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. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

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. Additionally,

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.....Yes No
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.....Yes No
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.....Yes No
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. .....Yes No

_____ _____ _____

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

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	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐

ORTHOPAEDIC EXAM :

I. Spine / Neck	Norm	Abnl	II. Upper Extremity	Norm	Abnl	III. Lower Extremity	Norm	Abnl
Cervical	☐	☐	Shoulder	☐	☐	Knee	☐	☐
Thoracic	☐	☐	Elbow	☐	☐	Hip	☐	☐
Lumbar	☐	☐	Hand / Fingers	☐	☐	Ankle	☐	☐
			Wrist	☐	☐			

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

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



My child,_____, has my permission to receive a pre-participation physical examination from a local health care providers as offered.

I also grant permission for on-site treatment of my child from any certified trainers as hired or contracted through St. Tammany Parish School Board. This includes any injury or illness during sporting events or practices.

_____ _____

Parent/Guardian Date

SCHOOL WAIVER FORM

EXTRACURRICULAR ACTIVITES

The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accepts no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

Student's Name: _____ Sports/Activities: _____ Sex: M F

School: _____ Grade: ____ Age: ____ Date of Birth: ___/___/_____

Parent's/Guardian's Name: _____

Father's/Guardian's SS#: XXX-XX-_____ Mother's/Guardian's SS#: XXX-XX-_____

Work Address: _____

Phone Number (__) _____

Home Address: _____

Phone Number: (__) _____

Another Person to Contact: _____

Relationship: _____ Phone Number: (__) _____

Insurance Company: _____

Policy Number and/or Group Numbers: _____

ALLERGIES: _____

_____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____
(if over age 18)

<u>IMPORTANT NOTICE</u> – It is the policy of the St. Tammany Parish School Board that ALL <u>ATHLETES PARTICIPATING IN OUR SCHOOL SPORTS PROGRAMS</u> must have either medical or accident insurance in order to participate! Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians.

RELEASE OF STUDENT INFORMATION CONSENT FORM

In order to provide the highest degree of service possible to the students of St. Tammany Parish Schools, the St. Tammany Parish School Board ("STPSB") shares information with various entities and organizations who perform a wide array of services intended to enhance the educational experience of our school children. The collection and maintenance of a student's personally identifiable information requires special care to ensure the privacy rights of students and compliance with legal requirements governing these records, including the Family Educational Rights and Privacy Act (FERPA) and LRS 17:3914. The St. Tammany Parish School Board will maintain student records and personally identifiable information as confidential and will use reasonable commercially available steps to maintain as such. St. Tammany Parish School Board will follow all local, state and federal data security laws and policies and only share the data that is required for the purpose stated. Some of your child's personally identifiable information may be shared with the following types of services:

- LOSFA (Louisiana Office of Student Financial Assistance) and Board of Regents – Full name, Date of birth, Social Security number and cumulative transcript data will be released for TOPS eligibility and processing of applications for admissions, for state and federal financial aid. **Failure to provide written consent for the collection and disclosure of the student's information will result in delays or may prevent successful application for admission to a post-secondary institution and for state and federal student financial aid.**
  Louisiana Workforce Commission - Social Security number will be disclosed for evaluating and improving state and federal programs that prepare students for post-secondary education, workforce training, and employment.

- News media, print publications, press releases, audiovisuals, and web sites as detailed in the current year's handbook, which can be found at http://www.stpsb.org/DisciplineHandbook/DistrictHandbook.pdf .

I understand and acknowledge that the consent provided herein shall be valid for my child's personally identifiable information as of the date of signature and shall remain valid and in effect unless written notice of termination is provided to the school my child is attending at the time of consent termination. Such termination does not apply to information generated or released prior to receipt of consent termination. Termination is effective beginning at 4:30 p.m. local time the day after receipt.

I HEREBY CONSENT to the release and use by St. Tammany Parish School Board of my child's personally identifiable information to any person or entity providing services to St. Tammany Parish School Board and who requires my child's personally identifiable information in order to perform those services.

