



ATHLETIC PARTICIPATION PARENTAL PERMISSION FORM

Student-Athlete's Name: _____ Date of Birth: _____ Gender: M F

School: _____ Grade: _____ Student ID# _____

Father's Name: _____ Mother's Name: _____

Student resides with: _____ Phone #: _____

Street Address of Residence: _____ City: _____ ZIP: _____

If student resides with anyone other than parents, legal documentation **MUST** be provided to school administration.

Failure to provide accurate and up-to-date residence information may be grounds for loss of athletic eligibility.

Alternate Emergency Contact Person: _____ Day phone: _____ cell: _____

Indicate any Medical Alerts and/or allergies: _____

Request for Permission to Participate: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports: (Please check all sports that apply)

- Basketball Football Soccer Track
- Baseball Golf Softball Volleyball
- Cheerleading Indoor Track Swimming Wrestling
- Cross Country Lacrosse Tennis _____

*Weight lifting may be a required component of conditioning for any sport.

Insurance:

The Onslow County Board of Education requires that all students participating in middle or high school athletics have adequate health and hospitalization insurance coverage.

- Student Accident Insurance is offered for those students who do not have adequate health and hospitalization insurance or for those parents who elect to purchase additional insurance coverage. Student Accident Insurance can be purchased through the school and is **mandatory** unless adequate proof of existing health and hospitalization insurance is presented **and** the parent/guardian waives Student Accident Insurance.
- There are limitations in the Student Accident Insurance coverage. It will not always pay all of the charges incurred for each accident. Read the description of the current Student Accident Insurance coverage carefully and be sure you understand it. **PLEASE NOTE** that Student Accident Insurance does **NOT** cover Varsity Football; however, insurance coverage for Varsity Football is available through the school. Please see your school's Athletic Director for more details.
- Neither the Onslow County Board of Education nor any of its employees will be responsible for claims resulting from injury to your child while he/she is participating in any school athletic program. This means that you will be responsible for any and all necessary medical treatment not covered by the Student Accident Insurance or by your own health and hospitalization insurance.

Check the appropriate blank below:

___ 1. I have adequate personal health and hospitalization insurance covering my child and I release the Onslow County Schools and its employees from any responsibility as a result of any accident involving my child. I further agree to execute this Insurance Waiver. The above named student is currently covered by comprehensive health and hospitalization insurance with

_____ POLICY # _____ GROUP# _____
(Insurance Company Name) This the day of _____, 20__.

___ 2. My child is presently enrolled in the Student Accident Insurance program through the school. I understand that in the event of an injury I am responsible for submitting a complete Accident Claim Form directly to the Insurance carrier within 60 days and that I am responsible for payment of any and all medical treatment and procedures not covered by this policy.

Convictions: Check the box that applies to _____ (student's name)

Is not convicted of a felony in this or any other state OR adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

Is convicted of a felony in this or any other state.

Is adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.

The following **MUST** be completed if the student is convicted of a felony or is adjudicated as a delinquent:

Convicted or adjudicated of: _____ (offense)

City and State _____ Date convicted/adjudicated _____

Description of Offense: _____

Court Counselor: _____ Telephone Number: _____

General Requirements

Eligibility: We, the undersigned student and parent/guardian, have read and discussed the general requirements for athletic eligibility as outlined by the NCHSAA and NC Department of Public Instruction and which can be found on the O.C.S. website. We understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal.

NCHSAA Sportsmanship/Ejection Policy: The policy applies to all persons involved in an athletic contest, including student-athletes, coaches, managers and game administrators. The following examples include behavior or conduct which will result in an ejection from a contest:

- 1) Fighting, which includes, but is not limited to, combative acts such as:
 - A) An attempt to strike an opponent with a fist, hands, arms, legs, or feet
 - B) An attempt to punch or kick an opponent, regardless of whether or not contact is made
 - C) An attempt to instigate a fight by committing any unsportsmanlike act toward an opponent that causes an opponent to retaliate
 - D) Leaving the bench area to participate in a fight (contact or no contact)
- 2) Biting observed by an official
- 3) Taunting, baiting, or spitting toward an opponent
- 4) Profanity, directed toward an official or opponent
- 5) Obscene gestures, including gesturing in a manner as to intimidate
- 6) Disrespectfully addressing an official (physically contacting an official is subject to automatic expulsion and can result in permanent ineligibility)

