

# St. Mary Parish Schools

## Athletic Participation Packet 2025-2026



## Athletics Risk Acknowledgement

I am aware that trying out, practicing, playing, or any form of participation in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**.

I understand that there are risks of injuries in any sport, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, health, and well-being.

I also understand that the dangers and risks of engaging in any sport may result not only in serious injury, but in a serious impairment of future abilities of my child/ward to earn a living and to engage in business, social, and recreational activities and generally to enjoy life.

Because of the risks described above, I recognize the importance of my child listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of my child reading and adhering to all written instructions, written warnings regarding playing techniques, training methods, rules of the sport and other team rules. I therefore expressly agree to direct and to encourage my child to obey all of the coach's instructions.

In consideration of the St. Mary Parish School Board permitting my child to try-out, practice, play or in any other way, participate for an athletic team and to engage in all the activities related to the team, including practice, conditioning, playing, and traveling, **I hereby acknowledge that my child assumes all the risks associated with such participation. My child and I agree to waive all claims of whatever nature**, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named school board, school, their trustees, officers, agents, servants, employees, successors, and assigns, their athletic staff, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners of the healing arts from any liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his/her property or losses of any kind which may result in or connection with his/her participation in any activities related to the St. Mary Parish sports program.

**I understand that the Cautionary Statements for each sport are found in the Athletic Participation Handbook**

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Parent/Guardian Signature

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Student Athlete Signature

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Date



# BOURGEOIS MEDICAL CLINIC

MELVIN G. BOURGEOIS, M.D.  
ROBERT M. BOURGEOIS, M.D.  
MARK J. BOQUET, M.D.

**OCCUPATIONAL AND  
ENVIRONMENTAL MEDICINE**

Web Site: [www.b-m-c.net](http://www.b-m-c.net)

1201 KENNETH STREET, MORGAN CITY, LA 70380

PHONE 985-384-3355 FAX 985-384-2884

### Student's Information: Please print clearly.

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Social Security or School ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport(s): Football / Swim / Cheer / Dance / Soccer / Volleyball / Cross Country / Basketball / Softball / Track / Baseball /  
Tennis / Golf / Bowling / Gymnastics / Other: \_\_\_\_\_

### Student's Consent: Please read carefully.

*"I, the above named student, authorize the St. Mary Parish School Board to conduct tests on urine specimens which I will provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such tests to the St. Mary Parish School Board through its agents (the Superintendent and/or his designees) and to my parents and/or guardian."*

*"If I am or have been taking prescription medications, I acknowledge that I may provide verification (either by a copy of the prescription or by doctor's authorization) prior to being tested. I am aware this requested information concerning prescription medication is voluntary and shall be provided in a sealed envelope, and contents thereof will only be used by the testing agency if needed."*

*"I am fully aware of the St. Mary Parish School Board Policy on drug and alcohol test use and also the additional rules set forth by my school's athletic department. I understand that should I violate these rules, I am subject to severe penalties including loss of athletic privileges."*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

### Parent's Consent: Please read carefully.

*"I have read the St. Mary Parish's Interscholastic Athletics Drug Testing Policy and understand the rules and regulations. By my signature below, I hereby give consent to Bourgeois Medical Clinic for drug screen and/or alcohol testing to the above named student, following the St. Mary Parish's Interscholastic Athletic Drug Program. I understand that the student's sample will be tested for the presence of prohibited non-prescription drugs and/or alcohol. I understand that the results will be reported directly to the St. Mary Parish School Board to be used as they see fit."*

*"Consenting to and understanding the above, I hereby release Bourgeois Medical Clinic, its testing personnel, agents, contractors, and associated physicians and St. Mary Parish School Board from any liability whatsoever associated with the collection, testing, result reporting and use of those results."*

*"I also understand that the urine and/or alcohol test is a "screening" test and that a separate "confirmation" will be performed if necessary."*

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Printed Name: \_\_\_\_\_

SMPSB Consent© Copyright 2020, Bourgeois Medical Clinic



# St. Mary Parish Schools

474 Highway 317 • P.O. Box 170 • Centerville, LA 70522  
337-836-9661 • www.stmaryk12.net

## St. Mary Parish School Board Athletic Insurance Acknowledgement Form

I, \_\_\_\_\_ (Parent/Guardian), hereby grant permission for my child, \_\_\_\_\_

(Student Athlete), to participate in school-sponsored athletics.

