

Student Name _____

**Henry County Athletics
Woodland Middle School
Athletic Participation Packet
School Year 2023-2024**

Contents of Packet:

- HCS District Athletic/Extra-Curricular Information and Consent Form
- GHSA Heat Policy Form ****Insurance Information must be provided****
- Concussion Awareness Form
- Sudden Cardiac Arrest Awareness Form
- HCS Participation Fee Form
- Physical Form
 - Pre-participation
 - Special Needs supplemental form
 - Physical Exam
 - Physician Clearance

Please Note:

- ✓ All forms must be filled out completely – signed and dated by student and legal guardian
- ✓ Do not remove pages from the packet
- ✓ Packet should be returned to the coach or the front office
- ✓ Students may not participate until all forms are completed
- ✓ The physical is valid for ONE YEAR from the date the doctor signs
- ✓ The remainder of the paperwork is valid through summer 2023

COACHES: Please verify that all items are completed and accounted for in the packet

| | | |
|----------------------------------|----------------|--|
| _____ Consent Form | _____ Policy # | _____ Disability Form |
| _____ Heat Policy | | _____ Participation Fee Form |
| _____ Concussion Awareness | | _____ Physical Form _____ History Form |
| _____ Sudden Cardiac Arrest Form | | _____ Expiration date |

I certify that all documents are checked and complete.

Coach Date

ATHLETIC OFFICE USE ONLY

_____ Clear _____ Not Clear _____ Follow up by

Athletic Office Date

Notes:

SCHOOL _____

STUDENT ID # _____

HENRY COUNTY SCHOOL DISTRICT ATHLETIC/EXTRA-CURRICULAR INFORMATION AND CONSENT FORM

(hereinafter "Form")

(PLEASE PRINT)

Student Name _____ Male _____ Female _____

LAST

FIRST

MIDDLE

Address _____

Street

City

State

ZIP

Telephone (home) _____

Date of Birth _____

Date entered 9th grade _____

Student's grade level for the current school year _____

Father's Name _____ Father's Work Number _____ Cell _____

Mother's Name _____ Mother's Work Number _____ Cell _____

Student resides with (Names of Parent(s)/Guardian) _____

(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the _____ high school district (school must be notified if student moves from the above address). **Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.**

Has the above-named student attended this Henry County School for at least one full school year? Yes _____ No _____

EMERGENCY CONTACT INFORMATION

In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Henry County School District finds to be an emergency situation involving the student.

| Name | Relationship | Home Phone | Cell Phone | Work Phone |
|------|--------------|------------|------------|------------|
| | | | | |

| Name | Relationship | Home Phone | Cell Phone | Work Phone |
|------|--------------|------------|------------|------------|
| | | | | |

WARNING: BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS, INTRA-SCHOLASTIC SPORTS CLUBS, OR OTHER EXTRA-CURRICULAR ACTIVITIES INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.

Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

Each of the undersigned hereby consents for the above-named student to:

1. Compete in athletics (for _____ School of the Henry County School District) in Georgia High School Association approved sports **except** those **CROSSED** out below:

| | | | | | | | |
|--------------|-------------------|--------------|---------------|------------|----------|----------------|----------|
| Baseball | Basketball | Cheerleading | Cross Country | Football | Golf | Soccer | Softball |
| Track | Wrestling | Volleyball | Rifle | Gymnastics | Swimming | Lacrosse (LAX) | |
| Bass Fishing | Competitive Dance | Tennis | | | | | |
2. To accompany any school team or sports club of which the student is a member on any of its local or out of town trips.
3. Each of the undersigned hereby verifies that the information contained within this Form and in any other documentation submitted to the Henry County School District is correct and understands that any false information may result in the above-named student being declared ineligible for participation in sports.

MEDICAL INFORMATION: Each of the undersigned certifies that the medical history on the attached form entitled **GHSA's PPE-4** concerning the above-named student is complete and accurate. Each of the undersigned understands that this will serve as the basis for determining whether the above-named student is eligible to compete in middle/high school athletics or other extra-curricular activities within the Henry County Schools. Each of the undersigned also understands any evaluation or review conducted by the Henry County School District concerning any student's medical history is only to determine whether a student meets eligibility requirements concerning participation in athletics or other extra-curricular activities. Any such evaluation or review by the Henry County School District is not a certification or guarantee of any nature concerning the health, well being, medical status, or fitness of any student to participate in any middle/high school athletics or extra-curricular activity and is not to take the place of regular medical examinations. In case of an emergency or accident on school grounds, during or related to any school, athletic, or extra-curricular activity



Woodland Middle School

Go Wolfpack!

Woodland Middle School Athletics Department

820 N Moseley Drive
Stockbridge, GA 30281
(770) 389-2774
(770) 389-2780 (fax)

Athletic Participation Fee

We are pleased to welcome you to the Woodland Middle School Athletics family. Running a successful athletic program requires dedication and attention to detail, as well as covering expenses that are standard for each school such as transportation, scoreboard maintenance, security, awards, officials, and trainers as well as miscellaneous other expenses. Each of those items is paid out of the general athletic account to ensure all programs are equally supported by our budget. We cannot use tax dollars to pay for these items, as extra-curricular activities are not funded in this way.

