



Buffalo Academy of Science Charter School
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Update Athletic Health History for Sports Participation BASCS AD Form #9

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

Please use black or blue ink only

Name of Student _____ **Grade** _____ **Date of Birth** _____
Sport _____ **Level:** ___ Varsity ___ JV ___ Modified

To be completed by Parent/Guardian

Note: "Yes" to any of the following questions does not mean automatic disqualification from the athletic activity indicated above. However, it will require a review and approval by the school examiner 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. Coaches will be informed of any significant medical information.

History since Last Health Appraisal

If the answer to any of the following questions is "yes", please describe the condition or situation that prompted your answer.

Has your child had any injuries requiring medical attention?	Yes ___ No ___ Date ___
Has your child had any illness lasting more than five (5) consecutive days?	Yes ___ No ___ Date ___
Is your child taking medicine or under a physician's care at this time?	Yes ___ No ___ Date ___
Has your child experienced any feeling of faintness, dizziness or fatigue after exercise or exertion?	Yes ___ No ___ Date ___
Has there been a change regarding the wearing of glasses or contact lenses?	Yes ___ No ___ Date ___
Has your child had any surgical operations or fractures?	Yes ___ No ___ Date ___
Has your child received treatment in a hospital or emergency room?	Yes ___ No ___ Date ___
Has your child developed any allergies?	Yes ___ No ___ Date ___
Does your child have any chronic disease?	Yes ___ No ___ Date ___

(Use the space below to explain any "Yes" answers and give dates)

Parental Permission

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

Signature of Parent/Guardian: _____ Date: _____

Please fill in completely, sign and return to School Health Office