



Student Contact Information

Student Information:

SCHOOL: _____

Student Name: _____ DOB: _____

2026 – 2027 Student Grade : _____

Student Address: _____

Student Phone Number: _____

Primary Care Provider: _____

Provider City/State: _____ Phone: _____

Parent/Guardian Name: _____

Parent Address: _____

Parent Phone Number: _____

Signature of Parent/Guardian

Date

PREPARTICIPATION PHYSICAL HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____

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). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	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.)			HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			10. Have you ever had a seizure?		
3. Do you have any ongoing medical issues or recent illness?			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
HEART HEALTH QUESTIONS ABOUT YOU				Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?			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)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			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)?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7. Has a doctor ever told you that you have any heart problems?					
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.					

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

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

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgement.

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

PHYSICIAN REMINDERS

1. 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, chewing tobacco, snuff, or dip?
- During the last 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 use any other appearance/performance 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?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION									
Height		Weight		☐ Male ☐ Female					
BP	/	(	/	)	Pulse	Vision	R 20/	L 20/	Corrected? Y N
MEDICAL								NORMAL	ABNORMAL FINDINGS
Appearance									
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)									
Eyes/ears/nose/throat									
• Pupils equal									
• Hearing									
Lymphnodes									
Heart									
• Murmurs (auscultation standing, supine, +/- Valsalva)									
Pulses									
• Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Skin									
• HSV, lesions suggestive of MRSA, tinea corporis									
Neurologic									

MUSCULOSKELETAL					
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS
Neck			Knee		
Back			Leg/ankle		
Shoulder/arm			Foot/toes		
Elbow/forearm			Functional		
Wrist/hand/fingers			• Double-leg squat test, box drop or step drop test		
Hip/thigh					

☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
☐ Not cleared ☐ Pending further evaluation ☐ For any sports

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

NAME: _____

REHABILITATION SERVICES

PRE-SEASON SCREEN

MUSCULOSKELETAL EXAMINATION FORM (FLEXIBILITY/RANGE OF MOTION/STRENGTH)

UPPER EXTREMITY ROM:

WFL ☐ DEFICIT ☐ _____

SPINE SCREEN:

TOE TOUCH: WFL ☐ DEFICIT ☐ _____

TRUNK ROTATION: WFL ☐ DEFICIT ☐ _____

CERVICAL ROM: WFL ☐ DEFICIT ☐ _____

GAIT/ALIGNMENT: WFL ☐ DEFICIT ☐ _____

DUCK WALK/LE ROM: WFL ☐ DEFICIT ☐ _____

SINGLE LEG HOP: WFL ☐ DEFICIT ☐ _____

Therapist's Name (printed): _____

**Jasper Middle School
Department of Athletics
3600 Portersville Road
Jasper, IN 47546
Phone: (812) 482-6454**

**Medical Emergency Information
2026-2027**

Parents: In order for your child to participate in Jasper Middle School Athletics, we **MUST** have this form on file. It is for your child's protection in the event of an emergency. Please complete each blank. Please use pen.

Athlete _____

Address _____

City: _____ State: _____ Grade: _____

Home Phone: _____ Cell Phone: _____ Birth date: _____ Sex: _____ Age: _____

Parent/Guardian's Name: _____ Work number: _____

Parent/Guardian's Name: _____ Work number: _____

Daytime e-mail address _____

Allergies: (including any medication): _____

Date of last Tetanus Shot: _____

Physician: _____ Phone: (____) _____

Physician Address: _____

Who should we contact first in case of an emergency?

Name _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

If unable to contact the above person, whom should we contact?

Name: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

If unable to contact either of the above people, I give the Head Coach full power, at my expense, to authorize any medical treatment necessary and prescribed by certified medical personnel for the safety and well-being of my child, including emergency transportation to an emergency care facility.

Parent/Guardian Signature: _____

***NOTE: If consent is not granted, students may not participate in any school athletic program. This consent shall not relieve parents from liability for any medical services provided to students.

PLEASE TURN OVER PAGE AND SIGN CODE OF CONDUCT FORM. STUDENT AND PARENT SIGNATURE REQUIRED.

TO: Parents, Coaches, and Athletes

RE: Code of Conduct

Attached is a Code of Conduct that has been adopted by Jasper Middle School, effective July 26, 1999. The Code includes standards for student athletes/extra curricular and penalties for breaches of these standards. The new policy is designed to establish a uniform set of procedures for all sports teams. Each student is to be given a copy of the policy statement. A parent or guardian and the student must sign the form below indicating that they know the rules and pledge to abide by them. Athletes may not practice or participate in any sport until this form is on file in the Athletic Office.


