

Exhibit

**Frenchtown Elementary School District
HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION**

To participate on a school athletic squad or team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent.

STUDENT _____ BIRTHDATE _____ GRADE _____

ADDRESS _____ HOME PHONE _____ MALE/FEMALE _____

DATE OF LAST MEDICAL EXAMINATION _____

DATE FORM DUE _____

Since the last medical examination, the above named child has experienced the following changes (please explain in full, any "YES" answers, including dates):

- | | | |
|--|-----|----|
| 1. HOSPITALIZATION/OPERATIONS | YES | NO |
| 2. ILLNESSES | YES | NO |
| 3. INJURIES | YES | NO |
| 4. CARE ADMINISTERED BY A PHYSICIAN, ADVANCED PRACTICE
NO
NURSE OR PHYSICIAN'S ASSISTANT | YES | |
| 5. MEDICATIONS | YES | NO |

DATE

SIGNATURE OF PARENT/GUARDIAN

**ANY CHANGES IN STATUS MUST BE REVIEWED BY THE SCHOOL PHYSICIAN and the
MEDICAL PROVIDER**

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE BY THE "DATE DUE"