By signing this Acknowledgement Form, I understand the following:

1. **Medical Insurance Requirement**

I acknowledge that it is my responsibility to provide **medical insurance coverage** for the student athlete named above.

2. **Waiver of Liability**

I agree to hold the **St. Mary Parish School Board**, including its members, employees, agents, assigns, and insurers, **harmless** from any liability related to accidents or injuries that may occur while the student is participating in athletic activities.

3. **Coverage Certification**

I certify that my child is otherwise insured for any **medical expenses** incurred as a result of injuries sustained during athletic participation.

4. **Participation Policy**

I understand that it is the **policy of the St. Mary Parish School Board** that no student shall be allowed to practice or participate in interscholastic athletics until this form is signed and the insurance requirement is fulfilled.

5. **Emergency Medical Treatment Authorization**

I authorize **team physicians** or designated medical personnel to provide emergency treatment to the student athlete, if necessary.

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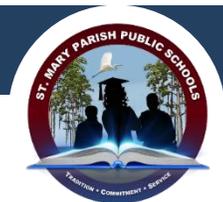
### Acknowledgement and Signature

Student Name (Please Print): \_\_\_\_\_

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

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# St. Mary Parish Schools

474 Highway 317 • P.O. Box 170 • Centerville, LA 70522

337-836-9661 • www.stmaryk12.net

## Interscholastic Athletic Insurance

**We wish to advise you that St. Mary Parish School Board provides accident insurance for Junior High/High School interscholastic athletics, band, cheerleading, J.R.O.T.C. and dance team injuries occurring in competition, in practice, or traveling to and from those events by school-provided transportation.**

If you already have primary insurance, this can be used as a secondary policy. For families that have no other insurance, purchased coverage becomes your primary accident plan.

### **Accessing the K-12 Voluntary Program Online Enrollment Forms or Printable Enrollment Forms:**

1. Visit the [Bollinger Schools site](#).
2. At the top of the home page, position the cursor over Our Services and click K-12 Voluntary Enrollment. The K-12 Student Accident/Athletic Insurance search engine appears.
3. Select the state, and then select your school. You now have access to the K-12 Voluntary Program online enrollment forms or printable Enrollments forms.
4. Under Printable Forms: complete and mail with your payment.
5. Once enrolled online, you can print an ID card from website under Our Services/K-12 Voluntary ID Cards.
6. **Any questions regarding the coverage should be directed to Sarah Ghirardi, (St. Mary Parish School Board) (337) 836-6003**

**Important Notice: Coverage under the Policy does not constitute comprehensive health insurance coverage (a/k/a/ “major medical insurance”). It therefore does not satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act. The Program provides ACCIDENT insurance only. It does not provide basic hospital, basic medical or major medical for sickness coverage.**

# Concussion: Statement of Student-Athlete Responsibility and Parent Awareness Louisiana Youth Concussion Act 314

## What is a Concussion?

A concussion is a brain injury caused by a blow to the head, face or elsewhere on the body with a force transmitted to the brain. Concussions can result from hitting a hard surface such as the ground floor, from players colliding with each other or from being hit by a ball, bat or other sporting equipment.

## Facts about Concussions

1. A concussion is a serious brain injury
2. Concussions can occur without a loss of consciousness or other obvious signs
3. Concussions can occur from blows to the body as well as to the head
4. Concussions can occur in any sport
5. Athletes can still get a concussion even if they are wearing a helmet
6. Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

## Signs and Symptoms of Concussion can Include:

Headache or "pressure" in head	Nausea or vomiting
Balance or blurry vision	Double vision
Sensitivity to light or noise	Feeling sluggish, hazy, foggy or groggy
Confusion	
Sensation that one does not "feel right"	

## Why knowing you have a Concussion is Important

Most concussions resolve but some concussions can lead to chronic symptoms such as headache, decreased memory, sleeping problems, or personality changes. Rest, avoiding another blow to the head, and following the advice of your medical staff are critical in helping you recover as fast and as safely as possible. Sustaining another concussion prior to recovery from the first increases your chance of long-term symptoms. There have been reports of death with a second concussion in younger athletes. It is very important for you to report any concussion symptoms as described above to your athletic trainer, coach or physician at the time of the injury. This includes alerting the medical staff to symptoms in your teammates if you notice these.

