

SOLVAY SCHOOLS

SPORTS CANDIDATES' QUESTIONNAIRE

(To be completed by PARENTS and returned to school nurse prior to sports physical examination.)

STUDENTS: Do not write on this form

Student's Name: _____ Birth Date: _____

Address: _____ Grade: _____

Sport: _____
Physical Date: _____

Parents: _____

Phone Number: _____

SPORT(S) Fall _____ Winter _____ Spring _____

- | | | | |
|--|-----|----|-------|
| 1. Has had injuries requiring medical attention? | Yes | No | _____ |
| 2. Has had illness lasting more than one week? | Yes | No | _____ |
| 3. Is under a physician's care now for illness or injury? | Yes | No | _____ |
| 5. Wears glasses? | Yes | No | _____ |
| Contact lenses? | Yes | No | _____ |
| 6. Has had a surgical operation? | Yes | No | _____ |
| 7. Has been in hospital overnight? | Yes | No | _____ |
| 8. Do you know of any reason why this individual should not participate in sports? | Yes | No | _____ |
| 9. Has experienced loss of consciousness, dizziness, light-headedness or chest pain related to exertion? | Yes | No | _____ |
| 10. Has severe allergy to beesting? | Yes | No | _____ |
| 11. Has there been a sudden death in the immediate family? | Yes | No | _____ |

(If "yes" indicate age & cause if known) _____

Please explain any "yes" answers to above questions _____

- | | | | |
|--|-----|----|-------|
| 12. Has had tetanus toxoid and booster inoculation within past 10 years? | Yes | No | _____ |
| 13. Has seen a dentist within the past year? | Yes | No | _____ |
14. Parents should be aware that participation in sports involves some risk of injury and questions in this regard may be directed to the coach of the particular sport. All Solvay athletes are insured by the Pupil Benefits Plan, Inc.

Procedure for claims is as follows:

- A) Pupil shall report injury to teacher and school nurse at time injury is sustained. When the pupil receives medical treatment, notify the school at once. Report of injury shall be made within **30 days** to be eligible for a claim.
- B) This policy is **only in excess** of those benefits payable under family and/or employer policy(ies). This claim is to be first filed with another carrier(s). After final settlement, a completed claim shall be returned to the school. To ensure prompt settlement, see that the claim form and all bills are submitted to the school at the earliest possible date, plus copies of receipt or rejection of payment by your insurance carrier.
- C) Final date for submission of claim to the plan office shall be **one year** from date of injury.

I have read the above information. This child has my permission to participate in interscholastic athletics.

Date Parent Signature

If recent illness or injury is significant, please send a letter from your physician.