of Mercy athletics.
 + **Permission to receive emergency medical treatment.**

Parent/Guardian: I have carefully read and understand the information stated in this recertification form. My signature below certifies the information I have provided is accurate and constitutes my permission for my child to participate in the above named sport.

To the best of my knowledge there is no existing condition that should exclude my daughter from athletic participation. We are aware and accept the possibility of serious injury inherent in athletic participation. I understand that the school and school district do not assume responsibility for lost or broken corrective lenses or orthodontic devices.

In the event of an emergency, and I cannot be reached, my signature below also constitutes my permission for my daughter to receive medical evaluation and necessary treatment to ensure her health and safety. Such treatment may come from my daughter's health care provider, an emergency responder or emergency room personnel.

Parent/ Guardian (PRINT Name) _____ **Signature** _____

Student Signature _____ **DATE** _____ **Not more than 30 days before the start of sports season**

Students may not participate in athletics without the approval of the school nurse. Physicals (Health Appraisals) are valid for 12 continuous months. An athletic permission slip must be completely filled out by a parent or guardian within 30 days prior to the sports season. Tetanus Immunizations must be within 10 years.

If an injury has taken place; or if the student has a prolonged absence (5 consecutive days) due to illness they must have a release or clearance from a physician to participate.

FOR HEALTH OFFICE USE ONLY:

Date of Physical (Health Appraisal) on file: _____ **Last Tetanus:** _____

School Nurse Approval _____ **288-7120 x 314 Date:** _____

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Student Health History

STUDENT NAME _____ GRADE _____ SPORT _____

To be done by parent/guardian for student-----If **YES**, to any health issue, please give more details and date of issue.

		NO	YES	Date
1	Does student have any life threatening allergies or conditions?			
2	If Yes , does your child carry an Epi-Pen?			
3	Has student ever had a head injury, concussion , or seizures?			
4	Has student had any injuries such as broken bones, torn ligaments, dislocated joints, sprains, etc.			
5	Has student ever had a medical illness or a new diagnosis since their last sports physical such as (please circle): diabetes, high or low blood pressure, heart infection, kidney or liver disease, bleeding tendency, anemia, high cholesterol, heart murmur, Kawasaki disease, other?			
6	Has student ever had headaches, chest pain, dizziness or fainting during or after exercise?			
7	Has a physician ever restricted or denied your child's participation in sports for any heart or other problems?			
8	Has any family member or relative died of heart problems or sudden death before age 50? Or has a family member been diagnosed with a heart condition, such as a murmur, developed hypertrophic cardiomyopathy, Marfan Syndrome, Brugada Syndrome, right ventricular cardiomyopathy, long or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia?			
9	Does your daughter cough, wheeze or have trouble breathing during or after exercise or have asthma or lung disease?			
10	If Yes , does your child carry an inhaler?			
11	Has student ever taken any supplements or vitamins?			
12	Is student currently taking any medications or pills (prescription, over-the-counter, herbal)?			
13	Has student ever been hospitalized overnight or had surgery?			
14	Has student had a severe viral infection (i.e., myocarditis, mononucleosis, Multisystem Inflammatory Syndrome) or has student had COVID-19 (with or without symptoms)?			
15	If yes to COVID-19, please answer the following (please circle): Was your child symptomatic? yes / no Did your child see a healthcare provider for their COVID-19 symptoms? yes / no Did your child have any cardiac symptoms (new fast or slow heart rate, chest tightness or pain, blood pressure changes, or diagnosed cardiac condition)? yes / no Was your child hospitalized? yes / no If yes, was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)? yes / no If yes, if your child under a health care provider's care for this? yes / no			
16	Does student have a single kidney?			
17	Has student ever had heat cramps, heat exhaustion or heat stroke?			
18	Does student have any contagious skin problems?			
19	Does student use any special or protective equipment or devices that aren't usually used for their sport (for example, knee brace, foot orthotics, retainer on your teeth, hearing aid)?			
20	Has student ever had a problem with their ears or hearing?			
21	Has student ever had a problem with their eyes or vision (i.e., loss of eye or loss of vision in either eye)?			
22	Does student wear glasses, contacts or protective eyewear?			
23	Has student had a problem with pain or swelling in muscles, tendons, bones or joints that has kept them out of sports?			
24	Has student experienced serious abdominal problems?			
25	Has there been an unexplained weight loss or weight gain during the past six months?			
26	Is student following any particular diet?			
27	Does student have a history of eating disorders?			
28	Has there been a recent change in your daughter's menstrual patterns?			
29	Has student ever complained of fluttering in her chest, skipped beats, or her heart racing, or does she have a pacemaker? Or had a test by a health care provider for her heart (ie, EKG, echocardiogram stress test)?			
30	Anything else you would like us to be aware of concerning the health of your daughter?			
#	Please explain any questions to which you have answered 'Yes' and indicate # of question (use additional pages if necessary):			

Parent Signature _____ Date _____