



Orchard Pediatrics, P.C.

Newborn through Adolescent Care

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Athlete School Sports Participation Parent

To be completed by Parent

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Please review all questions and answer them to the best of your ability.

	YES	NO	DON'T KNOW
Has anyone in the athlete's family died suddenly before the age of 50 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the athlete have a history of a concussion (getting knocked out) or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the athlete ever suffered a heat-related illness (heat stroke)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the athlete have a chronic illness or see a physician regularly for any particular problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the athlete take any prescribed medicine, herbs or nutritional supplements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the athlete allergic to any medications or bee stings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the athlete ever been diagnosed with a heart murmur, heart condition or hypertension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the athlete ever been hospitalized overnight or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature parent / guardian

Date