



# Johnson City Central School District

## Department of Health, Physical Education and Athletics

666 Reynolds Road, Johnson City, NY 13790  
jgoodson@jcschools.stier.org

John Goodson  
Director

(607) 763-1226  
Fax (607) 763-1227

### JOHNSON CITY SCHOOL DISTRICT Athletic Health History Update

Name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Grade: \_\_\_\_\_ Sport: \_\_\_\_\_ Level: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Alert Information: \_\_\_\_\_

#### **Emergency Contact Information:**

Contact Person #1 Name: \_\_\_\_\_

Day Time Phone #: \_\_\_\_\_ Evening Phone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person #2 Name: \_\_\_\_\_

Day Time Phone #: \_\_\_\_\_ Evening Phone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Since his/her last sport physical has the student:

- |    |   |         |        |
|----|---|---------|--------|
| 1. | Received medical care for injury or illness?          | Yes ___ | No ___ |
| 2. | Been absent from school more than 5 consecutive days? | Yes ___ | No ___ |
| 3. | Does the student wear contact lens?                   | Yes ___ | No ___ |

Contact Lens - there is a calculated risk involved.

(Parents are responsible for replacement if lost)

If "YES" to any of the above, please list date and type fo diagnosis.

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### **New York State Champions**

1985 Girls Basketball 1987 Wrestling 1988 Wrestling 1991 Softball 1998 Girls Swimming 1999 Wrestling 1999 Baseball  
2003 Wrestling 2006 Wrestling

The District is an equal opportunity employer and does not discriminate on the basis of sex, race, national or ethnic origin, age, religion or handicapping conditions.  
Inquiries should be directed to Mr. Tom Lally, Compliance Office. (607) 763-1229





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### Parent Consent

We have filled out the Health History Update, Duty to Warn, Athletic Code of Conduct, and reviewed the parent handbook and we are in agreement. We give the above student-athlete permission to participate on the \_\_\_\_\_ team for the Johnson City Central School District, during the year \_\_\_\_\_, I understand that participating in athletic activities implies the risk of injury and the school district insurance has limitations on the coverage of each injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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