Perris Union High School District
Athletic Emergency/Medical Information & Participation Form

FALL	WINTER	SPRING	MULTI
☐ Cross Country	☐ Basketball	☐ Baseball	☐ Cheer
☐ Football	☐ Soccer	☐ Boys Golf	☐ Team Manager
☐ Girls Tennis	☐ Wrestling	☐ Softball	☐ Band
☐ Boys Water Polo	☐ Girls Water Polo	☐ Swimming	☐ Color Guard
☐ Girls Volleyball		☐ Boys Tennis	☐ NJROTC
☐ Girls Golf		☐ Track	☐ OTHER:
		☐ Boys Volleyball	

Athlete's Name:		Address:		Today's Date:
City:	State: CA	Zip Code:	Home Phone:	
Grade:	Age:	Gender:	Date of Birth:	Place of Birth:
Father/Guardian's Name:			Phone:	Employer:
Mother/Guardian's Name:			Phone:	Employer:
Emergency Phone Number:		Cell #:	E-Mail:	
Family Physician:		Phone Number:	School attended previous semester:	
List all schools attended in the last 12 months:				

Medical History Questionnaire- This Section must be completed:

	Y	N		Y	N
1. Are you currently under a doctor's care for any reason?	☐	☐	15. Do you have any trouble breathing before or after exercise?	☐	☐
2. Have you ever been hospitalized?	☐	☐	16. Have you had any problems with your eyes or vision?	☐	☐
3. Have you ever had surgery?	☐	☐	17. Do you wear glasses or contacts or protective eye wear?	☐	☐
4. Are you currently taking any medications or pills	☐	☐	18. Do you use any special equipment? (splint, neck rolls, mouth guards, etc.)	☐	☐
5. Do you have any allergies? (medicine, bee sting, etc.)	☐	☐	19. Has anyone in your family died of heart problems or sudden death before the age of 50?	☐	☐
6. Have you ever been dizzy or fainted during or after exercise?	☐	☐	20. Do you only have one working organ of usually paired organs? (eye, kidney, etc.)	☐	☐
7. Have you ever had chest pains during or after exercise?	☐	☐	21. Have you ever sprained, broken, dislocated, or had repeated swelling or pain of any bones or joints?	☐	☐
8. Have you ever had high blood pressure?	☐	☐	22. Are any of the following currently bothering you? Hand / Wrist / Elbow / Forearm / Hip / Thigh / Knee / Ankle / Shin / Calf / Foot	☐	☐
9. Have you ever been told you have a heart murmur?	☐	☐	23. Have you ever had a stinger, burner, or pinched nerve?	☐	☐
10. Have you ever had a racing heart or skipped heartbeats?	☐	☐	24. Have you ever had any medical problems or injuries? (asthma, mono, diabetes, etc.)	☐	☐
11. Have you had a head injury?	☐	☐	25. Have you had any medical problems since your last evaluation?	☐	☐
12. Have you ever been knocked unconscious?	☐	☐	26. Were there any special instructions or precautions given by the Medical Practitioner?	☐	☐
13. Have you ever had a seizure?	☐	☐	27. What was the date of your tetanus shot?		
14. Have you ever been dizzy or passed out due to the heat?	☐	☐	28. (Women Only) Date of your first menstrual period: When was your last menstrual period? Longest period of time between periods last year?		

Explain all "Yes" answers by question numbers, indicate dates for each item and include any special instructions.

I/we hereby state, to the best of my/our knowledge, the answers to the questions for the medical history questionnaire above are true. I/we understand that by performing this examination, the undersigned physician does not assume responsibility for medical care of this individual. **I/we verify that I/we have read and understand all material presented and all information I/we have provided is correct and I/we give permission for my/our child or ward to receive a physical exam and to participate in athletics.** In the event **reasonable attempts** to contact the parent/guardian at the above phone numbers meets with no success, **full authorization** is given for the administration of any treatment deemed necessary by a medical practitioner, and the transfer of son/daughter or ward to any medical practitioner, and the transfer of my/our son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are provided above concerning the student athlete's medical history which a medical practitioner should know.

Family Health Insurance Co.		Policy ID #
Signature of Athlete		Date:
Signature of Parent or Guardian		Date:

	Blood Pressure	HEENT	Skin	Heart	Lungs	Abdomen	Flexibility/Strength
Normal							
Abnormal							

While this does not constitute a physical nor replace the need for a periodic health evaluation by a family physician, this individual appears to be physically capable of participation in interscholastic sports as of this date except as indicated below.

