

**FORT HILL HIGH SCHOOL
ATHLETICS PACKET**

**RETURN TO COACH
DO NOT REMOVE STAPLE!**

NAME: _____
SPORT: _____
COACH: _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

FILE:JJIC-E-2

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		Male	Female
Height	Weight	<input type="checkbox"/>	<input type="checkbox"/>
BP / (/)	Pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
 - Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
Address _____ Phone _____
Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

ALLEGANY COUNTY PUBLIC SCHOOLS
Agreement Governing Participation in Athletics

FILE:JJIC-E1

Student Name _____ Date _____

Purpose:

Participation in athletics in Allegany County Public Schools is a privilege. The participant comprises much of the visible student leadership in our schools; therefore, the participant must accept the responsibility of projecting a positive image to younger students and the greater community as a representative of his/her school.

I. Rules of Conduct:

Violations of the following rules of proscribed conduct will result in disciplinary action:

- A. Misconduct on school property or at a school sponsored function which also results in the athlete being charged with a Reportable Offense(s) in accordance with Annotated Code § 7-303 and COMAR 13A.08.01.17.
- B. Possession, use or showing evidence of use, sale, or distribution of proscribed substances as defined in JICH (unless documentation on file that a student may self carry)
- C. Insubordination or use of profanity to any faculty member, school administrator, coach, advisor, or game official
- D. Flagrant misconduct and misbehavior in school
- E. Misbehavior or misconduct in the community
- F. Absences from school, or tardiness to school, announced meetings, activities, practices, etc. in accordance with school and/or team rules

II. Consequences

An athlete who has been suspended or expelled from school shall be prohibited from participating in athletics during the period of suspension or expulsion. Such athlete shall also be prohibited from participating in athletics for remainder of the season in which the infraction occurred if such infraction constitutes a violation of A or B. If mitigating circumstances exist for A or B, the administrator may impose disciplinary action ranging from a suspension for 20% of the seasonal remaining games to dismissal from the team. The student will be required to practice when a lesser penalty is applied. If the athlete violates provision B above the athlete must present a negative drug screening to the principal prior to returning to the team.

Violations of rules of conduct C through F will result in disciplinary actions ranging from a conference to a suspension and/or dismissal from the team for the remainder of the season. The principal, in collaboration with the coach/advisor, shall make the decision on the disciplinary action based upon the best interests of the school, the school system, the perception of the school in the community, and the desire to promote high standards of discipline in the athletic program.

III. Minimum Academic Standards

- A. Eligibility for a marking period shall be determined by the student's grades for the most recently completed marking period. Academic eligibility is determined by adding the number of quality points earned in the marking period immediately prior to the given sports season and dividing by the number of courses attempted by the student.
- B. Students must achieve a minimum grade point average of 2.0.
- C. All new 9th grade students are eligible to participate in the first quarter of 9th grade.

IV. Health and Safety

- A. Documentation of a physical must be on file as a condition of participation. A form can be obtained at www.acpsmd.org (See Exhibit JJIC-E-1-3).
- B. Any athlete exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall:
 1. Immediately be removed from the contest and shall not return to play until cleared by an appropriate health-care professional.
 2. Seek medical attention from a health care provider experienced in evaluating possible concussions;
 3. Submit a return to play form to coach and school.
- C. Any athlete who exhibits signs of skin infections (signs of infection include redness, warmth, swelling, pain and/or drainage) shall:
 1. Immediately be removed from practice or contest and shall not return to play until cleared by an appropriate health-care professional.
 2. Seek medical attention from a health-care provider experienced in evaluating the infection.
 3. Submit a return to play form to coach and school.

V. Ejection/Disqualification

An athlete who is ejected/disqualified from a contest by a game official for unacceptable behavior, before, during or after a contest is suspended from participation in the next contest. An ejected/disqualified player may remain on the sideline for the duration of that contest or be sent to a secure and safe area under the supervision of a coach or staff member. For the game in which the athlete must serve a subsequent suspension (i.e. the "next contest"), the player shall be permitted to be present on the sideline but may not dress in game uniform. Suspended players may practice with the team while serving their suspension. Coaches will notify the Athletic Director and the Supervisor of Athletics in writing of the suspension and date of exclusion within 24 hours.