Penalty for an ejection for the above reasons:

Football-ejection from the contest and miss the next contest at that level and contests in the interim (EXCEPTION: fighting equals two missed contests)

All other sports-ejection from that contest; miss the next two contests at that level and all contests in the interim (EXCEPTION: fighting equals 4 missed contests)

Players receiving two ejections for unacceptable behavior as defined above will be suspended from all sports for the remainder of that sport season. Receiving a third ejection in a school year will result in suspension from athletics for a calendar year (365 days from the date of the third ejection).

Transportation for Athletic Events: Students are required to ride buses or vehicles owned by Onslow County Schools to and from all athletic events. Any departure from this requirement must be approved in advance by the school principal or designee and will release the Onslow County Schools and all its employees from any and all liability for any adverse results that may occur. Furthermore, the North Carolina High School Athletic Association's catastrophic insurance policy will not cover any student transported in a vehicle not owned by a public school unit.

I have read the above requirements and I know that athletic participation is a privilege which can be taken away if state, district, school or team rules are violated. I am aware of the risks involved in athletic participation. I understand that serious injury, paralysis, and even death, is possible as a result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with complete understanding of the risks involved.

Student Signature: _____ **Date:** _____

I/We, the parents/guardians, have read the above requirements and give consent for my son/daughter to participate in the identified school sports. I/We know of and acknowledge the risks involved in athletic participation. I/We also acknowledge that travel to and from athletic events also includes the risk of serious injury. With the full understanding that serious injury, paralysis, and even death, is possible in such participation, I/we release and hold harmless Onslow County Schools and its employees, the participating schools involved and their employees, and the NCHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation of my son/daughter.

Parent/Guardian Signature: _____ **Date:** _____

CONCUSSION AWARENESS

Your school and coach will provide the student-athletes and parents with information about signs and symptoms of concussions. Concussion information can also be found at on the O.C.S. website under **Student Services** (Athletics) and on the NCHSAA website at <https://www.nchsaa.org/parents-students/health-safety/concussion-awareness>

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initiated by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

North Carolina High School Athletic Association Eligibility and Authorization Statement

This document must be signed by the participant of an NCHSAA member school and by the participant's parent.

I have read, understand and acknowledge receipt of the eligibility rules of the North Carolina High School Athletic Association. I understand that a copy of the *NCHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All NCHSAA bylaws and regulations from the Handbook are also posted on the NCHSAA web site at www.nchsaa.org

I understand that an NCHSAA member school **must adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but local rules may be more stringent than NCHSAA rules. I understand that participation in interscholastic athletics is a privilege not a right.

Student Code of Responsibility: As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state and country.
- I will show respect to those who are responsible for enforcing the rules of my school & the laws of my community, state and country

I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration.

I understand that if I drop a class, take course work through Post-Secondary Enrollment Option, or other educational options, this action could affect compliance with NCHSAA academic standards and impact my eligibility.

Informed Consent – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as MRSA, HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. Also, be aware that Sudden Cardiac Arrest is the leading cause of death among student-athletes during exercise & can only be detected by cardiovascular screening. **PARENTS, LEGAL CUSTODIAN'S OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN NCHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I understand that **in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.

I consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

I have received, read and signed the Gfeller-Waller Concussion Information Sheet.

I consent to the NCHSAA use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We (student and parents) certify that the home address shown in this document file **is our student's sole bona fide domicile, and we will notify the school principal immediately of any change in domicile**, since such a move may alter the eligibility status of the student athlete.

All information submitted in this form is accurate and correct.

