



Sprague School District
25 Scotland Road ~ Baltic, CT 06330



Phone: 860.822.8264
 Fax: 860.822.1347

Sayles School

Website
www.saylesschool.org

Dear Parents/Guardians:

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: _____ Grade: _____

Address: _____ Phone: _____

Email: _____

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:

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.

 Print Parent/Guardian Name

 Parent/Guardian Signature

 Date

Please list individuals authorized to pick up your child from practices and games.

Name	Relationship to Child	Phone Number	Alternate #
1.			
2.			
3.			