



Health Insurance REQUIRED - Provide copy of card

REQUIRED ANNUAL HEALTH FORM

Name _____ Age _____ Date of Birth _____ Sex _____
 Address _____ Soc. Security # _____

HEALTH HISTORY		
Answer 'YES' or 'NO' Only	YES	NO
Chronic/Recurrent Illness?		
Hospitalization?		
Surgery Other Than Tonsils?		
Injuries Treated by Physician?		
Current Medications?		
Organs Missing?		
Heat Exhaustion/Stroke?		
Dizziness, Fainting, Convulsions and/or Headaches?		
Knocked Out?		
Concussion?		
Wear Glasses or Contacts?		
Hearing Defects?		
Dental Appliances? Bridge/Brace/Cap/Plate		
Cough/Chest Pain?		
Problems with Blood Pressure, Heart, or Murmurs?		
Problems with Liver, Spleen, Kidney?		
Hernia?		
Recurrent Skin Disease?		
Bone/Joint Injury? Sprain/Dislocation?		
Injury that Caused a Missed Practice/Event?		
Allergy to Medications? Name:		
Tetanus Booster in the Last 10 Years?		

FAMILY PHYSICIAN _____		PHONE _____		
ADDRESS _____				
VITALS	SATISFACTORY YES NO		PHYSICAL EVALUATION COMMENTS	RECOMMENDED FOLLOW-UP
HEIGHT _____				
WEIGHT _____				
BP _____				
GENERAL				
URINE				
Sp. Gr. _____				
Glucose _____				
Protein _____				
HEAD				
EYES			ACUITY R L	
ENT				
DENTAL				
CHEST				
HEART				
ABDOMEN				
GENITALIA				
SKIN				
EXTREMETIES				
BACK, NECK				
ALLERGY				
SUMMARY OF COMMENTS:				
LIMITATIONS:				

The above information is Current and Correct to the Best of My Knowledge

Signature of Parent or Guardian

Date

Physician Signature

Date



AUTHORIZATION OF MEDICATION FORM

PART A: To be completed by medical provider:

Student's Name _____ Date of Birth _____ In order to keep this student in optimum health and to help maintain maximum school performance, it is necessary that medication be given.

Medication _____ Dosage _____ Route _____

Time(s) medication is to be given: _____

Student may may not self-medicate.

Special instructions and/or side effect(s) :

If medication is ordered as needed, please indicate specific circumstances when medication should be given (licensed nursing personnel will be administering medications) .

Signature of Medical Provider

() _____

Telephone

Date

PART B: To be completed by parent or guardian.

I hereby give permission for my child _____ to receive medication during enrollment at Asheville School. This medication has been prescribed by a licensed physician.

I hereby release Asheville School and its agents and employees from any and all liability that may result from my child taking the medication.

Signature of Parent or Guardian

() _____

Telephone

Date

PART C:

I hereby give my permission for my child to receive OTC medication and antibiotics per standing order of school physician administered by licensed nursing personnel. I hereby release Asheville School and its agents and employees from any and all liability that may result from my child taking the medication.

Signature of Parent of Guardian

() _____

Telephone

Date

CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date