We, the undersigned student and parent/guardian, have read this document permitting this student to participate in the OCS Athletic Program, understand all of these requirements for athletic participation at our high school, and agree to comply with the requirements set forth in this document and each team's individual policies. By signing this document, we acknowledge that we have read the above information and that we consent to the herein named student's participation.

Student Signature: _____ **Date:** _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: M/F _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form.)		
Circle questions if you don't know the answer.		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU		
(CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>	
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
FEMALES ONLY		Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	<input type="checkbox"/>	
Eyes, ears, nose, and throat • Pupils equal • Hearing	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart ^o • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test	<input type="checkbox"/>	

^o Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____
 Address: _____ Phone: _____
 Signature of health care professional: _____, MD, DO, NP, or PA



■ 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

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



CAROLINAEAST Orthopedics
Sports Medicine Program Parental Consent/Acknowledgement/Release Form

(IMPORTANT: This form must be completed by a parent/guardian. In the event of parental divorce or separation, parent with legal guardianship must sign.)

Student Name: _____ Gender: M F Age: _____ Grade: _____ School: _____
Home Address: _____ City/State: _____ Zip: _____ Phone: _____
Date of Birth: ___/___/___ Parent's e-mail address: _____ Sport participating in: _____

CONSENT

As parent or legal guardian of the above-named student-athlete, my signature below grants consent for CarolinaEast Orthopedics Licensed Athletic Trainer (LAT) and/or attending physician to perform: initial each line to the left acknowledging you have read and understood the following:

- ___ 1. Injury prevention, evaluation, and/or treatment during school athletic activities designated by the school, including pre-participation physicals.
- ___ 2. Administration of over-the-counter medications for use in first aide management and strains/sprains.
- ___ 3. Topical applications (i.e. bacitracin ointment, hydrocortisone cream, antifungal creams, etc.)
- ___ 4. Oral antacids (i.e. Tums, Rolaids, etc.), and over-the-counter heat illness preventatives (glucose tabs, electrolyte tabs, and/or heat guard).

ACKNOWLEDGEMENT AND RELEASE

Please initial on the line to the left acknowledging you have read and understand the following:

- ___ 1. I acknowledge that my child understands the risks involved in High School athletic participation; understands that serious injury and even death is possible as a result of such participation, and I choose to accept any and all responsibility for his/her safety and welfare while participating in such athletics.
- ___ 2. With full understanding of the risks involved, I release and hold harmless the athletic trainers, physicians, and CarolinaEast Orthopedics of any and all responsibility and liability for any injury or claim resulting from athletic participation and agree to take no legal action against athletic trainers, physicians and CarolinaEast Orthopedics because of any accident or mishap involving such athletic participation by my child.
- ___ 3. All information regarding the medical condition of an athlete is considered confidential. However, pertinent information may be shared with the coaching staff, athletic training/medical staff, athletic department administration, school nurse, and school corporation administration to facilitate proper care of the athlete. I give my permission for the athletic trainers, physicians, or CarolinaEast Orthopedics staff to receive medical information about the above-named student-athlete from outside providers, only if needed for continuation of care or release back to sports.

I HAVE READ THE ABOVE INFORMATION CAREFULLY AND UNDERSTAND IT CONTAINS A MEDICAL RELEASE OF INFORMATION.

Parent/Guardian Printed Name: _____ Date: _____
Parent/Guardian Signature: _____

Witness Signature: _____ Date: _____
Witness Printed Name: _____

TO BE COMPLETED BY ATHLETIC TRAINER:

EMERGENCY INFORMATION SHEET

This information will be kept *CONFIDENTIAL* and will only be used in the event of an emergency with your child.

Mother's/Guardian's Name: _____ Contact No. _____
Father's Name: _____ Contact No. _____

Emergency Contact (outside of home)

Name: _____ Relationship: _____ Home No. _____ Work No. _____
Cell No. _____

Pertinent Medical Information:

Insurance Company: _____ Family Physician: _____ Phone No. _____

Medical Condition

Known Allergies: _____
Known Medical Conditions: _____
Previous Surgeries/Broken Bones: _____
All current Medications including dosage: _____
Other: _____