Appeal Procedure:

Appeals for reinstatement in athletics may be made to the building principal with a further appeal to the Superintendent of Schools or designee. Students shall remain ineligible from participation in athletics through the conclusion of the due process.

SIGNATURE PAGE

STUDENT:

I have read through and understand the expectations outlined in the Discipline Standards for Fort Hill Athletes. I understand that as a student athlete I am representing my school when in or out of uniform. I agree to respect my peers, my coaches, the faculty and staff of Fort Hill High School, my competitors, officials, and all others as a representative of my school. I will model my behavior for others at school, on the playing field, and in my community. Should I fail to uphold the conduct expected of me, I understand the consequences outlined. I will do my best to represent the Sentinels in a positive way. I understand that playing sports is a privilege, not a right.

PRINT STUDENT NAME: _____

SIGNATURE of STUDENT: _____

PARENT/GUARDIAN:

I have read through and understand the expectations outlined in the Discipline Standards for Fort Hill Athletes. As a parent of a student athlete, I understand the standards as written and will support the coaches and the school in instituting these standards. I will impress upon my child the importance of maintaining a positive presence in the classroom, the playing field, and in the community. Should my child fail to uphold the conduct expected of them, I understand the consequences outlined. I understand that playing sports is a privilege, not a right.

PRINT PARENT/GUARDIAN NAME: _____

SIGNATURE of PARENT/GUARDIAN: _____

MUST BE RETURNED TO COACH BEFORE OFFICIAL TEAM MEMBERSHIP CAN BEGIN



Allegheny County
Public Schools

Athletic Release Form

Student Information			
Student's Name (Print)	Grade	Age	Birth Date
Parent Information			
Parent/Guardian Name (Print)	Email		
Street Address	Home Phone		
City, State, Zip Code	Cell Phone		

By evidence of the signatures below, you testify that you:

1. Have read sexual harassment and hazing guidelines
2. Have read the Athletic Guide
3. Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
4. Understand the MPSSAA and ACPS eligibility standards
5. I have read the Sudden Cardiac Arrest (SCA) handout.

Failure to complete, sign and return to your child's coach will result in her/his exclusion from participation in the interscholastic athletic program of Allegheny County Public Schools.

Important: If a student changes residency during the sport season, parents must notify the athletic director immediately and update this form.

- I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.
- I hereby acknowledge that I received the Heat Acclimatization and Hydration Information Sheets. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention, treatment and the seriousness of heat and dehydration.
- I have read the regulations entitled Eligibility Minimum Standards for Participation in Athletics (JJIC-R1-2) which govern participation in athletics in the Allegheny County School System. I understand and agree to abide by said rules and regulations.
- My child has permission to participate in Interscholastic Athletics for the _____ school year.

Student's Signature	Date	Parent/Guardian's Signature	Date
---------------------	------	-----------------------------	------

*This form cannot be accepted without the above information.



Authorization for Participation in Interscholastic Athletics

As parents or guardians of _____ (Student's Name)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. WE understand that the sport in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by the Allegheny County Public Schools in its athletic program and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Allegheny County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in interscholastic athletics and sports and any injuries received therefrom and expenses related thereto.

We hereby give our consent and authorize the Board of Education of Allegheny County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and

treatment of our child, and we agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. Supervision at practice, games and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Allegheny County Public Schools as issued by the Board of Education of Allegheny County and the Maryland State Department of Education.

Sports Insurance: ACPS may obtain supplemental insurance to cover injuries that occur which are not covered by the regular Student Accident Insurance policy. This insurance may provide additional coverage for an injured athlete. Claims for reimbursement under this insurance should be filed by the parent through the school office. The Board's insurance office should be advised of all claims filed on this policy. This should be done by completing a school accident form as well as completing the insurance claim forms. This insurance may not guarantee 100% coverage of claims.