- ☐ **Cleared for sport without restrictions**
- ☐ **Cleared with the following restrictions:**
- ☐ **Cleared after completing evaluation/rehabilitation for:**
- ☐ **Not cleared for participation in athletics**

Doctor's Office Stamp:	**Physician's Signature:**	**Date:**

CONSENT TO PARTICIPATE AND AGREEMENT TO WAIVE LIABILITY, RELEASE, ASSUME RISK, HOLD HARMLESS AND OBEY RULES AND INSTRUCTIONS

Parent/Guardian Name:_____ Date:_____

Consent is hereby given for student _____ to participate in athletic sports/activities within the Perris Union High School District. Participation **IS VOLUNTARY** and **IS NOT REQUIRED** as a part of the regular school program.

I am aware that participating, playing, practicing to play or preparing to practice/play in any athletic sport/activity can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in athletic sports/activities include, but are **not limited to**, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my (or my student's) body, general health and well-being. I understand that the dangers and risks of participating, playing, practicing to play or preparing to practice/play in athletic sports/activities may result not only in serious injury, but in a serious impairment of my (or my student's) future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

In the event of an accident or sudden illness, Perris Union High School District has permission to render whatever emergency medical treatment may be deemed necessary for the above named student. I will assume the cost of ambulance service in the case of an emergency and understand that the district does not pay for ambulance service. I further understand and accept the responsibility for obtaining a written confirmation from the physician indicating that the student may return to practice and competition with his/her team anytime a student is seen by such personnel.

Because of the dangers of participating, playing, practicing to play or preparing to practice/play in athletic sports/activities, I (or on behalf of my student) recognize the importance of following coaches' instructions regarding playing techniques, training and game and other team rules and agree to obey such instructions/rules.

Students are expected to use District transportation when it is provided. It is never permissible for students to transport other students to or from athletic contests. Any other arrangements due to emergency or family circumstances must be requested in writing by the parent/guardian (who has signed this form) the day before the trip and cleared through the school office.

In consideration of the Perris Union High School District permitting me (or my student) to try out for athletic sports/activities and to **ENGAGE IN ALL ACTIVITIES RELATED TO THE TEAM,** including, but **not limited to**, trying out, preparing for, transporting to or from, practicing for, playing or otherwise participating in athletic sports/activities, **I (OR ON BEHALF OF MY STUDENT) HEREBY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION AND AGREE TO WAIVE LIABILITY AND HOLD THE PERRIS UNION HIGH SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND ALL VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS, OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER WHICH MAY ARISE BY OR IN CONNECTION WITH MY (OR MY STUDENT'S) PARTICIPATION IN ANY ACTIVITIES RELATED TO THE TEAM.** The terms hereof shall serve as a **RELEASE** and **ASSUMPTION OF RISK** for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

THE UNDERSIGNED HAS CAREFULLY READ THE FOREGOING RELEASE AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTANDS IT.

_____ _____

Parent/Guardian Signature Student Signature

_____ _____

Health Insurance/Student Accident Insurance Carrier* Policy Number

*If you do not have accident insurance, the district provides forms for you to obtain insurance as required by law. The forms are available at the school office. Insurance must be maintained at all times. Notify the athletic director of cancellation/change in policy.

PERRIS UNION HIGH SCHOOL DISTRICT

"Growing Together Through Education"

ATHLETIC PHYSICAL PACKET
SIGNATURE CONSOLIDATION PAGE

We, the undersigned are fully aware of the information contained in the athletic physical packet. By initialing and signing on this page we confirm our consent to follow the rules and policies of the Perris Union High School District.

