'25-'26

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2025

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

ID# _____ Grade Entering ('25-'26) _____ School _____ Sport _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

		Yes	No
1.	Have you had a medical illness or injury since your last check up or physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever had prior testing for the heart ordered by a physician?	☐	☐
	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in activities for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? _____		
	When was your last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐

		Yes	No
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below:		

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm	☐ Foot	

16.	Do you want to weigh more or less than you do now?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only I choose not to provide written information on Question 19 but will discuss with a medical professional: ☐

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Males Only I choose not to provide written information on Question 20 but will discuss with a medical professional: ☐

20. Are you missing a testicle? _____
Do you have any testicular swelling or masses? _____

☐ An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth_____

Height _____ Weight_____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **** Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

☐ Not cleared for:_____Reason: _____

Recommendations: _____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/ games/matches.

‘25 – ‘26 ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

An ECG screen (sometimes also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screen may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

As per HB 76 of the 86th Texas Legislature a parent can elect to have their child receive an ECG. Cypress Fairbanks currently has an ECG program and will provide a free ECG the first year a student elects to receive one. Any sequential ECG’s will be at the expense of the parents or guardian of the student and done outside of the school. We also ask that if you do an ECG out of the school district, that you share any abnormal results with the school district to ensure the safe participation in athletics of your child.

By signing below, I am either electing or declining an ECG screen provided by the Cypress-Fairbanks Independent School District for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (i.e., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for CFISD activities, at the parent’s expense. By my signature below, I hereby release and forever discharge, and waive, any and all claims against the Cypress-Fairbanks Independent School District, its employees, trustees, consultants and contractors that relate to the student’s election regarding and/or participation in the ECG screening project, and authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in addition to other medical documentation on file in with the school district, and in accordance with the Family Educational Privacy Rights Act and the Health Insurance Portability and Accountability Act of 1996.

☐ **I DO hereby consent to participation in the ECG screen on behalf or that of my minor child**.

☐ **I DECLINE participation in the ECG screen on behalf or that of my minor child.**

_____ Child’s Name Printed

_____ Date

_____ Parent/Guardian Name Printed

X _____ Parent/Guardian Signature

PARENT E-MAIL ADDRESS_____

INFORMATION

STUDENT ID #:_____ **NAME**_____

AGE: _____ **GENDER:** MALE_____FEMALE_____ **BIRTHDATE:**_____/_____/_____

GRADE:_____ **HT:**_____ **WT:**_____

CIRCLE HIGH SCHOOL ATTENDING 2025-2026:

Cy-Creek	**Cy-Fair**	**Cy-Falls**	**Cy-Lakes**	**Cy-Park**	**Cy-Ranch**
Cy-Ridge	**Cy-Springs**	**Cy-Woods**	**Jersey Village**	**Langham Creek**	**Bridgeland**

This section to be completed by Athletic Trainer
DATE ECG COMPLETED

_____/_____/_____

Cypress-Fairbanks Independent School District

Parent Permission for School-Sponsored Activity

□ **with** District transportation □ **without** District transportation

_____	_____	_____
Student Name	Campus	Grade
_____	(_____)_____-_____	(_____)_____-_____
Parent/Guardian	Primary Phone	Secondary Phone
_____	(_____)_____-_____	(_____)_____-_____
Secondary Emergency Contact	Primary Phone	Secondary Phone

ACTIVITY: _____

_____

_____

PARENT ACKNOWLEDGMENT: In order for your student to participate in this school-sponsored activity, written parent permission is required below. Student safety is a high priority; however, under state law the school district is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee's negligent operation of a District vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored activity described above and acknowledge that you are responsible for any medical or other costs associated with a student injury that may occur during the activity, except as stated above. Students are required to use District-provided transportation if it is provided as indicated above (unless the campus principal or designee has specifically authorized a student to arrive or depart separately and the parent/guardian has completed any additionally required written permissions). The District shall not be liable or responsible for any action, injuries or damages that occur to students riding in vehicles that are not provided by the District.

