



Sprague School District
25 Scotland Road ~ Baltic, Connecticut 06330



Sayles School
"A Friend of Core Knowledge"

Phone: 860-822-8264

Fax: 860-822-1347

Dear Parents:

Your child has expressed an interest in participating in our school's athletic program. Before your child may participate it is required that proof of a physical examination done within the past year be on file in the nurse's office. You and your child must also complete this Sports Participation Questionnaire before each sports season.

Name: _____ Date of Birth _____ Gender _____ Grade _____

Address _____ Phone _____

Sports Being Played _____

1. Do you have any allergies? (Food, Drug, Insects, etc.) Yes ____ Please Explain below. No ____

2. Are you currently taking any medications, prescribed or over the counter? This includes supplements. Yes ____ Please list below. No ____

3. Are you presently being treated for any condition by a physician or other health care professional?

Yes _____ No _____

4. Have you ever been advised by a doctor not to participate in any sport:

Yes _____ No _____

5. Do you have any chronic conditions, disorders or diseases? Please specify below.

6. Lastly, if there are any medical concerns you may have that have not been addressed by the previous questions please state them below:

STUDENT AND PARENT OR GUARDIAN:

We hereby state that we have reviewed this medical history and found the information supplied within to be correct to the best of our knowledge. Also in case of an emergency we give the school permission to call 911 and have our child transported to a Hospital.

_____ Hospital of choice

_____ Contact Number

_____ Student Signature

_____ Date

_____ Parent Signature

_____ Date