

MANCHESTER TOWNSHIP SCHOOLS
UPDATE FORM FOR ADDITIONAL SPORTS PARTICIPATION

Student's Name: _____ Grade: _____

Sport: _____ Homeroom: _____ Gym Period: _____

***This form is only to be used if a completed physical examination (A-2) and Health History form (A-1) is already on file for a calendar year.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Since your last physical were any injuries or illness sustained which required care of a physician? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently under a physician's care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you taking any medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other important new medical information that may be relevant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any previous INJURY or SURGERY in the last 12 months which resulted in the loss of time from practice, game or school? | <input type="checkbox"/> | <input type="checkbox"/> |

EXPLAIN, IN DETAIL, ANY "YES" ANSWERS: Explain and include date, diagnosis and treating physician.

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

Parent or Guardian Signature _____ Date: _____

Athlete Signature: _____

Has there been a change in any emergency information? YES NO

Please note any changes below:

Student Name: _____

Home Address: _____

Home Phone: _____ Mother's Work _____ Father's Work _____

Emergency Contact: _____ Phone #: _____