



# St Benedict AT AUBURNDALE

Catholic. CoEd. College Prep.

## SPORT PARTICIPATION PERMISSION FORM

LEGAL GUARDIAN NAME (please print): \_\_\_\_\_  
STUDENT NAME (please print): \_\_\_\_\_  
STUDENT ADDRESS \_\_\_\_\_  
FAMILY PHONE(S) \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

I hereby give my consent for the above-named student (hereinafter "Student Athlete") to represent St. Benedict at Auburndale (hereinafter "SBA") and participate in school-sponsored sporting events.

I give my permission for the Student Athlete to participate in high school sports, realizing that such activities involve the potential for injury. I acknowledge that even with the best coaching, use of the most advanced equipment and strict observance of rules, injuries are still a possibility. On rare occasion these injuries can be severe and result in total disability, paralysis or even death.

I acknowledge that the Student Athlete has medical insurance. I understand that the Tennessee Secondary School Athletic Association (TSSAA) has a basic catastrophic accident medical policy for TSSAA-sponsored sports that may be applicable in some circumstances.

I recognize the possibility and risk of injury associated with the Student Athlete's participation in athletics at SBA and that such injury can include, but is not limited to, pain, suffering, serious bodily injury, psychological injury, temporary or permanent disability, temporary or permanent paralysis, illness, disfigurement, further injury by medical treatment, and/or death. I understand that such injuries can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, the Student Athlete's actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure.

I further understand that the Student Athlete's participation in SBA athletics is purely voluntary, is a privilege and not a right, and that I agree to the Student Athlete's participation in SBA athletics in spite of the risks. I and my spouse assume, for ourselves and on behalf of our minor child (ren), all risks in connection with the Student Athlete's participation in SBA athletics and accept sole responsibility for any injury to such persons including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that such person(s) may experience or incur in connection with the use of facilities or participation in SBA athletics.

To the fullest extent allowed by law, I, on behalf of myself, my spouse, the Student Athlete, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, do hereby agree to release, discharge, hold harmless and indemnify Catholic Diocese of Memphis, St. Benedict at Auburndale, its leaders, coaches employees, and volunteer staff as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers, from and against any and all claims, lawsuits, damages, judgments, expenses including attorney's fees, liabilities (of any nature or extent), demands, damages, cause of action of any nature and kind, known or unknown, which in any way arise out of or relate to the Student Athlete's participation in SBA athletics (including without limitation any injury, loss, or damage to the Student Athlete's person or property), whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

I am aware that high school sporting events will require off campus travel and I hereby give my permission for the Student Athlete to travel to all off campus team events, either by bus or any approved means of transportation. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I believe that the Student Athlete is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put themselves or others in dangerous situations.

As the parent/guardian of the Student Athlete, I hereby assume responsibility and liability for any negligent, reckless, or intentional actions of the Student Athlete that cause damage to other persons or property. I have reviewed the information and I request that the subject of this release be allowed to participate in all the planned activities except \_\_\_\_\_. (Insert NA if there are no exceptions.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

**Student-Athlete Authorization  
For  
Disclosure of Protected Health Information**

I hereby authorize the physicians, athletic trainers, physical therapists and sports medicine personnel representing Campbell Clinic to disclose protected health information regarding any injury or illness affecting the student-athlete's training for and participation in athletics at \_\_\_\_\_ High School. Campbell Clinic is authorized to disclose this protected health information to any coach, the athletic director, or any school official in connection with his/her participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be disclosed to other health care providers within the Campbell Clinic system; to \_\_\_\_\_ High School Administrators; and to officials of the Tennessee Secondary School Athletic Association.

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_,  
(name of parent/guardian) \_\_\_\_\_ (name of student)

understand that parent/legal guardian authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation as an interscholastic athlete at High School and for care during interscholastic athletics. I understand that my child's protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment). This protected health information may not be disclosed without parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I, the parent/legal guardian, understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing Campbell Clinic. If authorization or consent is revoked, it will not have any effect on the actions Campbell Clinic personnel took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent is enacted on the date of signature and expires on May 31, 2026. Campbell Clinic will not condition your treatment on the signing of an authorization, except for any possible research-related treatment.

**REQUIRED SIGNATURE FOR PARTICIPATION FOR INTERSCHOLASTIC SPORTS**

\_\_\_\_\_  
Print Student-Athlete's Name

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

\_\_\_\_\_  
Date

# TMA/TSSAA PREPARTICIPATION MEDICAL EVALUATION FORM

## Personal History

Name	Sex	Age	DOB
Grade	Sport(s)		
School			
Personal Physician	Address	Telephone	
Have you every had a preparticipation physical before? ___ Yes ___ No If yes, when/where _____			

**No**

Please explain "Yes" answers below.