If the above student needs immediate care and treatment as a result of injury or illness, I authorize CFISD employees to deliver or consent to care.

PRESCRIPTION MEDICATION ADMINSTRATION: Prescription medications administered by the school nurse during a regular school day will be transported/administered by the field trip sponsor for an activity limited to regular school hours.

_____ _____/_____/20_____

Parent/Legal Guardian Signature Date

Complete this section ONLY if your child requires the administration of a prescription medication during an activity **extending beyond the regular school day**, please list the medication(s) you authorize CFISD staff members to administer in the table below. The field trip sponsor will provide instructions for parents/guardians to drop-off required medication(s) before the event. In accordance with CFISD Board policy FFAC (LOCAL), medication must be supplied in the original container (labeled for the student), and students may not transport medications to or from school or a school-sponsored event.

Medication Name	Dose	Route	Time

_____ _____/_____/20_____

Parent/Legal Guardian Signature Date

Revised 1/2020

Fine Arts Field Trip
High School

_____ _____ _____

Student Name **Campus** **Grade**

Please provide a copy of the student's current insurance card.

_____ _____

Name of Insurance Company **Identification Number**

_____

Group Number

In case of a student emergency, CFISD employees should be knowledgeable of your child's medical conditions to provide safe care. Please list any medical conditions or regular medications below.

□ Asthma □ Diabetes □ Seizure Disorder □ List Severe Food Allergies_____

□ Daily and Emergency Medications: _____

□ Other Information: _____

_____

District Provided Non-prescription Medication Permission

Authorization is hereby given for the administration of the following district provided non-prescription medications to my child by designated school employees. Circle Yes or No in last column.

Symptom	Medication	Brand Name	Circle Yes or No
Allergic Reaction	Diphenhydramine	Benadryl	Yes or No
Mild Pain/Fever	Ibuprofen	Addaprin, Motrin	Yes or No
Mild Pain/Fever	Acetaminophen	Tylenol	Yes or No
Mild Abdominal Pain Heartburn, Nausea	Calcium Carbonate Chews	Tums, Maalox	Yes or No

_____ _____/_____/ 20____

Parent/Legal Guardian Signature

Medication Log (For CFISD Use Only)

Date: (Month/Day)	Time	Signs & Symptoms	Medication Dispensed	Initials
/				
/				
/				
/				
/				
/				

PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM
Updated 2025

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exceptions:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day. For any calendar week consisting of less than five school days a marching band may rehearse one additional hour beyond eight hours for each non-school day, provided the school week limitation of eight hours is not exceeded.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at:
www.uiltexas.org/music/marching-band

"We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations."

Parent Signature_____Date_____

Student Signature_____Date_____

This form is to be kept on file by the local school district.

2025 CFISD Athletic Physical Dates

PARENTS / GUARDIANS: ALL CFISD ATHLETIC PAPERWORK MUST BE COMPLETE PRIOR TO PHYSICAL
COST OF PHYSICAL: $20.00 CASH ONLY OR MONEY ORDER ONLY