David Hubster, Principal


Ben Mundy, Athletic Director

2026-2027

We have read and understand the Jasper Middle School Code of Conduct for student athletes/extra curricular and agree to abide by the rules and procedures of the Athletic Department.

Student Athlete

Grade

(2026-2027)

Parent or Guardian

*****THIS FORM MUST BE RETURNED TO THE ATHLETIC DEPARTMENT
BEFORE AN ATHLETE MAY PRACTICE OR PARTICIPATE IN ANY SPORT.**

Code of Conduct for Jasper Middle School Student Extra Curricular Activities

For the purpose of establishing an accurate definition of an extra-curricular activity, it shall, hereafter, be interpreted to mean any activity sponsored by the school or by a school-related organization that takes place outside the regularly scheduled school day and any event sponsored during the school day which requires absence from regularly scheduled classes.

Rules for Student Athletes/Extra Curricular

All students who choose to participate in athletics/extra curricular at Jasper Middle School shall abide by the following rules and any other rules set forth by their coach(s).

- A. At no time is a student athlete/extra curricular allowed to use or be in possession of any form of alcoholic beverage, tobacco, or illegal drug. *This rule applies year round for the three years while a student at Jasper Middle School.*

PENALTIES

Rule C-8-1 of the Indiana High School Athletic Association forms the basis of the Code of Conduct for Jasper Middle School Athletes. (This rule applies for each school year and encompasses rule A.)

“Contestants’ conduct, in and out of school, shall be such as:

- A. Not to reflect discredit upon their school or the Association.
B. Not to create a disruptive influence on the discipline, good order, moral or educational environment of the School” this may include, lying, cheating, stealing and, any other expectations of students found in the Jasper Middle School Handbook.

PENALTIES

1. First Offense - Suspension of twenty percent of contests that student is participating in or will participate in. Conference – The student and his/her parents must have a conference with the coach. The principal will be informed, and a written account will be submitted.
 2. Second Offense – Automatic suspension for a full season from the activity in which the student is participating. If season is half over, suspension will carry into first half of following season.
 3. Third Offense – Automatic suspension from Jasper Middle School athletics/extra curricular for the remainder of the school year.
- C. The school athletic years for all student athletes begins with their first official practice of their sixth grade year, and continues for 3 years or as long as a student athlete/extra-curricular is participating in that activity.
- D. The principal and the athletic director shall be responsible for determining if a violation of these rules has taken place.
- E. The penalty(ies) listed above will be enforced for violation of these rules.

NOTE: It is recognized that the principals, by the Administrative Authority vested in them by their school corporation, may exclude such contestants from representing their school.

ATTENDANCE

Students are expected to be in school all day on the day of a contest. Students who are absent from school are not allowed to attend practice or contests on that same day. On the day following a contest, students are to be present when school begins. Any student not present for the beginning of school, on the day after a contest, is not to participate in practice. The only exception to this rule is for a funeral. Students who are absent with just cause, may participate with permission of the athletic director, principal, or assistant principal.

ACADEMIC ELIGIBILITY

Any student who receives a "U" or an "F" in a subject, including citizenship, on his/her quarterly report will have his/her eligibility placed under review by the Principal, Assistant Principal and Athletic Director for the following grading period.

Any student who receives a "U" or an "F" in a subject, including citizenship, on his/her final (spring) nine-week report (not semester report) at the end of his/her 6th or 7th grade year, will have his/her eligibility placed under review by the Principal, Assistant Principal and Athletic Director for the first nine-week grading period of his/her 7th or 8th grade year.

The above will likewise apply to any student new to Jasper Middle School. A new student's transcript will be evaluated before eligibility will be granted.

Students in the 8th grade that were retained in the 7th or 8th grade are not allowed to participate in conference games. JMS students will abide by the age requirements as set by the Southern Indiana Junior High Athletic Conference.

COMMITMENT TO JASPER MIDDLE SCHOOL

1. Students shall not participate on any other organized team during the school team season of that same sport.
2. When students are participating in two different activities, both school sponsored, the student and coaches/sponsors will work out an acceptable schedule. If an agreement cannot be reached, student will have to make a choice between the conflicting activities.
3. When students are participating in two different activities, one school sponsored and one not, the student will give priority to the school activity.