1. Have you ever been hospitalized? \_\_\_\_\_
- Have you ever had surgery? \_\_\_\_\_
2. Are you presently taking any medications or pills? \_\_\_\_\_
3. Do you have allergies (medicine, bees or other stinging insects)? \_\_\_\_\_
4. Have you ever passed out during exercise? \_\_\_\_\_
- Have you ever been dizzy during or after exercise? \_\_\_\_\_
- Have you ever had chest pain/discomfort during exercise? \_\_\_\_\_
- Have you had excessive, unexpected or unexplained shortness of breath during exercise? \_\_\_\_\_
- Do you tire more quickly than your friends during exercise? \_\_\_\_\_
- Have you ever had high blood pressure? \_\_\_\_\_
- Have you ever been told that you have a heart murmur? \_\_\_\_\_
- Has anyone in your family died of heart problems or a sudden death before the age of 50? \_\_\_\_\_
- Has anyone in your family developed a disability from heart disease before the age of 50? \_\_\_\_\_
5. Do you have any skin problems (itching, rashes, acne)? \_\_\_\_\_
6. Have you ever had a head injury? \_\_\_\_\_
- Have you ever been knocked unconscious? \_\_\_\_\_
- Have you ever had a seizure? \_\_\_\_\_
- Have you ever had a stinger, burner or pinched nerve? \_\_\_\_\_
7. Have you ever had heat or muscle cramps? \_\_\_\_\_
- Have you ever been dizzy or passed out in the heat? \_\_\_\_\_
8. Do you have trouble breathing or do you cough during or after activities? \_\_\_\_\_
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)? \_\_\_\_\_
10. Have you had any problems with your eyes or vision? \_\_\_\_\_
- Do you wear glasses or contacts or protective eye wear? \_\_\_\_\_
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? \_\_\_\_\_
- \_\_\_\_\_ Head      \_\_\_\_\_ Shoulder      \_\_\_\_\_ Thigh      \_\_\_\_\_ Neck      \_\_\_\_\_ Elbow
- \_\_\_\_\_ Knee      \_\_\_\_\_ Chest      \_\_\_\_\_ Forearm      \_\_\_\_\_ Shin/Calf      \_\_\_\_\_ Foot
- \_\_\_\_\_ Back      \_\_\_\_\_ Wrist      \_\_\_\_\_ Ankle      \_\_\_\_\_ Hip      \_\_\_\_\_ Hand
12. Have you ever had any other medical problem (infectious mononucleosis, diabetes)? \_\_\_\_\_
13. Have you ever had a medical problem since your last evaluation? \_\_\_\_\_
14. Have you lost/gained more than 15 lbs over the last 6 months? \_\_\_\_\_
15. When was your last tetanus shot? \_\_\_\_\_
- When was your last measles shot? \_\_\_\_\_
16. When was your first menstrual period? \_\_\_\_\_
- When was your last menstrual period? \_\_\_\_\_
- When was the longest time between your periods last year? \_\_\_\_\_

Please explain "yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct, and with my signature give Campbell Clinic permission to perform pre-participation physical on my child.

Signature of Athlete	Signature of Parent/Guardian	Date
Signature of Coach	School	

**EMERGENCY TREATMENT**

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school or it's representative, this will allow the hospital to treat the injury.

**EMERGENCY INFORMATION**

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_

Father's SS#: \_\_\_\_\_ Mother's SS#: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Another Person to Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Policy and Group Numbers: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

Consent Statement: Authorizing Treatment

Parent's Signature: \_\_\_\_\_

Student's Signature (if over age 18): \_\_\_\_\_

**II. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION**

I hereby give my consent for \_\_\_\_\_ to represent

(Name of Student)

\_\_\_\_\_ in the sport of \_\_\_\_\_.

(Name of School)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**III. TO PARENT/GUARDIAN:**

Due to new laws regarding release and disclosure of medical records, including pre-participation physicals, we are now required to obtain written authorization from you to release this information to your child's school/coaches. This information may be used strictly for determining medical clearance to participate for athletic purposes only. Please sign and date below:

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ authorize Campbell Clinic to release pre-participation physical to \_\_\_\_\_ High School and their coaches for athletic participation for the 2025-2026 school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### IV. To Parent/Guardian—Physical Examination Limitation

The physicians of Campbell Clinic would like to inform you that this athletic physical examination is intended only as a screening exam. It is the standard physical examination that is required by the Tennessee Secondary Athletic Association for participation in high school athletics. It is not intended to replace standard medical care by your family physician. The exam of the heart and lungs is performed by the use of auscultation only (stethoscope).

Cardiac conditions that result in “sudden cardiac death” are very infrequent—1 in 135,000 (male) and 1 in 750,000 (female) . However, most of these cardiac conditions in athletes can not be identified solely by the use of a stethoscope. Specialist care that goes beyond this standard physical examination is available in the Memphis medical community. The Campbell Clinic Sports Medicine Team will be glad to help refer your child to a Cardiology specialist at your request.

