



CHARLOTTE PUBLIC SCHOOLS ATHLETIC DEPARTMENT MEDICAL HISTORY QUESTIONNAIRE ATHLETIC TRAINER CONSENT FORM

Name			DOB		
Graduation Year		Parent Email			
Have	you ever bo	een informed	by a physician Circle all	that you have any of the fo	llowing:
As	thma	Diabetes	Epilepsy	High Blood Pressure	Hemophilia
List A	LL medica	tions that yo	u are taking at t	his time:	
List al	ll surgeries	that you hav	re had in the last	two years:	
	•		ion or been kno		
Please	e list any ot	her medical _l	problems that ye	ou may have:	
treatm treatm 1. 2. 3. 4.	nent necession in the content may in Initial evan Emergence Ongoing Application athlete	ary by the At clude, but sh aluation and cy first aid rehabilitation on/fabricatio	chletic Trainer chall not be limited consultation of the injured	the injured athlete athlete braces/splints for the suppo	lic Schools. Such
	Pa	arent/Guardia	an Signature		Date

If your athlete is seen by a physician for an injury, the athlete MUST have a doctor's note stating when return to play may begin. The note must be given to the Athletic Trainer. If this is not done, the athlete will not be able to participate until completed.