



WESTBURY

UNION FREE SCHOOL DISTRICT

INTERIM INTERSCHOLASTIC SPORTS FORM

THIS FORM IS TO BE COMPLETED BEFORE THE START OF EACH SPORTS SEASON EXCEPT
THE SEASON IN WHICH THE ATHLETE HAS HAD A SPORTS PHYSICAL

INFORMATION																																													
Name	Grade																																												
Sport	Date of Birth																																												
<p>Since your child's last sports physical has this student: PLEASE EXPLAIN ANY YES ANSWERS AT THE BOTTOM OF THIS FORM</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 70%;">Had any illness lasting more than one week?</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>2.</td> <td>Had any injury or illness requiring a doctor's care?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>3.</td> <td>Had any head injury with or without loss of consciousness?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>4.</td> <td>Had sustained a concussion?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>5.</td> <td>Had an operation, fainted, had a convulsion, epilepsy, or diabetes?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>6.</td> <td>Been hospitalized for any reason?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>7.</td> <td>Been evaluated for chest pain or a heart condition?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>8.</td> <td>Taken <u>any</u> medication for a week or longer?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>9.</td> <td>Is there any reason why your son or daughter should not participate in the above-named sport?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>10.</td> <td>Had tested positive for Covid 19 at any time?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>11.</td> <td>Had been hospitalized due to a positive Covid 19 test & resulting illness?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>		1.	Had any illness lasting more than one week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2.	Had any injury or illness requiring a doctor's care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.	Had any head injury with or without loss of consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4.	Had sustained a concussion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5.	Had an operation, fainted, had a convulsion, epilepsy, or diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6.	Been hospitalized for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7.	Been evaluated for chest pain or a heart condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8.	Taken <u>any</u> medication for a week or longer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	9.	Is there any reason why your son or daughter should not participate in the above-named sport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	10.	Had tested positive for Covid 19 at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	11.	Had been hospitalized due to a positive Covid 19 test & resulting illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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WHILE EVERY EFFORT IS MADE TO ENSURE YOUR CHILD'S SAFETY DURING PARTICIPATION IN INTERSCHOLASTIC ATHLETICS, THE POSSIBILITY OF SERIOUS INJURY ALWAYS EXISTS. WE ALSO UNDERSTAND THAT THERE IS A GREATER RISK OF INJURY IN CONTACT SPORTS, AND WE HAVE OPTED TO PARTICIPATE WITH THAT KNOWLEDGE IN MIND.

I hereby give my child	permission to engage in	For School Year
		20 - 20
Parent/Legal Guardian Signature	Student's Signature	Date
PLEASE EXPLAIN ANY YES ANSWERS FROM THE TOP OF THIS FORM		