**Parent/Guardian: Please initial one or both of the following statements and sign below. Your initials and signature are required for completion of the physical examination.**

- I understand the limitations of the standard pre-participation exam and wish for my child to proceed with this examination.
- I would like a formal echocardiogram and cardiac stress test to be arranged with a cardiologist at my expense for a more in depth cardiac examination.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

#### Campbell Clinic Privacy Information

The Athletic Director has been provided with copies of Campbell Clinic's Health Information Privacy Policy. The athletic director will provide you with a copy upon request. If you choose to receive a copy, please sign below to acknowledge that you have received this information. **You are not required to receive or acknowledge receipt of the information to have your child's physical examination performed.**

I, \_\_\_\_\_, do hereby acknowledge receipt of Campbell Clinic's Patient Notice on

\_\_\_\_\_  
*Parent's Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent's Signature*

**General Physical Examination**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_

*Information below is to be completed by medical staff only.*

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pupils \_\_\_\_\_

**Musculoskeletal Examination**

**Examiner:** \_\_\_\_\_

Been to Physician in past 2 years for muscle, joint, or bone pain? \_\_\_\_\_ No Yes \_\_\_\_\_

	Normal	Abnormal Findings
Neck/Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
General Strength	_____	_____
General Flexibility	_____	_____

*General Notes/Other:*

**Internal Medicine**

**Examiner:** \_\_\_\_\_

	Normal	Abnormal Findings
Ears, Nose, Throat	_____	_____
Heart	_____	_____
Chest/Lungs	_____	_____
Skin/Lymphatic	_____	_____
Abdominal	_____	_____

*General Notes/Other:*

**Official Recommendation**

This athlete \_\_\_\_\_ may \_\_\_\_\_ may not compete in athletics based on the data gathered from this exam.

Prior to participation, treatment or follow-up on the following is **recommended / required:**

Recommend further consultation with

\_\_\_\_\_

Examiner: (print) \_\_\_\_\_

(sign) \_\_\_\_\_ Date: \_\_\_\_\_



# Campbell Clinic®

## SPORTS MEDICINE Campbell Clinic Concussion Policy for High School Athletes

Concussion is a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. Several common characteristics:

- |                      |                                  |
|----------------------|----------------------------------|
| Headache             | Loss of consciousness or amnesia |
| Cognitive impairment | Sleep disturbances- tired        |
| Emotional liability  | Sensitive to light and sound     |
| Dizziness            | Nausea                           |
| Blurred vision       |                                  |

New guidelines and best practice suggestions were discussed in Zurich in 2012, and many organizations including the NCAA and TSSAA have developed some new policies in reaction to the Zurich conference. Some important conclusions included that there should be no same day return to play with the diagnosis of concussion and that treatment of athletes <18 should be more conservative than that of adult athletes.

Ideally, neuropsychological testing (ie. Impact, SCAT2) plays an important role in concussion management; however at the high school level most schools do not have access to this type of testing.

The TSSAA has developed a policy for officials mandating that they remove any player exhibiting signs of concussion from play. That player cannot return to play the same day unless they are evaluated by a physician who must fill out and sign a "TSSAA Concussion Return to Play" form.

Our policy:

1. No same day return to play with the diagnosis of concussion.
2. Every athlete experiencing a concussion needs to be evaluated by a member of the sports medicine team as soon as possible. (ATC or physician if available)
3. Appropriate same day management should then be determined. (assess the need to go to the ER, handout with signs to look out for)
4. There may be a time of rest necessary before return to activity that can include both physical and mental rest.
5. Once asymptomatic a decision should then be made among the sports medicine team when the athlete can begin the graduated return to play protocol below. (Preferably there would be 24 hours between each step)
  - a) No activity until asymptomatic.
  - b) Low impact activity x 10 mins; Rest 20 mins; Repeat if asymptomatic Aerobic activity: 1 40 yd sprint followed by 10 jumping jacks / squats / sit-ups / pushups; Rest 30 mins; Repeat if asymptomatic. Allowed to participate in lifting exercises w/ team.
  - c) Sport- Specific Non-Contact drills: Running through plays / agility bag work etc
  - d) Full Contact drills: ie. Sled blocking, pad blocking / tackling, one-on-one drills
  - e) Return to game/play.
6. Every athlete diagnosed with a concussion must be evaluated by a physician or neuropsychologist before beginning the graduated return to play protocol.

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, have received and understand the signs/symptoms and return to play guidelines as stated in the Campbell Clinic Concussion Policy.

\_\_\_\_\_  
Athlete's Name/Signature

\_\_\_\_\_  
Parents Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

## What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

**How common is sudden cardiac arrest in the United States?** SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

## Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

## What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

## Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:

- (i) Unexplained shortness of breath;
- (ii) Chest pains
- (iii) Dizziness
- (iv) Racing heart rate
- (v) Extreme fatigue

- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest

- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

*I have reviewed and understand the symptoms and warning signs of SCA.*

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date