CAMPUS	DATE	TIME	LOCATION	8TH GRADE FEEDERS
CY FAIR	Thursday, March 20, 2025	1:45pm - 5:45pm	**CY FAIR**	**CURRENT 8th-GRADE FEEDERS**
ARNOLD			MAIN GYM	**ARNOLD, HAMILTON**
CY SPRINGS	Friday, April 11, 2025	11:00am - 3:00pm	**CY SPRINGS**	**CURRENT 8th-GRADE FEEDERS**
HOPPER			MAIN GYM	**ANTHONY, HOPPER, KAHLA**
JERSEY VILLAGE	Monday, April 28, 2025	2:00pm - 6:00pm	**JERSEY VILLAGE**	**CURRENT 8th-GRADE FEEDERS**
COOK			LARGE COMMONS	**COOK, DEAN**
CY PARK	Wednesday, April 30, 2025	1:00pm - 5:00pm	**CY PARK**	**CURRENT 8th-GRADE FEEDERS**
ROWE			MAIN GYM	**ROWE, THORNTON**
CY RIDGE	Wednesday, April 30, 2025	1:30pm - 5:30pm	**CY RIDGE**	**CURRENT 8th-GRADE FEEDERS**
			MAIN GYM	**CAMPBELL, DEAN, TRUITT**
CY LAKES	Thursday, May 1, 2025	1:00pm - 5:00pm	**CY LAKES**	**CURRENT 8th-GRADE FEEDERS**
THORNTON/WATKINS			MAIN GYM	**THORNTON, WATKINS**
CY WOODS	Saturday, May 3, 2025	11:00am - 1:00pm	**CY WOODS**	**CURRENT 8th-GRADE FEEDERS**
			MAIN GYM	**GOODSON, SALYARDS, SPILLANE**
CY CREEK	Monday, May 12, 2025	2:00pm - 6:00pm	**CY CREEK**	**CURRENT 8th-GRADE FEEDERS**
BLEYL			MAIN GYM	**BLEYL, CAMPBELL, HAMILTON**
CY RANCH	Monday, May 19, 2025	1:00pm - 5:00pm	**CY RANCH**	**CURRENT 8th-GRADE FEEDERS**
SMITH			MAIN GYM	**ANTHONY, SMITH, SPILLANE**
CY FALLS	Tuesday, May 20, 2025	11:30am - 4:30pm	**CY FALLS**	**CURRENT 8th-GRADE FEEDERS**
LABAY			MULTIPURPOSE GYM	**LABAY, TRUITT**
BRIDGELAND	Wednesday, May 21, 2025	1:00pm - 5:00pm	**BRIDGELAND**	**CURRENT 8th-GRADE FEEDERS**
SPRAGUE			MAIN GYM	**SALYARDS, SPRAGUE**
LANGHAM CREEK	Wednesday, May 21, 2025	2:00pm - 6:00pm	**LANGHAM CREEK**	**CURRENT 8th-GRADE FEEDERS**
ARAGON			MAIN GYM	**ARAGON, KAHLA**

MIDDLE SCHOOL PHYSICALS- CURRENT 6th AND 7th GRADERS

CAMPUS	DATE	TIME	LOCATION	CURRENT 6th & 7th GRADERS
	Saturday, May 3, 2025	(8:00am - 1:00pm)	**CY RIDGE HS**	
TRUITT		8:00	**MAIN GYM**	**CURRENT 6th & 7th GRADERS**
DEAN	METHODIST	8:45	(Assisting Schools)	**CURRENT 6th & 7th GRADERS**
CAMPBELL		9:30	Cy Creek	**CURRENT 6th & 7th GRADERS**
KAHLA		10:30	Cy-Fair	**CURRENT 6th & 7th GRADERS**
ANTHONY		11:30	Cy Springs	**CURRENT 6th & 7th GRADERS**
			Jersey Village	
			Langham Creek	

CAMPUS	DATE	TIME	LOCATION	CURRENT 6th & 7th GRADERS
	Saturday, May 3, 2025	(8:00am - 1:00pm)	**CY WOODS HS**	
SPILLANE		8:00	**MAIN GYM**	**CURRENT 6th & 7th GRADERS**
SALYARDS	MEMORIAL HERMANN	8:45	(Assisting Schools)	**CURRENT 6th & 7th GRADERS**
HAMILTON		9:30	Bridgeland	**CURRENT 6th & 7th GRADERS**
GOODSON		10:15	Cy Falls	**CURRENT 6th & 7th GRADERS**
			Cy Lakes	
			Cy Park	
			Cy Ranch	

PARENTS / GUARDIANS: ALL CFISD ATHLETIC PAPERWORK MUST BE COMPLETE PRIOR TO PHYSICAL
COST OF PHYSICAL: $20.00 CASH OR MONEY ORDER ONLY