Hello Parents and Students,

Below you are receiving all of the paperwork that your athlete will need for the 2016-2017 season. In order for your student to participate, all of the forms attached will need to be returned to the Coach of each sport. It is advised that you make a copy of all forms, especially the physical. If your athlete plays multiple sports, you should copy all of the forms because each coach will need the paperwork. There will not be free sports screenings this year. You can get a physical from your primary care doctor, or any other walk-in clinic available to you (Kroger’s Little Clinic). **The physical must be dated after APRIL 15th, 2016 regardless of if you have a physical on file from last year.** Please check all of the paperwork before turning it in to ensure that you, your athlete, and the physician have signed all necessary paperwork BEFORE turning it into the Coaches. Any additional papers given with this packet do not need to be returned to coaches.

All of the following must be returned to the Coaches in order for your child to be allowed to participate:

- **Physical** that is signed by:
  - The Parent
  - The Athlete
  - The Physician

- **Emergency Treatment Form** (Consent for Athletic Participation & Medical Care)
- **Concussion Form** (Student-athlete &Parent/Legal Guardian Concussion Statement)
- **Sudden Cardiac Form** (Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

Sign below indicating that you have reviewed all of the above information and return this sheet with the attached paperwork.

_________________________________________   _____________________
Parent Signature                      Date
Preparticipation Physical Evaluation

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam ____________________________________________
Name ___________________________ Date of birth ____________
Sex _______ Age _______ Grade _______ School _______ Sport(s) _______

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking below:
__________________________________________________________________________________

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain “Yes” answers here. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?
   ☐ Yes ☐ No

2. Do you have any ongoing medical conditions? If so, please identify below:
   ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:

3. Have you ever spent the night in the hospital?
   ☐ Yes ☐ No

4. Have you ever had surgery?
   ☐ Yes ☐ No

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?
   ☐ Yes ☐ No

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
   ☐ Yes ☐ No

7. Does your heart ever race or skip beats (irregular beats) during exercise?
   ☐ Yes ☐ No

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection
   ☐ Kawasaki disease Other:

9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)
   ☐ Yes ☐ No

10. Do you get lightheaded or feel more short of breath than expected during exercise?
    ☐ Yes ☐ No

11. Have you ever had an unexplained seizure?
    ☐ Yes ☐ No

12. Do you get more tired or short of breath more quickly than your friends during exercise?
    ☐ Yes ☐ No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?
    ☐ Yes ☐ No