Name of School/Community

I also declare and affirm that my child:

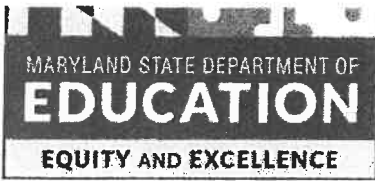
- Resides (with parents or legal guardians) within the above attendance area, or
- Is attending the above school with special permission of the Office of Student Services of Allegheny County Public Schools

If a student is attending a high school without the benefit of residing (with parent or guardian) within the school's attendance area and/or without special permission of the Office of Student Services, the student in question is subject to disciplinary action which could result in the loss of athletic eligibility for a period of time, ineligibility in a specific sport or sports for the forthcoming year or penalties as may seem justified in the particular case. A student being taught by parental request at home (home school) is not enrolled in Allegheny County Public Schools and cannot participate in athletics. The athlete's team and school will be penalized for failure to comply with MPSSAA regulations.

I/We understand and agree to all of the above.

Relationship to Student	Parent/Guardian's Signature	Date
Home Phone	Cell Phone	Email

*This form cannot be accepted without the above information.



For official use only: Name of Athlete _____ Sport/season _____ Date Received _____

**COVID -19 Awareness
Parent/Student-Athlete Acknowledgement Statement**

I _____, the parent/guardian of _____,
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- What you should know about COVID-19 to protect yourself and others
- Share facts about COVID-19
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- COVID-19 Frequently Asked Questions from the Maryland Department of Health
https://phpa.health.maryland.gov/Documents/coronavirus_FAQ.pdf

Parent/Guardian _____ Parent/Guardian _____ Date _____
PRINT NAME SIGNATURE

Student Athlete _____ Student Athlete _____ Date _____
PRINT NAME SIGNATURE



For official use only: Name of Athlete _____ Sport/season _____ Date Received _____
--

**Concussion Awareness
Parent/Student-Athlete Acknowledgement Statement**

I _____, the parent/guardian of _____,
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian _____ Date _____
SIGNATURE

Student Athlete _____ Date _____
SIGNATURE

It is better to miss one game than the whole season.

For more information visit: www.cdc.gov/Concussion.



For official use only:	
Name of Athlete	_____
Sport/season	_____
Date Received	_____

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student' plans to participate in an extracurricular athletic activity.

Student Information

Name: _____ Grade: _____

Sport(s): _____

Home Address: _____

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was the student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian _____
PRINT NAME
SIGNATURE
DATE

Student Athlete _____
PRINT NAME
SIGNATURE
DATE

Emergency Care Card (ATHLETICS)

Student Information			
Student Name (Print)	Grade	Age	Birth Date
Family Physician	Phone #		
Dentist	Phone #		
Medications given at home (on a regular basis)			
<p>Please check any existing health conditions:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Allergies (explain) _____</p> <p><input type="checkbox"/> Bee Sting Allergy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Difficulty Breathing</p> <p style="margin-left: 20px;"><input type="checkbox"/> Hives</p> <p style="margin-left: 20px;"><input type="checkbox"/> Swelling of lips & eyes</p> <p style="margin-left: 20px;"><input type="checkbox"/> Swelling or redness</p> <p>Describe your child's reaction: _____</p> <p>Uses an EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> ADD/ADHD</p> <p><input type="checkbox"/> Asthma</p> <p style="margin-left: 20px;"><input type="checkbox"/> Uses Inhalers</p> <p style="margin-left: 20px;"><input type="checkbox"/> Uses Nebulizer</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Bleeding Problems</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Fainting Spells</p> <p><input type="checkbox"/> Heart Problems</p> <p><input type="checkbox"/> Headaches/Migraines</p> <p><input type="checkbox"/> Hearing Problems</p> <p><input type="checkbox"/> Vision Problems</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Speech Problems</p> <p>Other Problems _____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>			

I give permission for my child's health information to be shared with appropriate school staff. Yes No

PARENT/GUARDIAN SIGNATURE _____ DATE _____