SUDDEN CARDIAC ARREST

A Fact Sheet for Students

FACTS

The American Heart Association estimates 23,000 children experience sudden cardiac arrest (SCA) annually, resulting in 2,000 deaths. SCA is not a heart attack. It is an abnormality in the heart's electrical system that abruptly stops the heartbeat. SCA may affect any student, in any sport or activity, at any age level. It may even occur in athletes who are in peak shape. The majority of activity-related cardiac arrests are due to congenital (inherited) heart defects. However, SCA may also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once SCA occurs, there is very little time to save the person. So, identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

Possible warning signs of SCA include:

- Fainting
- Difficulty Breathing
- Chest Discomfort or Pain
- Dizziness
- Abnormal Racing Heart Rate

ASSESSING RISK

Health care providers may use several tests to help detect risk factors for SCA. One such test is the electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG test. ECG's are used as a screening tool to detect abnormalities before a person has symptoms, or as a diagnostic tool to help identify persons who would benefit from interventions to reduce the risk of a heart-related condition.

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board (May 2025)

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

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automatic defibrillator (AED) is deployed in a timely manner, survival rates approach 90%.

How am I able to protect myself from SCA?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of early onset heart disease (before the age of 50)
- Telling your health care provider during your pre-season physical about any unusual symptoms of feeling faint, shortness of breath, chest discomfort, dizziness, or racing or irregular heart rate, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications, energy drinks, or vaping can increase your risk
- Being honest and reporting symptoms

What should I do if I think I am developing warning signs that may lead to SCA?

1. *Tell an adult – your parent, your coach, your athletic trainer, your band leader, or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

SUDDEN CARDIAC ARREST

A Fact Sheet for Parents

FACTS

The American Heart Association estimates 23,000 children experience sudden cardiac arrest (SCA) annually, resulting in 2,000 deaths. SCA is not a heart attack. It is caused by an abnormality in the heart's electrical system that abruptly stops the heartbeat. SCA may affect any student, in any sport or activity, at any age level. The majority of activity-related cardiac arrests are due to congenital (inherited) heart defects. However, SCA may also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

WARNING SIGNS

Possible warning signs of SCA include:

- Fainting
- Difficulty Breathing
- Chest Discomfort or Pain
- Dizziness
- Abnormal Racing Heart Rate

ASSESSING RISK

Health care providers may use several tests to help detect risk factors for SCA. One such test is an electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG test. ECG's are able to detect a majority of heart conditions more effectively than a physical exam and health history alone.

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

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automatic defibrillator (AED) is deployed in a timely manner, survival rates approach 90%.

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board (May 2025)

How can I help prevent my child from experiencing SCA?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist students prevent death from SCA by:

- Ensuring your child knows about any family history of early onset heart disease (before the age of 50)
- Ensuring your child has a pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition have a venue specific emergency action plan for SCA that has been shared with students, and the location of the nearest properly maintained/operational AED
- Asking your child's coach/activity director who on-site is CPR/AED trained
- Becoming CPR/AED trained yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications, energy drinks, or vaping increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to SCA?

1. *Tell your child's coach or band leader about any previous events or family history*
2. *Keep your child out of play or band*
3. *Seek medical attention right away*

What are the survival steps for sudden cardiac arrest?

- *Immediate activation of EMS*
- *Early CPR with an emphasis on chest compressions*
- *Immediate use of the onsite AED*
- *Integrated post-cardiac arrest care*



Greater Jasper

CONSOLIDATED SCHOOLS

SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENTS

Student's Name (Please Print): _____
Activity Participating In (Current and Potential): _____
School: _____ Grade: _____

IC 20-34-8 requires schools to distribute information sheets to inform and educate students and their parents on the nature and risk of sudden cardiac arrest (SCA) to students, including the risks of continuing to participate in physical activities while experiencing warning signs of SCA. These sheets must also include information about electrocardiogram testing, including the potential risks and benefit of testing.

The law requires that each year, before beginning participation in a physical activity, applicable student and their parents must be given the information sheet, and both must sign and return a form acknowledging receipt of the information to the student's coach or band leader. Applicable students include students participating in:

- An athletic contest or competition between or among schools
- Competitive and noncompetitive cheerleading that is sponsored by or associated with a school
- Marching band

IC 20-34-8 states that a student who is suspected of experiencing symptoms of SCA shall be removed from the activity and may not return to the activity until the coach or band leader has received verbal permission from a parent for the student to resume participation. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent. Parent - please read the SCA Fact Sheet for Parents and ensure that your child has also received and read the SCA Fact Sheet for Students. After reading these fact sheets, please ensure that you and your child sign this form and have your child return this form to his/her coach or band leader.

I, as a student participating in an athletic contest, cheerleading, or marching band, have received and read the SCA Fact Sheet for Students. I understand the warning signs of SCA, including the risks of continuing to participate if I am experiencing any of these warning signs.

(Signature of Student Athlete)

(Date)

I, as the parent of the above-named student, have received and read the SCA Fact Sheet for Parents. I understand the nature and risk of SCA, including the risks of continuing to participate after experiencing warning signs of SCA.

(Signature of Parent or Guardian)

(Date)