

Student Name _____
Last First

Kettle Moraine Middle School Athletic Health Form
School Year _____ Sport _____

Name _____

Grade _____ Age _____ Date of Birth _____

Address _____

Home Phone # _____ Parents cell phone # _____

Personal Physician _____ Phone # _____

In Case of Emergency, contact information:

Name _____ Cell phone 1 # _____

Name _____ Cell phone 2 # _____

Insurance Carrier _____ Policy # _____

Kettle Moraine Middle School Staff/Parent Coaches, and any of the aforementioned individuals, have the right to release/seek medical attention in the event of an emergency situation.

Parents/Guardian signature _____ Date _____

Health Information: Height _____ Weight _____ Allergies _____

1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No
2. Do you have any ongoing medical condition (like diabetes or asthma)? Yes No
3. Are you currently taking any prescriptions or nonprescription (over-the-counter) medicines or pills?
List medication: _____ Yes No
4. Do you have allergies to medicines, pollens, foods or stinging insects? Yes No
5. Have you ever passed out or nearly passed out DURING exercise? Yes No
6. Have you ever passed out or nearly passed out AFTER exercise? Yes No
7. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No
8. Have you ever used an inhaler or taken asthma medicine? Yes No
9. Do you have any problems with bones, joints, ligaments or tendons? Yes No