



Canisius High School
Student Medical Information
Higher Achievement Program

Name: _____

Age: _____

D.O.B. _____

Parent/Guardian Name(s): _____

Address: _____

City: _____

Phone (daytime) _____

Cell: _____

Authorized Contacts in case of Emergency:

(1) Name: _____

Relationship: _____

Phone: _____

(2) Name: _____

Relationship: _____

Phone: _____

Hospital Preference: _____

Insurance Co.: _____

Primary Physician: _____

Phone: _____

Medical Information

Medical Illnesses: _____

Allergies: _____

Last Tetanus Shot or booster: _____

Medication: _____

****Any medication required during athletic competition requires a physician's note****

Previous concussions/head/neck/back/orthopedic injuries (month and year)

Other previous significant injuries/medical conditions: _____

Since you last athletic physical have you...

- | | | |
|------------------------------------------------------------------|-----|----|
| • Been told not to participate in a sport? | Yes | No |
| • Missed gym for any medical reason? | Yes | No |
| • Had a fracture or dislocation? | Yes | No |
| • Had a knee or ankle injury? | Yes | No |
| • Any significant injuries requiring medical care? | Yes | No |
| • Had treatment in a hospital or emergency room? | Yes | No |
| • Been in a hospital for an operation? | Yes | No |
| • Had an illness lasting more than five days? | Yes | No |
| • Had any changes in your vision over the past year? | Yes | No |
| • Been unconscious or lost memory due to head injury? | Yes | No |
| • Any feeling of fainting, dizziness, or fatigue after exercise? | Yes | No |
| • Are you under the care of a doctor now? | Yes | No |
| • Do you take any medication? | Yes | No |
| • Do you have any allergies? | Yes | No |
| • Do you have asthma? | Yes | No |
| • Do you have difficulty breathing? | Yes | No |

Please Explain ALL yes answers!

My son may receive the following medications, by consent of the Medical Director...

Advil Yes No

Tylenol Yes No

Benadryl Yes No

***** Please attach a copy of your son's immunization record from the doctor. All non-immunized students MUST send proper documentation supporting their religious or medical exemption status.**