

**CATHOLIC CENTRAL HIGH SCHOOL
TROY, NEW YORK
CONFIDENTIAL HEALTH INFORMATION**

Name _____ Grade in September 2013 _____

Home address _____
Street City Zip

Home Phone _____ Residing with _____

Date of Birth _____ School Previous to CCHS _____

Does this student have any health concerns? Yes _____ No _____ If yes, please state the nature and treatment of the concern as specifically as possible:

List any present medications _____ Name of family physician _____

List known allergies _____ Hospital preference _____

Mother/Guardian's name _____ Father/Guardian's name _____

Mother/Guardian's home phone # _____ Father/Guardian's home phone # _____

Mother/Guardian's work phone # _____ Father/Guardian's work phone # _____

Mother/Guardian's cell phone # _____ Father/Guardian's cell phone # _____

If parent/guardian(s) are not available, person to contact in emergency

1st Name _____ Phone _____ Relationship _____

2nd Name _____ Phone _____ Relationship _____

My son/daughter *is* interested in playing sports at CCHS. Yes _____ No _____

I have received the sports physical examination form that needs to be completed by my physician and the athletic health history form that needs to be completed by the parent for participation in sports at CCHS.

Yes _____ No _____ Initials _____

OR

My son/daughter *is not* participating in CCHS sports, therefore I have received the physical examination form that needs to be completed by my physician to enter CCHS. (Physical must be done during the same calendar year of entrance to CCHS)

Yes _____ No _____ Initials _____

I agree that the above medical information provided may be shared with the faculty of Catholic Central High School

YES _____ NO _____

Signature of Parent/Guardian

Date