SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

	<u> </u>	SUPP	LEMENTAL	. HEALT	H HISTORY				
Student's N	lame						Male/Fe	male (c	circle one
Date of Student's Birth:/ Age of Studer			nt on Last Birthday: Grade for Current School Year:						
Winter Spo	rt(s):			Spring	Sport(s):				
	TO PERSONAL INFORMATION (In all Section 1: Personal and Emerge				fy any changes t	o the Perso	nal Informati	on set	forth in
Current Ho	me Address								
Current Ho	me Telephone # (Pa	rent/Guar	rdian Current Cell	ular Phone #	:()		
	TO EMERGENCY INFORMATION inal Section 1: Personal and Emer				tify any changes	to the Eme	rgency Infor	mation	set forth
Parent's/Gu	uardian's Name					Relati	onship		
Address				Emergency Contact Telephone # ()					
Secondary Emergency Contact Person's Name				Relationship					
Address									
Medical Insurance CarrierAddress									
Family Phy	sician's Name								
					Telep	hone # ()		
	ENTAL HEALTH HISTORY:								
	s" answers at the bottom of this form. tions you don't know the answers to.								
Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head		Yes	No	4. Since completion of the CIPF		Yes	No		
					experienced any e shortness of breat			_	_
				5.6.	pain? Since completion of the taking any NEW prescript pills? Do you have any concelike to discuss with a physical pain.				
						•			
3. Since	rush) or traumatic brain injury? Since completion of the CIPPE, have you						,		
	nced dizzy spells, blackouts, and/or ciousness?								
#'s			Explain	"Yes" an	swers here:				
I hereby co	 ertify that to the best of my knowle	adne a	ll of the info	ormation	harain is true an	d complete			
Student's S	•	suye d	OI LITE IIIIC	, mation	nereni is tiue dii	a complete.	Date	/	/
I hereby ce	ertify that to the best of my knowle	edge a	II of the info	ormation	herein is true an	d complete.			
Parent's/Gu	uardian's Signature						Date	/	1