## Statement of Student Athletic Responsibility

I accept responsibility for reporting all injuries and illnesses to the athletic trainer and/or coach. I will report any signs and symptoms of a Concussion. I have read and understand the above information on concussions. I will inform the athletic trainer and/or coach immediately if I experience any of these symptoms or witness a teammate with these symptoms.

\_\_\_\_\_  
**Athlete Name (Print)**

\_\_\_\_\_  
**Athlete Signature**

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

As the parent of the above-mentioned student, I am also aware of the issues concerning concussions as mentioned in this document and agree to adhere to these guidelines.

\_\_\_\_\_  
**Parent Name (Print)**

\_\_\_\_\_  
**Parent Signature**

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

*This information is provided and endorsed by the Louisiana Athletic Trainers' Association <http://latainc.org>*



# Withdrawal from Athletic Participation

## Policy

The St. Mary Parish School Board values commitment in athletics, regardless of individual physical abilities. We believe every player contributes significantly to the team's success. When a player decides to leave, it affects the team's dynamics. If a player chooses to withdraw from participation, we request that the athlete first meet with the head coach to discuss the decision. Following this meeting, appropriate actions will be determined.

## Reinstatement

Players who voluntarily withdraw from a sport may petition for reinstatement, which will be assessed by the head coach and athletic director. The reinstatement process involves a meeting with both officials, after which they will determine whether the player can return to the team. It's important for parents and athletes to recognize that any violations of the Code of Conduct prior to or during the withdrawal process will be addressed according to the Athletic Handbook Policies if the player is reinstated. Additionally, the decision made by the head coach and athletic director/principal is final. Every player on a St. Mary Parish team is very important to us. We believe that our job involves more than developing a winning program. Therefore, we encourage every player to remain as a contributing member of the team and to talk to coaches before deciding to quit.

**I have read and understand the policy and procedures. I also understand that if I have any questions concerning the policy and procedures, I must contact the administrator and head coach (middle school) OR athletic director (high school) before my child participates in a sport.**

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**Parent/Guardian Signature**

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**Student Athlete Signature**

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**Date**

# Louisiana High School Athletic Association

## Athletic Participation/Parental Permission Form

This form must be completed and signed by the student-athlete's parent prior to a student's participation in an athletic contest and shall be kept on file with the school. It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school. This form is subject to review/inspection by the LHSAA or its representative.

### **PART I: STUDENT INFORMATION** (Please Print)

Student's Name: (Last, First, Middle) \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

My child entered ninth grade in \_\_\_\_\_ (month and year). Last semester/year he/she attended \_\_\_\_\_ High School.

### **ARE YOU ELIGIBLE?**

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

<b><u>RULE</u></b>	<b><u>COMMENTS</u></b>
<b>BONA FIDE STUDENT</b>	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 <sup>th</sup> grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
<b>ENROLLMENT</b>	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
<b>AGE</b>	A student shall not become 19 years of age prior to August 1 of this year.
<b>PROOF OF AGE</b>	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
<b>CONSECUTIVE SEMESTERS</b>	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.26.6 of the LHSAA handbook)
<b>SCHOLASTIC</b>	For regular education high school students at the end of the first semester a student shall <b>pass at least six subjects</b> in all subjects taken.  At the end of the year and prior to the next school year, a student shall must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.  Special education students must consult the school principal, athletic director, or coach for scholastic information.
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
<b>UNDUE INFLUENCE</b>	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
<b>AMATEUR</b>	A student cannot play high school athletics if he/she loses their amateur status.
<b>INDEPENDENT TEAM</b>	In certain sports a student cannot play on a school team and an independent team during the same sport season.

[Louisiana High School Athletic Association \(lhsaa.org\)](http://Louisiana High School Athletic Association (lhsaa.org))

[https://www.lhsaa.org/siteuploads/editorimg/file/Forms%20and%20Resources/20-21\\_Athletic\\_Participation-Parental\\_Permission\\_Revised\\_for\\_One\\_Time\\_Completion\\_20-21.pdf](https://www.lhsaa.org/siteuploads/editorimg/file/Forms%20and%20Resources/20-21_Athletic_Participation-Parental_Permission_Revised_for_One_Time_Completion_20-21.pdf)

**MEDICAL EXAMINATION**

A student shall annually pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

**ATHLETIC PARTICIPATION/**

**PARENTAL PERMISSION FORM** A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school unless the student transfers to another member school.

**SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM** A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.

**SUSPENDED AND**

**INELIGIBLE STUDENTS**

Shall not participate in any interscholastic contest on any team at any school at any level.

**LHSAA ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS**

Eligibility to participate in interscholastic athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

**ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBILITY RULES**

**PART II – PARENTAL PERMISSION**

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed on this form is my sole bona fide residence and that I will notify the school principal immediately of any change in my residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or it representative(s) permission to review my child's scholastic records and all required eligibility forms however submitted by the school or myself.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for my child to participate in any of the following LHSAA sports:

- |               |              |                 |
|---------------|--------------|-----------------|
| BASEBALL      | GOLF         | SWIMMING        |
| BASKETBALL    | GYMNASTICS   | TENNIS          |
| BOWLING       | POWERLIFTING | TRACK AND FIELD |
| CROSS COUNTRY | SOCCER       | VOLLEYBALL      |
| FOOTBALL      | SOFTBALL     | WRESTLING       |

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

**By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.**

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

Relationship to Student \_\_\_\_\_ (Print Name) \_\_\_\_\_

(Principal Signature) \_\_\_\_\_



## LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

*This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.*

As an LHSAA athlete, I, \_\_\_\_\_, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, \_\_\_\_\_, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Student Athlete

Dated: \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Principal

Dated: \_\_\_\_\_

\_\_\_\_\_  
Head Coach or AD

**1.10 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES** - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

**1.10.1** The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:

1. A school shall be fined \$50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed \$500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

**Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.**

[LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT](https://www.lhsaa.org/siteuploads/editorimg/file/Sports%20Medicine/Substance%20Abuse-Misuse%20Contract%20writeable%2020-21.pdf)

[https://www.lhsaa.org/siteuploads/editorimg/file/Sports%20Medicine/Substance Abuse-Misuse Contract writeable 20-21.pdf](https://www.lhsaa.org/siteuploads/editorimg/file/Sports%20Medicine/Substance%20Abuse-Misuse%20Contract%20writeable%2020-21.pdf)

*High School Only*

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Please Print

Name: School: Grade: Date:
Sport(s): Sex: M / F Date of Birth: Age: Cell Phone:
Home Address: City: State: Zip Code: Home Phone:
Parent / Guardian: Employer: Work Phone:

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes No Condition Whom Yes No Condition Whom Yes No Condition Whom
Heart Attack/Disease Sudden Death Arthritis
Stroke High Blood Pressure Kidney Disease
Diabetes Sickle Cell Trait/Anemia Epilepsy

ATHLETE ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes No Condition Date Yes No Condition Date Yes No Condition Date
Head Injury / Concussion Neck Injury / Stinger Shoulder L / R
Elbow L / R Arm / Wrist / Hand L / R Back
Hip L / R Thigh L / R Knee L / R
Lower Leg L / R Chronic Shin Splints Ankle L / R
Foot L / R Severe Muscle Strain Pinched Nerve
Chest Previous Surgeries:

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes No Condition Yes No Condition Yes No Condition
Heart Murmur / Chest Pain / Tightness Asthma / Prescribed Inhaler Menstrual irregularities: Last Cycle:
Seizures Shortness of breath / Coughing Rapid weight loss / gain
Kidney Disease Hernia Take supplements/vitamins
Irregular Heartbeat Knocked out / Concussion Heat related problems
Single Testicle Heart Disease Recent Mononucleosi
High Blood Pressure Diabetes Enlarged Spleen
Dizzy / Fainting Liver Disease Sickle Cell Trait/Anemia
Organ Loss (kidney, spleen, etc) Tuberculosis Overnight in hospital
Surgery Prescribed EPI PEN Allergies (Food, Drugs)
Medications

List Dates for: Last Tetanus Shot: Measles Immunization: Meningitis Vaccine:

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence.

- 1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately.
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its representative(s) or the associated medical personnel.

