

**2023-2024**  
**CCPS and MPSSAA**  
**REQUIRED PAPERWORK FOR ATHLETES WHO HAVE**  
**PLAYED A SEASON IN CURRENT SCHOOL YEAR**

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**STATUS CHANGE (1)**



## **STUDENT ATHLETE INFORMATION FORM**

### **2023-24 STARTING DATES**

**FALL SEASON – WEDNESDAY, AUGUST 9, 2023**

**WINTER SEASON – WEDNESDAY, NOVEMBER 15, 2023**

**SPRING SEASON – FRIDAY, MARCH 1, 2024**

**(THIS ENTIRE PACKET MUST BE TURNED IN TO THE HEAD COACH PRIOR TO OR  
ON THE FIRST DAY OF TRY OUTS)**

**STUDENT-ATHLETE'S NAME:**

**SPORT TRYING OUT FOR:**

**STUDENT-ATHLETE'S GRADE IN SCHOOL:**

9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	(Circle One)
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**STUDENT-ATHLETE'S BIRTH DATE:**

MONTH

DAY

YEAR

**YEARS PARTICIPATED IN THIS HIGH  
SCHOOL SPORT (NOT INCLUDING THIS YEAR)**

1	2	3	(Circle One)
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Year	High School(s) Attended	Grade	Sports Played



## PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

### Student Information

Name of Athlete: \_\_\_\_\_ School: \_\_\_\_\_

Sport/Season: \_\_\_\_\_

Has student ever experienced a traumatic head injury (a blow to the head)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Has student ever received medical attention for a head injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

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Was student diagnosed with a concussion? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Duration of symptoms (such as headaches, difficulty concentrating, fatigue) for most recent concussion:

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## PHYSICAL EXAMINATION FORM CHECK

**\*This form is to be completed for student-athletes who have already  
played or tried out for a sport.**

**Physical Examinations are valid for 13 months.**

I \_\_\_\_\_, participated in  
(list student-athlete's name here)

\_\_\_\_\_, during the FALL, WINTER or SPRING season.  
(list sport here)



**EMERGENCY MEDICAL AND FIELD TRIP FORM**

Student \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Other Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Medical Information and/or Restrictions (allergies to insect bites, hypoglycemia, etc.):

\_\_\_\_\_  
\_\_\_\_\_

I consent to and authorize the Board of Education personnel or their designee to contact me by phone, e-mail or text should my child have an athletic related medical emergency.

Cell Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

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

\_\_\_\_\_  
Date

I consent to and authorize the Board of Education personnel or their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.

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

\_\_\_\_\_  
Date

**MEDICAL STATUS CHANGE**

Has the medical status of your child changed since his/her last physical examination?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, your child's physician **MUST** verify and release that your child is able to fully participate in the designated sport in order to participate. Verification and release must take place from your child's medical physician prior to participation.

If no, please indicate not applicable.

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

\_\_\_\_\_  
Date

**CONSENT FORM**

I/We hereby give my/our consent and authorize the disclosure of medical information between the coaching staff, school medical staff, and the school administration while participating in interscholastic athletics and sports.

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

\_\_\_\_\_  
Date