

High School Sports Pre-Participation Health Questionnaire

Student Information

Full Name

Date of Birth

Grade

School

Sport(s)

Parent/Guardian Contact

Name

Phone

Email

Medical History

☐

Asthma

☐

Diabetes

☐

Heart Condition

☐

History of Concussion

☐

Allergy

Please list any other relevant medical conditions:

Current Medications

Emergency Contact (if different)

Name

Phone

Additional Notes