_____ _____

Signature of Parent/Legal Guardian Child's Full Name

_____ _____

Printed Name of Parent/Legal Guardian Date

SPECIAL RELEASE OF STUDENT INFORMATION CONSENT FORM

The collection and maintenance of a student's personally identifiable information requires special care to ensure the privacy rights of students and compliance with legal requirements governing these records, including the Family Educational Rights and Privacy Act (FERPA) and LRS 17:3914. The St. Tammany Parish School Board will maintain student records and personally identifiable information as confidential and will use reasonable commercially available steps to maintain as such. St. Tammany Parish School Board will follow all local, state and federal data security laws and policies and only share the data that is required for the purpose stated.

Your student has elected to participate in *Volleyball, Basketball, and/or Football*. One of the requirements for this class/activity is that student information will be used and/or released through HUDL software program as part of their participation. Since this is a requirement for this class/activity, if you elect not to have your child's information used or released, then your child's schedule will be changed to remove this class/activity. The following information about your student will be used and/or released:

- *Highlight video of their sport*
- *Name, Image, & Graduation year*
- *Student email address*

★ Only for Football Basketball Volleyball players

The information will be shared with the following entities:

- *HUDL Software program*
- *College and High School Coaches*
- *Media Outlets*

I HEREBY CONSENT to the release and use by St. Tammany Parish School Board of my child's personally identifiable information to any person or entity providing services to St. Tammany Parish School Board for this class/activity and who requires my child's personally identifiable information in order to perform those services.

_____ _____

Signature of Parent/Legal Guardian Child's Full Name

_____ _____

Printed Name of Parent/Legal Guardian Date

_____

School Name

Slidell Transportation Waiver

STUDENT'S NAME: _____, _____
LAST NAME FIRST NAME

Please read carefully. The following are guidelines for use of private vehicles for driving to and from practices or athletic events:

1. Prior approval must be obtained from the Athletic Director or by the Head Coach.
2. The coach must have the complete form on file in order for an athlete to use private transportation.
3. While private vehicles will be considered for use to attend practices, it is school policy that all athletes use school transportation, ride with a parent, or carpool with a coach or another parent for contests when available.
4. Your cooperation is necessary for this policy to be successful.

I hereby give permission to my son/daughter, _____, to travel to and from athletic practices/events in private automobiles. I agree to hold harmless indemnify and defend the school and its employees and volunteers against any liability in any way arising from such private transportation.

---

arental Permission for Student Driving (ALL 3 must be checked)

☐ *I give permission to my son/daughter to drive to competitions/practices (home and away).*
☐ *I understand my son/daughter is* ***not allowed*** *to transport other students in his/her vehicle.*
☐ *I understand my son/daughter is* ***not to be a passenger*** *in a car driven by another student.*

Student Signature: _____

Signature of parent/guardian: _____ ***Date:*** _____

Slidell High Athletic Department - #1 Tiger Drive Slidell, LA 70458 - (985) 643-2992

Slidell
Transportation Waiver

TUDENT'S NAME: _____, _____
LAST NAME FIRST NAME

lease read and sign ALL that apply to you.
y signing all three, you cover all possible scenarios for transportation of your child.

. TRANSPORTING YOUR KID

_____ the parent/guardian will take full responsibility for the ansportation of my child to and/or from the athletic practices/events.

ignature of parent/guardian: _____ ***Date***: _____

. TRANSPORTING AN ATHLETE THAT IS NOT YOUR KID

_____ agree to drive other athletes that are in need of a ride to and/or ɔm the athletic practices/events.

ignature of parent/guardian: _____ ***Date***: _____

CARPOOLING WITH ANOTHER DRIVER

_____ give permission for my son/daughter to ride with another parent or ıach to and/or from the athletic practices/events.

gnature of parent/guardian: _____ ***Date***: _____
