

Agency # 1- _____

SPECIAL OLYMPICS MISSOURI/Special School District
STUDENT HEALTH HISTORY
(To be completed by parent or guardian)

SCHOOL _____ COACH _____ SSD Student ID _____

STUDENT INFORMATION

Name _____ Sex: M F Age _____ Birth Date _____
Address _____ City _____ Zip Code _____

Can athlete have his/her picture taken? Yes No

EMERGENCY INFORMATION (Please provide at least two phone numbers below)

Parent/Guardian _____
Address _____ City _____ Zip Code _____
Telephone: Home _____ Cell Phone _____ Daytime _____
Emergency Contact _____ Number _____ Pager _____

HEALTH HISTORY

Significant Illness /Operations _____
Asthma: NO _____ YES _____ Triggers: _____ Medication _____
Seizures: NO _____ YES _____ Type: _____ Medication _____
Allergies: NO _____ YES _____ Type: _____ Medication _____
Any reaction to Penicillin or other drugs? NO _____ YES _____ What type? _____
Will student require medication during attendance at event? (Approximate time 9 a.m. to 1:30 p.m.)
NO _____ YES _____ Type _____ Dosage _____
If yes, a signed parent request and current prescription must be provided.

IMMUNIZATIONS (SHOTS) are Up-to-date?: NO _____ YES _____

Does athlete have Down Syndrome? NO _____ YES _____

If athlete has Down Syndrome, has physician examined and x-rayed, including full flexion and full extension views, for Atlantoaxial Subluxation? YES _____ DATE OF X-RAY _____
NO X-RAY Taken _____ (Signed release from doctor must then be provided)

RESULT OF X-RAY POSITIVE EVIDENCE _____ NO EVIDENCE _____

*** IF YOU ARE UNSURE OF THIS, CONSULT YOUR CHILD'S PHYSICIAN.** Student will be restricted from certain sports and activities if athlete has Down Syndrome and this is not completed.

I, the undersigned parent and/or guardian of the above named applicant (hereinafter referred to as the 'Entrant'), hereby request permission for the Entrant to compete in the Special Olympics program. I represent and warrant to you that the Entrant is physically and mentally able to compete in Special Olympics. On behalf of the Entrant and myself, I hereby release you from any liability arising out of your permitting the Entrant to participate in the Special Olympics, and I agree to defend and hold you harmless against any claims or liabilities asserted against you at any time by or on behalf of the Entrant by reason of such participation or any other matters or thing to which this application appertains. If I am not personally present at the Special Olympics activities in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

Name of student's physician _____ Phone _____
Address _____ City _____ Zip Code _____

Parent/Guardian _____ Date _____

****A COPY OF THIS FORM MUST BE ON FILE IN THE SSD SPECIAL OLYMPICS OFFICE PRIOR TO PARTICIPATION****

ORIGINAL TO SSD OFFICE, **YELLOW** TO COACH