



# WHITE PLAINS PUBLIC SCHOOLS INTERSCHOLASTIC SPORTS MEDICAL WAIVER

PARENT/GUARDIAN PLEASE COMPLETE BEFORE STUDENT'S PHYSICAL  
DO NOT USE PENCIL

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SPORT \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

Please answer yes or no to all of the questions below. *If yes, please explain.* Has the student ever had?

Serious disease, injury to, loss or absence of an organ? Loss of vision in one eye? Yes \_\_\_\_ No \_\_\_\_

Asthma or Reactive Airway Disease? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

A Severely Allergic reaction to medication, insect stings OR food? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

History of heat intolerance, fainting, dizziness or seizure disorder? Yes \_\_\_\_ No \_\_\_\_

History of passing out, dizziness or shortness of breath while exercising? Yes \_\_\_\_ No \_\_\_\_

History of heart problems-murmurs, extra beats or high blood pressure? Yes \_\_\_\_ No \_\_\_\_

Has any member of the family had a sudden death or heart attack before age 50?  
If yes, explain (who?) \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Does the student have diabetes? \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Any disabilities or chronic illnesses?  
If yes, explain \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Has the student ever been disqualified from sports participation due to a medical problem? Yes \_\_\_\_ No \_\_\_\_

Is the student currently taking Any medications?  
Please list, including inhalers \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Does the student need to carry medication with her/him? Yes \_\_\_\_ No \_\_\_\_

Date of last tetanus booster. \_\_\_\_\_

**Within the past 12 months, has the student had any problems requiring medical attention such as:**  
Illness lasting more than 5 days? \_\_\_\_ Disease? \_\_\_\_ Injury? \_\_\_\_ Surgery? \_\_\_\_ Hospitalization? \_\_\_\_  
Mono? \_\_\_\_ Orthopedic problems/Fractures? \_\_\_\_ Head Injury? \_\_\_\_

If yes, please explain \_\_\_\_\_

My Child wears: Braces \_\_\_\_ Glasses \_\_\_\_ Contact Lenses \_\_\_\_ Removable Dental Piece \_\_\_\_

I TAKE FULL RESPONSIBILITY FOR THEIR USE DURING SPORTS PARTICIPATION. Yes \_\_\_\_ NO \_\_\_\_

MY SON/DAUGHTER HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE NAMED SPORT

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_