In order to maintain a minimum level of support for each of our programs, student athletes must pay a one-time fee of \$40 each year, which goes toward supporting the costs of running athletics. This dollar amount is a standard fee across all Henry County Schools, and must only be paid once per year, regardless of the number of teams a student joins. If the participation fee represents a hardship, please speak with the head coach of your sport and we will determine the best way to move forward whether arranging a payment plan or fundraising to cover the cost of the participation fee.

Please bring your participation fee to your head coach or to the main office with this form. We ask that you check the appropriate blank and print the student's name below so that we may accurately document receipt of the participation fee. Thank you for your continued support of Woodland Middle School and the Woodland Athletic program.

Sincerely,

WMS Athletic Director
WMS Administration

Student name: _____

Current sport: _____

I understand that the fees paid to the sport I am participating in include the \$40 participation fee. I also understand that if I have participated in a sport and have already paid the fee, I should contact the coach for a reduction of fees by \$40.

Parent Signature: _____ Date _____

(revised 5/2017)

GHSA Heat Policy

Athlete Name: _____

Sport: _____

B-LAW 2:67 – “Practice Policy for Heat and Humidity

- (a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts (including during the summer) in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sport Medicine in regard to:
1. The scheduling of practices at various heat/humidity levels
 2. The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
 3. The heat/humidity level that will result in practice being terminated
- (b) A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly. WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.

| WBGT | ACTIVITY GUIDELINES AND REST BREAK GUIDELINES |
|-------------|---|
| UNDER 82.0 | Normal activities – Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout |
| 82.0 – 86.9 | Use discretion for intense or prolonged exercise; watch at-risk players carefully; provide at least three separate rest breaks each hour of a minimum of four minutes duration each. |
| 87.0 – 89.9 | Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of four minutes each. |
| 90.0 – 92.0 | Maximum length of practice is one hour. For Football, no protective equipment may be worn during practice and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 minutes of rest breaks distributed during the hour of practice. |
| OVER 92 | No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT level is reached. |

- (c) Practices are defined as: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave. If a practice is interrupted for a weather –related reason, the “clock” on that practice will stop and will begin again when the practice resumes.
- (d) Conditioning activities include such things as weight training, wind sprints, timed runs for distance, etc., and may be a part of the practice time or included in “voluntary workouts.”
- (e) A WALK THROUGH is not a part of the practice time regulation, and may last no longer than one hour. This activity may not involve conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.
- (f) Rest breaks may not be combines with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a “cool zone” where players are out of direct sunlight.

PENALTIES: Schools violating the heat policy shall be fined a minimum of \$500.00 and a maximum of \$1,000.00.

Head coach's signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL:

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term).

A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death. Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly.

This form must be signed by a parent or guardian of each student who wishes to participate in GHSA or HCMSAL athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION • Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness • Nausea or vomiting • Blurred vision, sensitivity to light and sounds • Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments • Unexplained changes in behavior and personality • Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance. By signing this concussion form, I give High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2023-2024 school year. This form will be stored with the athletic physical form and other accompanying forms required by the School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Georgia High School Association

Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give _____ High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2021-2022 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

(Revised: 3/21)

** This page must be filled out regardless of history **

PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

* Name: _____ * Date of birth: _____

| | | |
|---|------------|-----------|
| 1. Type of disability: | | |
| 2. Date of disability: | | |
| 3. Classification (if available): | | |
| 4. Cause of disability (birth, disease, injury, or other): | | |
| 5. List the sports you are playing: | | |
| | Yes | No |
| 6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? | | |
| 7. Do you use any special brace or assistive device for sports? | | |
| 8. Do you have any rashes, pressure sores, or other skin problems? | | |
| 9. Do you have a hearing loss? Do you use a hearing aid? | | |
| 10. Do you have a visual impairment? | | |
| 11. Do you use any special devices for bowel or bladder function? | | |
| 12. Do you have burning or discomfort when urinating? | | |
| 13. Have you had autonomic dysreflexia? | | |
| 14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness? | | |
| 15. Do you have muscle spasticity? | | |
| 16. Do you have frequent seizures that cannot be controlled by medication? | | |

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

| | | |
|--|------------|-----------|
| | Yes | No |
| Atlantoaxial instability | | |
| Radiographic (x-ray) evaluation for atlantoaxial instability | | |
| Dislocated joints (more than one) | | |
| Easy bleeding | | |
| Enlarged spleen | | |
| Hepatitis | | |
| Osteopenia or osteoporosis | | |
| Difficulty controlling bowel | | |
| Difficulty controlling bladder | | |
| Numbness or tingling in arms or hands | | |
| Numbness or tingling in legs or feet | | |
| Weakness in arms or hands | | |
| Weakness in legs or feet | | |
| Recent change in coordination | | |
| Recent change in ability to walk | | |
| Spina bifida | | |
| Latex allergy | | |

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: _____

■ 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 assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

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"/> |

■ 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 ^a • 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"/> | |

^a 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: _____

