

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

Name \_\_\_\_\_ Grade in September 2020 \_\_\_\_\_

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

1<sup>st</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> 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

