

Sports Emergency Card

Date: 5/7/2014

Sport: Baseball

Student Name: Joe Beck

Birth Date: 1/1/1997

Grade: 12th

Address: 1 Main St. Old Tappan, New Jersey 07675

Parent/Guardian 1:
Ron Becker

Home: (132)123-1234

Work:

Cell: (567)567-5678

Parent/Guardian 2

Home:

Work:

Cell:

Guardian:

Phone (H):

Work:

Cell:

If unable to contact parent/guardian you may contact:

Name: John Smith

Phone (H): (987)789-7890

Work:

Cell: (098)890-0987

Name:

Phone (H):

Work:

Cell:

MEDICAL INFORMATION:

No Allergies (ie. Seasonal, medicine, food, insect sting)

No Asthma Inhaler:

No Epipen Allergy to:

No Heart Problems

No Diabetes

None Medications currently taking

No Previous joint disease, fractures, injuries

No History of seizures

No History of concussion

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: Eastern Christian School

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: Joe Beck

Age 17

Grade 12th

Date of Last Physical Examination: 03/09/2014

Sport:Baseball

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? No

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? No

If yes, describe in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? No

If yes, describe in detail:

4. Fainted or "blacked out?" No

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" No

If yes, describe in detail:

6. Has there been a recent history of fatigue and unusual tiredness? No

If yes, describe in detail:

7. Been hospitalized or had to go to the emergency room? Yes

If yes, describe in detail: X-Rays on my right wrist. Outcome was a sprain.

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" No

If yes, describe in detail:

9. Started or stopped taking any over-the-counter or prescribed medications? No

If yes, name of medication(s):

Date: 05/07/2014

Parent/Guardian Signature:

