



**Athletic Participation/Physical Examination Form  
Parental and Student Consent and Release  
For Middle School Level (students enrolled in grades  
5-8 participating in competition for grades 6-8)**

KHSAA Form MS01  
Middle School  
Parent Permission and Consent  
Rev. 7/23 page 1 of 4  
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*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16). Any use of additional optional supplemental forms such as the PPE01 to gather medical information from both the family and the medical community is to be kept separate from this form and maintained in compliance with state and federal privacy laws.*

**ATHLETE INFORMATION  
(This part must be completed by the student and family)**

Name (Last, First, Initial) \_\_\_\_\_ School Year \_\_\_\_\_  
 Home Address (Street, City, State, Zip): \_\_\_\_\_  
 Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

**I am planning to participate in the following (check all you might try to play):**

<input type="checkbox"/> Archery	<input type="checkbox"/> Bowling	<input type="checkbox"/> Esports	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Baseball	<input type="checkbox"/> Competitive Cheer	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Swimming	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Bass Fishing	<input type="checkbox"/> Dance	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Tennis	<input type="checkbox"/> Other _____

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
 Name (please print) \_\_\_\_\_ Relation to Student \_\_\_\_\_  
 \_\_\_\_\_  
 Emergency Contact Address, including City, State and Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)**

\_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Policy Number / ID Number \_\_\_\_\_ Group Number \_\_\_\_\_ Plan \_\_\_\_\_

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student following coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian, individually and on behalf of the student, hereby irrevocably and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws. This includes making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of



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said necessary personally identifiable information and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and the authorized representatives of the KHSAA permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance-based statistics) and other information as may be requested or presented. The student and parent/legal guardian, individually and on behalf of this student, agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such product used during normal KHSAA business, including commercial and internet-based video and still images. All of this material may be used without permission or compensation specifically related to the KHSAA and its events, without such use constituting a violation of rights under the Family Educational Rights and Privacy Act.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review, if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion, head injury, or other ongoing health concerns, including the continuance of play after concussion or head injury.

The student and parent/legal guardian consent to this student receiving a physical examination as required by 702 KAR 7:065.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility. The student and parent/legal guardian, acknowledge that transportation to a medical facility may involve having to provide the student's birthday and social security number solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE  
 AND EMERGENCY PERMISSION FORM**

\_\_\_\_\_  
 Students' Name (please-print) School

\_\_\_\_\_  
 Student and Parent/Guardian Address including City, State and Zip

\_\_\_\_\_  
 Signature of Student Date

\_\_\_\_\_  
 Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

\_\_\_\_\_  
 Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

\_\_\_\_\_  
 Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

*Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.*

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction  
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA  
or DC (if within scope of practice)

### SHARED EMERGENCY INFORMATION

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

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_

THIS PAGE IS TO ENSURE THAT THE GE04 IS DISTRIBUTED AS NEEDED TO GIVE PERMISSION FOR MEDICAL TREATMENT. THE GE04 FORM SHOULD BE KEPT ON FILE UNTIL ONE YEAR AFTER THE STUDENT GRADUATES. THE GE04 FORM ONLY MAY BE USED TO TRAVEL WITH THE TEAM IN THE EVENT OF AN EMERGENCY.

HOWEVER IF THE OPTIONAL PPE01 FORM IS USED IN ANY WAY, THE THREE PAGES OF THAT FORM ARE NOT TO BE KEPT WITH THE GE04 AND SHOULD NOT BE HELD AT THE SCHOOL. PER STATE AND FEDERAL PRIVACY LAWS, THIS IS CONFIDENTIAL COMMUNICATION BETWEEN MEDICAL PROVIDER AND PATIENT AND SECURITY OF THIS INFORMATION IS PROTECTED BY A SERIES OF LAWS AND SHOULD REMAIN WITH THE FAMILY AND THE MEDICAL PROVIDER.

PER GUIDANCE FROM AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF SPORTS MEDICINE, AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE, AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE, AND AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE, THE CONTENTS OF THE OPTIONAL PPE01 TO BE KEPT IN THE STRICTEST OF PRIVACY IN COMPLIANCE APPLICABLE LAWS.

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 9060-F

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

The undersigned as parent/guardian of student (Student's Name) \_\_\_\_\_  
(Birthdate) \_\_\_\_\_

hereby grant permission for my child to participate in:

(Circle all that apply for the 23-24 school year:

Baseball	Cross Country	Golf	Swimming	Volleyball
Basketball	Dance	Soccer	Tennis	Wrestling
Cheerleading	Football	Softball	Track	Other

(For sports, attach schedule for competition and practices)

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law. Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intramurals. Participation will be denied until insurance coverage is verified.

Insurance Company (Indicate Private or Student Accident Insurance) \_\_\_\_\_

Policy Number \_\_\_\_\_

**I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.**

(Signature of Parent/Guardian)(Circle One) \_\_\_\_\_ (Date) \_\_\_\_\_

(Parent Day Phone #) \_\_\_\_\_

(Signature of Student Required if 18 years or older) \_\_\_\_\_ (Date) \_\_\_\_\_

(Parent Evening Phone #) \_\_\_\_\_

Other Emergency Contact In Event Parent Cannot Be Reached \_\_\_\_\_

Phone \_\_\_\_\_

Adopted: December 19, 1988  
Revised: January 19, 1990  
Revised: July 15, 1993

Revised: May 6, 1994  
Revised: February 12, 1998  
Revised: August 15, 1998

Revised: July 14, 2000

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 4055.01-F

FIELD TRIP PERMISSION FORM AND RELEASE

Related to Board Policy 4055

The undersigned parent/guardian of \_\_\_\_\_ (Student's Name) \_\_\_\_\_ (Birthdate)

hereby grants permission for the above-named student to participate in the following field trip; including all organized activities and transportation:

Date: July 2023- June 2024 Fee (if any)

Trip Description/Location: ANY & ALL AWAY SPORTING EVENTS

Supervising Staff Member: HEAD COACH AND STAFF

Approximate time of departure TO BE DETERMINED BY SCHEDULE OF EVENTS

Approximate time of return TO BE DETERMINED BY INDIVIDUAL EVENT & DISTANCE

Purpose (state expected learning outcome or recreational) TO COMPETE IN SCHOOL ATHLETIC EVENTS

Transportation will be by:  Commercial Bus  School Bus  Other

Students must have proof of private insurance or student accident insurance to participate in co-curriculars or extra-curricular activities or field trips away from school

Name of Insurance Carrier \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of \_\_\_\_\_ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and an alternative contact number for the date of the trip.

Date Signed \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternative Phone \_\_\_\_\_

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

Adopted: March 16, 1981 Revised: July 16, 2008

Revised: July 17, 1983

Revised: February 22, 1993

Revised: February 10, 1998

Revised: August 15, 1998

Revised: September 1, 1998

Revised: June 23, 1999

Revised: July 14, 2000

Revised: June 26, 2006

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 8005.001-F**

**SPORTS & EXTRACURRICULAR ALTERNATIVE TRANSPORTATION CONSENT**

Related to Board Policy 8005  
Related to 8005-AR; 8005.01-F

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*The Oldham County Board of Education offers a broad range of sports and extracurricular activities to students enrolled in middle and high school. This broad range of activities places constraints on the ability of the district to provide transportation for all these activities at all times. As a result, there are events, practices and extra-curricular activities that will require the student's parent to arrange transportation to and/or from the event or activity. The coach or activity sponsor will provide information regarding the level of transportation provided by the district.*

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Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School: EAST OLDHAM MIDDLE SCHOOL Grade: \_\_\_\_\_

Sport/Extracurricular: \_\_\_\_\_ Season: 2023-24

The district will provide transportation to events, games and activities in accordance with 8005-AR. When the district is unable to provide transportation to events, games and activities, I consent to the following means of transportation for my child (*Check all that apply*):

- Van/automobile driven by team coach/activity sponsor.
- Automobile driven by another parent for whom I have provided written permission to the coach.
- Automobile driven by my student.

None. I will be responsible for transporting my child to and from all practices, scrimmages, games and activities for this sport or extracurricular activity for which the district does not provide transportation.

In consideration of the advantages to my child of participating in this sport or extracurricular activity, to the extent allowable by law I hereby release and hold harmless the Oldham County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this consent and release individually and on behalf of my student.

\_\_\_\_\_  
Parent/Guardian of the Above Named Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of the Above Named Student

\_\_\_\_\_  
Date

Adopted: May 26, 2000  
Revised: August 10, 2006  
Revised: March 10, 2008

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**PHYSICIAN NOTIFICATION OF POTENTIAL HEAD INJURY**

**9060.02F**

*Relates to AR 9060, 9060.01F*

Dear Parent/Guardian,

In order to better manage concussions sustained by our student-athletes, the school district has partnered with Baptist Hospital Northeast, the provider of our athletic training services, to acquire a software tool called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT™ is a leader in computerized neurocognitive assessment tools and services, which are becoming more prevalent in recognizing and managing head injuries. (Additional information about ImPACT™ can be found at [www.impacttest.com](http://www.impacttest.com).)

All high school athletes must complete the ImPACT exam prior to athletic participation. This test is set up in a “video-game” style format and takes 30-35 minutes to complete. The ImPACT™ test is a pre-season physical of the brain that tracks information such as memory, reaction time, speed, and concentration, but it is not an IQ test. The ImPACT™ test is non-invasive and poses no risks to your child.