	Parent	Athlete
Student Record and Media Release Authorization……	_____	_____
Athletic Release of Liability ……	_____	_____
Part 1: ……	_____	_____
Part 2: ……	_____	_____
Part 3: ……	_____	_____
Insurance: ……..	_____	_____
Transportation: ……	_____	_____
Stadium Turf Agreement:……..…	_____	_____
CIF Sudden Cardiac Arrest: ……	_____	_____
Concussion Management Protocol ……..	_____	_____
Responsibility to report all injuries ……	_____	_____
CIF/CDC concussion fact sheet ……	_____	_____
Concussion is a brain injury ……	_____	_____
Concussion can affect my ability to perform everyday functions …….	_____	_____
Symptoms can show up hours or days after the injury ……	_____	_____
Report suspected teammate concussions ……	_____	_____
Do not return to play in a game or practice with concussion symptoms	_____	_____
Return to play too soon may increase the chances of a repeat concussion	_____	_____
Repeat concussions can cause permanent brain damage and even death	_____	_____

Name of Parent (Please Print): _____

Parent Signature: _____ **Date:** _____

Name of Student (Please Print): _____

Student Signature: _____ **Date:** _____

Updated 9-2020

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, local governments and health agencies recommend many precautions, including social distancing, and have, in many locations, prohibited the congregation of groups of people.

Perris Union High School District Athletic and Co-Curricular Programs have implemented preventative measures to reduce the spread of COVID-19; however, the Perris Union High School District (PUHSD) cannot guarantee that you, your child(ren), and those whom you and/or your child(ren) encounter will not become infected with COVID-19. Further, participating in an athletic or co-curricular training session could increase your risk, your child(ren)'s risk, and the risk to those whom you and your child(ren) may encounter of contracting COVID-19.

By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), those whom I and/or my children encounter, and I may be exposed to or infected by COVID-19 by my child(ren) participating in athletic or co-curricular training sessions and/or my and/or another responsible adults' visit(s) to athletic and co-curricular training facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

I understand that the risk of becoming exposed to or infected by COVID-19 at any PUHSD facility may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to PUHSD representatives, including Board members, employees, and agents; volunteers; program participants, their families; and anyone the foregoing individuals may encounter. I understand that several government entities, including the Centers for Disease Control and Prevention, the California Department of Health, Riverside County Public Health, and others have released and continue to release guidelines designed to prevent the spread of COVID-19 ("Guidelines"). I agree to familiarize myself with all applicable Guidelines, including revisions to those Guidelines as they may be released from time-to-time, and adhere to all Guidelines on behalf of myself, my child(ren), and any responsible adult who acts on my behalf prior to and during my child(ren)'s participation in PUHSD athletic and/or co-curricular activities. I further agree to ensure that my child(ren) is/are properly prepared and equipped to participate in the PUHSD athletic and/or co-curricular activities program in accordance with the Guidelines. For example, I agree to ensure that myself, my child(ren), and responsible adults acting on my behalf shall not visit any PUHSD facilities, and/or any other PUHSD employees , participants, parents, responsible adults, and/or those who the foregoing individuals may encounter if experiencing any COVID-19 symptoms or coming in contact with anyone who has experienced those symptoms within the timeframe established by appropriate government entities. I understand that PUHSD may offer input regarding the Guidelines, but such input shall not, in any way, limit my obligation to familiarize

myself with and follow any applicable Guidelines as described in this paragraph or my voluntary assumption of the risks and waiver of liability.

I voluntarily assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren), myself, and/or those whom I and/or my child encounter. For purposes of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19, I understand and agree that the term “injury” is interpreted in its broadest sense possible and includes, but is not limited to, personal injury, disability, death, illness, damage, loss of any kind whatsoever, claim, liability, or expense, of any kind, that I, my child(ren), and/or those whom we encounter may experience or incur in connection with my child(ren)’s participation in PUHSD athletic and/or co-curricular activities, including my and/or another responsible adults’ visit(s) to PUHSD campuses (“Claims”). On my behalf, and on behalf of my children, and for any other responsible adult(s) who access PUHSD facilities on my behalf, I hereby forever release, covenant not to sue, discharge, and hold harmless PUHSD; and PUHSD representatives, including Board members, employees, and agents; of and from any and all Claims whatsoever, including any and all liabilities, claims, actions, damages, costs or expenses of any kind whatsoever arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of PUHSD; and PUHSD representatives, including Board members, employees, and agents, whether a COVID-19 infection occurs before, during, or after participation in any PUHSD program.

I have read and understand this Assumption of the Risk and Waiver of Liability Relating to coronavirus/COVID-19 in full and understand and voluntarily agree to all such provisions. I have consulted with counsel of my choosing, or chosen not to do so, in considering the terms of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19. I have the legal capacity to understand and execute this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19. If any provision of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 is found to be void, voidable, or unenforceable, the remaining terms shall remain in full force and effect.

_____

Signature of Parent/Guardian Date

_____ _____

Print Name of Parent/Guardian Print Name of Participant