Date Signed by Parent Signature of Parent Typed or Printed Name of Parent

Health Care Provider section on page 2

LHSAA MEDICAL HISTORY EVALUATION

Page 2 of 2

IMPORTANT: This form must be completed annually, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>

ORTHOPAEDIC EXAM :

I. Spine / Neck

	Norm	Abnl
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>

II. Upper Extremity

	Norm	Abnl
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>

III. Lower Extremity

	Norm	Abn
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Provider notes (if needed): \_\_\_\_\_

- Medically eligible for all sports without restriction
  - Medically eligible for certain sports \_\_\_\_\_
  - Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_
  - Not medically eligible pending further evaluation
  - Not medically eligible for any sports
- This recommendation is from a limited screening.

Printed Name of MD, DO, APRN or PA \_\_\_\_\_

Signature of MD, DO, APRN or PA \_\_\_\_\_

Date of Medical Examination \_\_\_\_\_

Revised 5/23

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

## EVALUACIÓN DEL HISTORIAL MÉDICO DE LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION (LHSAA)

Página 1 de 2

IMPORTANTE: El presente formulario debe completarse *anualmente*, mantenerse archivado en la escuela y está sujeto a inspección por parte del Equipo de Cumplimiento de Reglas.

*Imprimir*

Nombre: \_\_\_\_\_ Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Fecha: \_\_\_\_\_  
 Deporte(s): \_\_\_\_\_ Sexo: M/F Fecha de nacimiento: \_\_\_\_\_ Edad: \_\_\_\_\_ Teléfono celular: \_\_\_\_\_  
 Domicilio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_ Teléfono residencial: \_\_\_\_\_  
 Padre/Tutor: \_\_\_\_\_ Empleador: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

**ANTECEDENTES MÉDICOS FAMILIARES:** ¿Algún miembro de su familia menor de 50 años ha tenido estas condiciones?

Sí	No	Condición	Quién	Sí	No	Condición	Quién	Sí	No	Condición	Quién
<input type="checkbox"/>	<input type="checkbox"/>	Ataque/enfermedad cardíaca	_____	<input type="checkbox"/>	<input type="checkbox"/>	Muerte súbita	_____	<input type="checkbox"/>	<input type="checkbox"/>	Artritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ataque cerebral	_____	<input type="checkbox"/>	<input type="checkbox"/>	Presión arterial alta	_____	<input type="checkbox"/>	<input type="checkbox"/>	Nefropatía	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rasgo de células falciformes/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsia	_____

**ANTECEDENTES ORTOPÉDICOS DEL ATLETA:** ¿El atleta ha tenido alguna de las siguientes lesiones?

Sí	No	Condición	Fecha	Sí	No	Condición	Fecha	Sí	No	Condición	Fecha
<input type="checkbox"/>	<input type="checkbox"/>	Lesión en la cabeza / Concusión	_____	<input type="checkbox"/>	<input type="checkbox"/>	Lesión/dolor punzante en el cuello	_____	<input type="checkbox"/>	<input type="checkbox"/>	Hombro I / D	_____
<input type="checkbox"/>	<input type="checkbox"/>	Codo I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Brazo/Muñeca/Mano I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Espalda	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cadera I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Muslo I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rodilla I / D	_____
<input type="checkbox"/>	<input type="checkbox"/>	Parte inferior de la pierna I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Periostitis tibial	_____	<input type="checkbox"/>	<input type="checkbox"/>	Tobillo I / D	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pie I / D	_____	<input type="checkbox"/>	<input type="checkbox"/>	Distensión muscular severa	_____	<input type="checkbox"/>	<input type="checkbox"/>	Nervio pinzado	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pecho	_____	Antecedentes de cirugías: _____							