We will be testing all in-coming freshman, sophomores, juniors and seniors, as well as middle school students who are participating at the high school level. Each student athlete will be tested once prior to beginning sports practice or competition and will be tested again if they sustain a head injury. Student athletes sustaining a concussion will continue to be tested using the ImPACT™ test until their post-concussion results are within the normal ranges of their baseline test. There is no charge for this testing.

The protocol for managing these injuries and returning athletes to play is briefly outlined below.

All athletes who sustain head injuries are required to be evaluated and cleared by their primary care physician (PCP), prior to being permitted to progress to activity. This includes athletes who were initially referred to the emergency department.

In addition to the physician exam, 2 other criteria must be met prior to clearance for return to play: (a) the student athlete must be asymptomatic, at rest and with exertion, and (b) the athlete’s post-injury neurocognitive testing data must be within normal range of the athlete’s baseline ImPACT™ scores.

Athletes who have been cleared to return to activity follow a graduated procedure, as recommended by “The Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004” and the National Athletic Trainers’ Association Position Statement on Management of Sport-Related Concussion (2004).

By signing the Parent Consent Form you authorize the Oldham County school district to release medical information and ImPACT™ results to your child’s Primary Care Physician. Your child’s health and safety are an important part of the student athletic experience and we are pleased to implement this program. If you have any further questions regarding this program please feel free to contact your school Athletic Director or Athletic Trainer.

Sincerely,

Oldham County Schools Athletic Trainers



OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM

PHYSICIAN NOTIFICATION OF POTENTIAL HEAD INJURY

9060.02F

Relates to AR 9060, 9060.01F

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

High School:  NOHS  OCHS  SOHS

Middle School:  EOMS  NOMS  OCMS  SOMS

GRADE:  Freshman  Sophomore  Junior  Senior  8th grade  7th grade  6th grade

I hereby give permission for my child to complete an ImPACT™ baseline test and post-concussion ImPACT™ tests administered at the high school for which my student is competing as needed. I understand that my child may need to complete the test more than once, depending on the results of the test. I understand there is no charge for the testing.

I further agree that the high school may release the ImPACT™ results and any other information related to his or her head injury to my child's primary care physician, neurologist, or other physician involved with my child's care.

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Parent or guardian phone numbers (*please indicate preferred contact number & time if necessary*):

Home: \_\_\_\_\_  preferred

Work: \_\_\_\_\_  preferred

Cell: \_\_\_\_\_  preferred

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Name of Physician: \_\_\_\_\_

Practice or Group Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**PHYSICIAN NOTIFICATION OF POTENTIAL HEAD INJURY**

**9060.02F**

*Relates to AR 9060, 9060.01F*

**WHAT YOU NEED TO KNOW ABOUT CONCUSSION**

Concussion is the most common form of head injury for athletes and is associated with any number of symptoms, such as disorientation, confusion, amnesia, visual disturbances, headache, dizziness, and sometimes loss of consciousness (LOC), as well as other symptoms. It is not necessary to lose consciousness to sustain a concussion, nor to actually hit one's head. A very mild concussion can last less than 15 minutes. It is important for athletes to report concussions because cumulative effects of repeated concussion can result in permanent intellectual and cognitive changes. We also know that youth appear to be more vulnerable to the effects of concussion.

It is now known that REST is the best treatment after a concussion and helps the brain heal faster. If the athlete is still symptomatic, forcing him or her to exert either physically or mentally will likely lengthen the recovery period. And no athlete should return to play if concussion symptoms re-surface with exertion.

Management of concussion in youth is very important to prevent a rare but often fatal brain injury called Second Impact Syndrome. This Syndrome may occur when an athlete suffers a mild concussion and then within a short period of time (usually within one week) receives a second blow to the head. Rapid brain swelling can occur as the brain has not yet healed from the first hit. Increased intracranial pressure, if uncontrolled, can lead to death or severe neurological damage.

When concussion symptoms persist, especially after repeated or successive concussions, a condition called Post-Concussion Syndrome (PCS) is identified. PCS occurs when any of a variety of symptoms, such as headache, attention/concentration difficulties, problems with memory, slow mental processing, fatigue, and emotionality or irritability is experienced for weeks or months after recovery would have been expected. In such cases additional medical, neurological, or psychiatric consultations may be recommended.

We know that neurocognitive/neuropsychological testing is more sensitive in identifying concussion than neurological, radiological, or medical examination. ImPACT™, a premier, user-friendly computer-based tool was designed to assist in the proper evaluation and treatment of concussion. The ImPACT™ program evaluates and documents multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. This program can be used to manage concussions through pre-season baseline (pre-injury) and post-injury testing to monitor recovery and serve as a tool in making data driven return to play decisions.