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
    ☐ Yes ☐ No

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
    ☐ Yes ☐ No

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?
    ☐ Yes ☐ No

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
    ☐ Yes ☐ No

18. Have you ever had any broken or fractured bones or dislocated joints?
    ☐ Yes ☐ No

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
    ☐ Yes ☐ No

20. Have you ever had a stress fracture?
    ☐ Yes ☐ No

21. Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
    ☐ Yes ☐ No

22. Do you regularly use a brace, orthotics, or other assistive device?
    ☐ Yes ☐ No

23. Do you have a bone, muscle, or joint injury that bothers you?
    ☐ Yes ☐ No

24. Do any of your joints become painful, swollen, feel warm, or look red?
    ☐ Yes ☐ No

25. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
    ☐ Yes ☐ No

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
    ☐ Yes ☐ No

27. Have you ever used an inhaler or taken asthma medicine?
    ☐ Yes ☐ No

28. Is there anyone in your family who has asthma?
    ☐ Yes ☐ No

29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
    ☐ Yes ☐ No

30. Do you have groin pain or a painful bulge or hernia in the groin area?
    ☐ Yes ☐ No

31. Have you had infectious mononucleosis (mono) within the last month?
    ☐ Yes ☐ No

32. Do you have any rashes, pressure sores, or other skin problems?
    ☐ Yes ☐ No

33. Have you had a herpes or MRSA skin infection?
    ☐ Yes ☐ No

34. Have you ever had a head injury or concussion?
    ☐ Yes ☐ No

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
    ☐ Yes ☐ No

36. Do you have a history of seizure disorder?
    ☐ Yes ☐ No

37. Do you have headaches with exercise?
    ☐ Yes ☐ No

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
    ☐ Yes ☐ No

39. Have you ever been unable to move your arms or legs after being hit or falling?
    ☐ Yes ☐ No

40. Have you ever become ill while exercising in the heat?
    ☐ Yes ☐ No

41. Do you get frequent muscle cramps when exercising?
    ☐ Yes ☐ No

42. Do you or someone in your family have sickle cell trait or disease?
    ☐ Yes ☐ No

43. Have you had any problems with your eyes or vision?
    ☐ Yes ☐ No

44. Have you had any eye injuries?
    ☐ Yes ☐ No

45. Do you wear glasses or contact lenses?
    ☐ Yes ☐ No

46. Do you wear protective eyewear, such as goggles or a face shield?
    ☐ Yes ☐ No

47. Do you worry about your weight?
    ☐ Yes ☐ No

48. Are you trying to or has anyone recommended that you gain or lose weight?
    ☐ Yes ☐ No

49. Are you on a special diet or do you avoid certain types of foods?
    ☐ Yes ☐ No

50. Have you ever had an eating disorder?
    ☐ Yes ☐ No

51. Do you have any concerns that you would like to discuss with a doctor?
    ☐ Yes ☐ No

FEMALES ONLY

52. Have you ever had a menstrual period?
    ☐ Yes ☐ No

53. How old were you when you had your first menstrual period?
    ☐ Yes ☐ No

54. How many periods have you had in the last 12 months?
    ☐ Yes ☐ No

Explain “yes” answers here
__________________________________________________________________________________
__________________________________________________________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete ___________________________ Signature of parent/guardian ___________________________ Date ___________________________


HE5003 9-2081/10410
THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

This document is only necessary when the individual has a documented special need.

Date of Exam __________________________________________ Name __________________________

Date of birth __________________________ Sex _______ Age _______

Grade ___________ School __________________________ Sport(s) __________________________

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accident/trauma, other)
5. List the sports you are interested in playing

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you regularly use a brace, assistive device, or prosthetic?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use any special brace or assistive device for sports?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any rashes, pressure sores, or any other skin problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a hearing loss? Do you use a hearing aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a visual impairment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use any special devices for bowel or bladder function?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have burning or discomfort when urinating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had autonomic dysreflexia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have muscle spasticity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have frequent seizures that cannot be controlled by medication?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain “yes” answers here

Please indicate if you have ever had any of the following.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete __________________________________________ Signature of parent/guardian __________________________ Date __________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) __________________________ Date __________________
Address __________________________ Phone __________________________
Signature of physician __________________________, MD or DO
Preparticipation Physical Evaluation

CLEARANCE FORM

This form is for summary use in lieu of the physical exam form and health history form and may be used when HIPAA concerns are present.

Name ____________________________________________________ Sex □ M □ F Age _________________ Date of birth _________________

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ________________________________________________

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports

Reason ___________________________________________________________

Recommendations ______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) ___________________________________________________________________________________ Date ________________

Address _________________________________________________________________________________________ Phone _________________________

Signature of physician _____________________________________________________________________________________________________, MD or DO

EMERGENCY INFORMATION

Allergies ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other information ______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________
CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE
*Entire Page Completed By Patient

### Athlete Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Sex: [ ] Male [ ] Female  
Grade _______  
Age _______  
DOB ___/___/_____

Allergies ________________________________________________________________________________

Medications______________________________________________________________________________

Insurance ______________________________________ Policy Number ____________________________

Group Number _________________________________ Insurance Phone Number ____________________

### Emergency Contact Information

<table>
<thead>
<tr>
<th>Home Address</th>
<th>(City)</th>
<th>(Zip)</th>
</tr>
</thead>
</table>

Home Phone _______________ Mother’s Cell _______________ Father’s Cell _______________

Mother’s Name _____________________________________ Work Phone ________________________

Father’s Name _____________________________________ Work Phone ________________________

Another Person to Contact __________________________________________________________________

Phone Number _________________________ Relationship __________________________

---

### Legal/Parent Consent

I/We hereby give consent for (athlete’s name) _______________________________ to represent (name of school) _______________________________ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. **On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, **I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.**

---

<table>
<thead>
<tr>
<th>Signature of Athlete</th>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
</table>
CONSENTIMIENTO A PARTICIPAR EN ACTIVIDADES ATLETICAS Y RECIBIR CUIDADO MEDICO SI FUERA NECESARIO
(Este Consentimiento debe ser completado por el Estudiante-Atleta y sus padres o guardianes.)