**ANTECEDENTES MÉDICOS DEL ATLETA:** ¿El atleta ha tenido alguna de estas condiciones?

Sí	No	Condición	Sí	No	Condición	Sí	No	Condición
<input type="checkbox"/>	<input type="checkbox"/>	Soplo cardíaco / dolor en el pecho / opresión	<input type="checkbox"/>	<input type="checkbox"/>	Asma / Inhalador recetado	<input type="checkbox"/>	<input type="checkbox"/>	Irregularidades menstruales: último ciclo: _____
<input type="checkbox"/>	<input type="checkbox"/>	Convulsiones	<input type="checkbox"/>	<input type="checkbox"/>	Dificultad para respirar / Tos	<input type="checkbox"/>	<input type="checkbox"/>	Pérdida/aumento rápido de peso
<input type="checkbox"/>	<input type="checkbox"/>	Nefropatía	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Toma suplementos/vitaminas
<input type="checkbox"/>	<input type="checkbox"/>	Arritmia	<input type="checkbox"/>	<input type="checkbox"/>	Noqueado / Concusión	<input type="checkbox"/>	<input type="checkbox"/>	Problemas relacionados con el calor
<input type="checkbox"/>	<input type="checkbox"/>	Testículo único	<input type="checkbox"/>	<input type="checkbox"/>	Enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis reciente
<input type="checkbox"/>	<input type="checkbox"/>	Presión arterial alta	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Bazo agrandado
<input type="checkbox"/>	<input type="checkbox"/>	Mareo/Desmayos	<input type="checkbox"/>	<input type="checkbox"/>	Enfermedad hepática	<input type="checkbox"/>	<input type="checkbox"/>	Rasgo de células falciformes/anemia
<input type="checkbox"/>	<input type="checkbox"/>	Pérdida de órganos (riñón, bazo, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Debió pasar una noche en el hospital
<input type="checkbox"/>	<input type="checkbox"/>	Cirugía	<input type="checkbox"/>	<input type="checkbox"/>	Prescripción de inyección de Epinefrina (EPI PEN)	<input type="checkbox"/>	<input type="checkbox"/>	Alergias (alimentos, medicamentos) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medicamentos _____						

Lista de fechas para: Última vacuna contra el tétanos \_\_\_\_\_; Inmunización contra el sarampión \_\_\_\_\_; Vacuna contra la meningitis: \_\_\_\_\_

### FORMULARIO PARA PADRES DE RENUNCIA A RECLAMACIONES

A nuestro leal saber y entender, hemos dado información verdadera y precisa y por la presente autorizamos la evaluación de revisión física. Entendemos que la evaluación implica un examen limitado y que no tiene como propósito ni podrá prevenir lesiones o muerte súbita. Además, entendemos que si el examen se proporciona sin expectativa de pago, de conformidad con el título 9:2798 de los Estatutos Revisados de Luisiana no habrá causa de acción contra el profesional de la salud voluntario del equipo y/o empleador de acuerdo a la ley de Luisiana.

La presente renuncia a reclamaciones, otorgada en la fecha a continuación por el abajo firmante, médico, médico osteópata, enfermero facultativo o asistente médico y padre del estudiante atleta mencionado anteriormente, se realiza de conformidad con la ley de Luisiana con el pleno entendimiento de que no habrá causa de acción por ninguna pérdida o daño causado por cualquier acto u omisión relacionada con los servicios de atención médica si en lo sucesivo se prestan de forma voluntaria y sin expectativa de pago, a menos que tal pérdida o daño fueran causados por negligencia grave. Adicionalmente,

1. Si, a juicio de un representante de la escuela, el estudiante-atleta mencionado necesita atención o tratamiento como resultado de una lesión o enfermedad, por la presente solicito, doy mi consentimiento para y autorizo los cuidados que se consideren necesarios.....**Sí No**
2. Entiendo que si el estado médico de mi hijo/a cambia de manera significativa después de su examen físico, notificaré inmediatamente a su director acerca del cambio.....**Sí No**
3. Doy mi permiso para que el entrenador deportivo comparta la información de las lesiones de mi hijo/a al entrenador en jefe / director deportivo / director de su escuela.....**Sí No**
4. Con mi firma a continuación, acepto permitir que se revisen los antecedentes médicos / formulario de examen de mi hijo/a y todos los formularios de elegibilidad por la LHSAA o su(s) representante(s) o el personal médico asociado. ....**Sí No**

Fecha de firma del padre o madre \_\_\_\_\_

Firma del padre o madre \_\_\_\_\_

Nombre en letra de molde o escrito a máquina \_\_\_\_\_

Sección del profesional de la salud en la página 2

# EVALUACIÓN DEL HISTORIAL MÉDICO DE LHSAA

Página 2 de 2

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Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ Edad: \_\_\_\_\_

Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Deporte(s): \_\_\_\_\_

## II. PARA QUE COMPLETE ANUALMENTE EL MÉDICO (MD), MÉDICO OSTEÓPATA (DO), ENFERMERO (APRN) o AUXILIAR MÉDICO

Altura _____	Peso _____	Presión sanguínea _____	Pulso _____
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### EXAMEN MÉDICO GENERAL:

	Normal	Anormal
Otorrino	<input type="checkbox"/>	<input type="checkbox"/>
Pulmones	<input type="checkbox"/>	<input type="checkbox"/>
Corazón	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Piel	<input type="checkbox"/>	<input type="checkbox"/>

### EXAMEN ORTOPÉDICO :

#### I. Columna vertebral / cuello

	Normal	Anormal
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Torácico	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>

#### II. Extremidad superior

	Normal	Anormal
Hombro	<input type="checkbox"/>	<input type="checkbox"/>
Codo	<input type="checkbox"/>	<input type="checkbox"/>
Mano / Dedos	<input type="checkbox"/>	<input type="checkbox"/>
Muñeca	<input type="checkbox"/>	<input type="checkbox"/>

#### III. Extremidad inferior

	Normal	Anormal
Rodilla	<input type="checkbox"/>	<input type="checkbox"/>
Cadera	<input type="checkbox"/>	<input type="checkbox"/>
Tobillo	<input type="checkbox"/>	<input type="checkbox"/>

Notas del profesional de la salud (si fuera necesario): \_\_\_\_\_

Medicamento apto para todos los deportes sin restricciones

Medicamento apto para algunos deportes \_\_\_\_\_

Medicamento apto para todos los deportes sin restricciones bajo recomendación de evaluación o tratamiento adicionales para \_\_\_\_\_

Medicamento no apto, pendiente de evaluación adicional

Medicamento no apto para ningún deporte

Esta recomendación se basa en una evaluación limitada.

\_\_\_\_\_  
Nombre en letra de molde del médico,  
médico osteópata, enfermero o auxiliar médico

\_\_\_\_\_  
Firma del médico, médico osteópata,  
enfermero o auxiliar médico

\_\_\_\_\_  
Fecha del examen médico

Este formulario de aptitud física vence a los 13 meses de la fecha en que fue firmado y fechado por el médico, médico osteópata, enfermero o auxiliar médico.

Revisado 5/23

## Sports Participation Agreement Summary

- I have thoroughly reviewed the athletic participation handbook and commit to adhering to all its rules and regulations. I have completed all sections of this agreement to participate in interscholastic sports.
- I have provided accurate and comprehensive information regarding the student athlete and parent/guardian details. I have also completed the emergency contact information truthfully and comprehensively.
- I have carefully reviewed the risks and hazards associated with interscholastic sports participation. I understand the gravity of these risks and voluntarily accept responsibility for them. By signing this document, I waive all claims related to my athletic participation.
- I have diligently read and signed all necessary forms pertaining to the student athlete's sports involvement.

**All necessary forms have been submitted.**

Form	Middle School	High School
<b>Athletics Risk Acknowledgement</b>	<b>X</b>	<b>X</b>
<b>Bourgeois Medical Clinic Consent Form</b>		<b>X</b>
<b>Athletic Insurance Acknowledgement Form</b>	<b>X</b>	<b>X</b>
<b>Interscholastic Athletics Insurance Information</b>	<b>X</b>	<b>X</b>
<b>Concussion Awareness</b>	<b>X</b>	<b>X</b>
<b>Withdrawal from Athletic Participation</b>	<b>X</b>	<b>X</b>
<b>LHSAA Athletic Participation Parental Permission *</b>		<b>X</b>
<b>LHSAA Substance Abuse/Misuse Contract and Consent Form*</b>		<b>X</b>
<b>LHSAA Medical Evaluation English / Spanish</b>	<b>X</b>	<b>X</b>
<b>Sports Participation Agreement Summary</b>	<b>X</b>	<b>X</b>
<b>Birth Certificate</b> (If the school doesn't have one on file)		<b>X</b>
<b>Transcript</b> (Provided by the school)		<b>X</b>
<b>Current Grades</b> (Provided by the school)		<b>X</b>

\*Forms are valid for the duration of the student's high school eligibility.

**I fully understand and voluntarily agree to the terms therein.**

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

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