Información del Estudiante-Atleta
Apellido __________________________________________ Name ___________________________ SN __________

Sexo: [ ] Varón [ ] Hembra Grado_________ Edad_________ Fecha de Nacimiento_____/_____/_____

Alergias _________________________________________

Medicaciones _____________________________________

Seguro Médico ____________________________ Número de la Póliza ____________________________

Número del Grupo ____________________________ Teléfono del Seguro ____________________________

Información del Contacto en Caso de Emergencia
Dirección de Casa ____________________________ (Ciudad) ____________________________

(Código Postal) ____________________________

Teléfono de Casa ____________________________ Celular de la Madre o Guardian ____________________________

Celular del Padre o Guardian ____________________________

Nombre de la Madre o Guardian ____________________________ Teléfono del Trabajo ____________________________

Nombre del Padre o Guardian ____________________________ Teléfono del Trabajo ____________________________

Otra Persona Contacto ____________________________

Número de Teléfono__________________________ Relación ____________________________

Consentimiento Legal de los Padres o Guardianes
Yo/Nosotros damos nuestro consentimiento para que (nombre del Estudiante-Atleta)_________________________ pueda representar (nombre de la escuela)_________________________ en deportes y que yo/nosotros entendemos que esa actividad lleva la posibilidad de sufrir lesiones. Yo/Nosotros sabemos que aún con el mejor entrenamiento, los mejores artículos deportivos, y la observación estricta de las reglas, es posible sufrir lesiones. **En algunas ocasiones, estas lesiones son severas y pueden resultar en incapacidad, parálisis, y hasta la muerte.** Yo/Nosotros damos permiso a la escuela y a TSSAA, sus médicos, entrenadores atléticos, y/o técnicos médicos de emergencias a dar ayuda, tratamiento, cuidado médico o quirúrgico considerados necesarios para la salud y bienestar del Estudiante-Atleta nombrado arriba durante o como resultado de su participación en los deportes. Al firmar este consentimiento, el Estudiante-Atleta nombrado arriba y sus padres/guardianes consienten a que los profesionales de la salud conduzcan un chequeo, examinación, y pruebas del Estudiante-Atleta durante la examinación pre-participacipatoria y a obtener la historia médica. Entendemos que los profesionales de la salud que conduzcan estas pruebas y evaluaciones van a anotar los resultados y observaciones en los formularios y records que acompañan este documento. Como padre o guardan, **yo/nosotros entendemos que somos totalmente responsables por cualquier asunto legal que pueda resultar de las acciones personales del Estudiante-Atleta nombrado arriba.**

__________________________________________  ____________________________________________
Firma del Estudiante-Atleta  Firma del Padre/Guardian  Fecha
CONCUSSION
INFORMATION AND SIGNATURE FORM
FOR STUDENT-ATHLETES & PARENTS LEGAL GUARDIANS
(Adapted from CDC “Heads Up Concussion in Youth Sports”)

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.
Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it’s OK to return to play.

**SIGNS OBSERVED BY COACHING STAFF** | **SYMPTOMS REPORTED BY ATHLETES**
--- | ---
Appears dazed or stunned | Headache or “pressure” in head
Is confused about assignment or position | Nausea or vomiting
Forgets an instruction | Balance problems or dizziness
Is unsure of game, score or opponent | Double or blurry vision
Moves clumsily | Sensitivity to light
Answers questions slowly | Sensitivity to noise
Loses consciousness, even briefly | Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes | Concentration or memory problems
Can’t recall events prior to hit or fall | Confusion
Can’t recall events after hit or fall | Just not “feeling right” or “feeling down”

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training
CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it’s OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.
**Student-athlete & Parent/Legal Guardian Concussion Statement**

Must be *signed and returned* to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _________________________________________________________

Parent/Legal Guardian Name(s): _________________________________________________

After reading the information sheet, I am aware of the following information:

<table>
<thead>
<tr>
<th>Student-Athlete initials</th>
<th>Parent/Legal Guardian initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.</td>
<td>N/A</td>
</tr>
<tr>
<td>A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will/my child will need written permission from a <em>health care provider</em> to return to play or practice after a concussion.</td>
<td></td>
</tr>
<tr>
<td>Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.</td>
<td></td>
</tr>
<tr>
<td>After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.</td>
<td></td>
</tr>
<tr>
<td>After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.</td>
<td></td>
</tr>
<tr>
<td>Sometimes repeat concussion can cause serious and long-lasting problems and even death.</td>
<td></td>
</tr>
<tr>
<td>I have read the concussion symptoms on the Concussion Information Sheet.</td>
<td></td>
</tr>
</tbody>
</table>

*Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete __________________________ Date __________________

Signature of Parent/Legal guardian __________________________ Date __________________
Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?
Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn’t just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete’s SCA will likely result from an inherited condition, while an adult’s SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?
SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?
Although SCA happens unexpectedly, some people may have signs or symptoms, such as:
- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?
There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act
The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013
The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
(i) Unexplained shortness of breath;
(ii) Chest pains;
(iii) Dizziness
(iv) Racing heart rate; or
(v) Extreme fatigue; and

Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest

Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

_____________________________  __________________________
Signature of Student-Athlete                  Print Student-Athlete’s Name Date

_____________________________  __________________________
Signature of Parent/Guardian                  Print Parent/Guardian’s Name Date