

PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

STUDENTS/PARENTS

1. ☐ Complete the History Form (pages 1 & 2) portion PRIOR to your appointment with your healthcare provider.
2. ☐ Sign the bottom of the History Form (page 2).
3. ☐ Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
4. ☐ Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
5. ☐ Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
6. ☐ Review and sign the Concussion and Head Injury Release Form provided by the school.

HEALTHCARE PROVIDERS

1. ☐ Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. ☐ Complete the Physical Examination Form (page 3) AND SIGN the bottom of page 3.
3. ☐ Complete the Medical Eligibility Form (page 4) AND SIGN page 4.

NOTE: Two signatures are required by the healthcare provider!

The PPE form becomes part of the student's record at their school and should not be sent to the KSHSAA.

SCHOOL ADMINISTRATORS

1. ☐ Collect the completed PPE forms with the appropriate signatures on pages 2 – 5.
2. ☐ Based on your school's policy, determine who is responsible to review and disseminate the student's medical information provided on the form.*
3. ☐ Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
4. ☐ Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.

* Schools are encouraged to have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.



**DERBY MIDDLE/DERBY NORTH MIDDLE/DERBY HIGH SCHOOL
ATHLETIC/ACTIVITY INFORMATION
AND PHYSICAL PACKET**

PHYSICAL EXAMINATION:

It is a requirement of the Kansas State High School Activities Association that all athletes have a physical examination before attending the first practice for the school team. This may be done any time after May 1st for the following school year. Please note that the examination form requires the signature of both the student and the parent/guardian in one place (on the back of the form.)

ELIGIBILITY/CERTIFICATION INFORMATION:

This information is used in preparing the eligibility lists which are submitted to the Kansas State High School Activities Association. Also included on this page is the "Acknowledgment of Risk" statement. Please read carefully and indicate your understanding of and agreement with both with your signature.

INSURANCE INFORMATION:

Each family is required to provide information concerning personal insurance. Please read the back of the sixth sheet for details. Again, the signature of the parent is required.

EMERGENCY INFORMATION:

This information is necessary in the event that your son or daughter is injured while participating in the Derby Middle School/Derby High School activity program, and you are not present to assist us. Again, please complete the form in its entirety and affix your signature.

ATHLETIC POLICY INFORMATION:

This information is found in the Middle School/Derby High School Standards of Conduct for Athletic/Activity Participation. Please read this information carefully and then sign the acknowledgment form indicating your awareness.

PLEASE CHECK TO BE CERTAIN ALL SIGNATURES ARE AFFIXED. PARENT/GUARDIAN SHOULD HAVE SIGNED IN SEVEN PLACES; THE PARTICIPANT SHOULD HAVE SIGNED IN SIX PLACES.

PLEASE CONTACT THE ATHLETIC/ACTIVITY OFFICE IF YOU HAVE QUESTIONS (DMS/788-8580, DNMS 788-8408 or DHS/788-8527).

KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2022-23

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
• Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision Sensitivity to light or noise ● Feeling sluggish or slowed down ● Feeling foggy or groggy ● Drowsiness ● Change in sleep patterns	• Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
Signs observed by teammates, parents, and coaches include:	
• Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly ● Slurred speech	- Shows behavior or personality changes - Can't recall events prior to hit - Can't recall events after hit • Seizures or convulsions - Any change in typical behavior or personality - Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. When in doubt, the athlete sits out!

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion.

Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/index.html> h
<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to: <http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

Revised by KSHSAA SMAC, 04/18

Revised 04 14

STANDARDS OF CONDUCT

FOR ATHLETIC /ACTIVITY PARTICIPATION

Athletic and activity opportunities are an important part of our school's total program. Participation in these areas and the training it provides usually leads to further individual success, molding our young men and women into tomorrow's leaders. All eligible students regardless of race, sex, national origin, or handicap are encouraged to get involved in interscholastic sports and/or activities.

Participation in extra-curricular athletics/activities at Derby High School is a privilege requiring the most exemplary form of student behavior, extending beyond that required for normal school attendance. It is the responsibility of all coaches and athlete/activity participants at Derby High School to represent the school utilizing the highest standards of behavior. Excellence of achievement should be accomplished by student athlete/activity participants of excellent character.

A student may be dismissed from a team if a coach and athletic director agree that said student's behavior/conduct is detrimental to the team.

ATTENDANCE REQUIREMENTS

1. If a student is going to miss class because of a scheduled contest, program, or trip, it is the student's responsibility to make arrangements regarding his/her assignments in advance of his/her absence.
2. A student shall be in school the entire day of practice, performance, contest, program, or trip if he/she expects to participate. Exceptions may be made if a student is involved in another school-related activity, has qualified under the school's opt-out incentive, or has written verification of a doctor's appointment. Such verification must be presented to the Athletic and Attendance Offices upon return to school. Any other exception must be cleared through the Athletic Director/Administration in advance of the absence.

ACTIVITY CONFLICTS

1. Students should plan ahead when scheduling activities to avoid conflicts in tryouts, practice, performance, and /or competition.
2. Academic activities (such as debate, music, math, etc) have priority over non-academic activities such as athletics, cheerleading, Pantherettes, etc.
3. When coaches or sponsors cannot satisfactorily resolve a conflict between two (2) or more academic activities or two (2) or more non-academic activities, the student will make the choice. No penalties, make-up, or loss of grades are to be assessed as a result of the student's decision.

KSHSAA REQUIREMENTS FOR PARTICIPATION

1. A student must be in good standing by the community, school, and Kansas State High School Activities Association (KSHSAA).
2. The student shall be enrolled in and attending a minimum of five new subjects of **unit weight**, or its equivalency, during the present semester.
3. The student shall not have more than eight semesters of eligibility in grades 9-12.
4. Any student who reaches age 19 on or before September 1st shall be ineligible.
5. Transfer students must meet certain criteria eligibility. New students to the district should check with the Athletic Director for details.
6. A student's eligibility may be forfeited if said student accepts monetary/merchandise awards for play or coaching a sports team. Forfeiture of eligibility may also be imposed for not passing enough accredited classes the previous semester (which determines the next semester's academic eligibility).

DERBY HIGH SCHOOL REQUIREMENTS FOR PARTICIPATION

The student shall be enrolled in eight and have passed six subjects of unit weight the previous semester in order to be eligible for the current semester. Advisory and/or lab aides are excluded from consideration in determining eligibility, as they are not considered classes of unit weight.

1. Second semester seniors must be enrolled in at least 5 classes of unit weight. Again, advisory and/or lab aides are not considered classes of unit weight.
2. Any students not passing six or more classes at the end of the first and third nine weeks are ineligible and must carry a grade check card the rest of the semester. The athlete/activity participant will be rendered ineligible until he/she is passing the required number of classes (cumulative grades). The grade check cards must be picked up in the athletic office on Thursdays and returned to the same office on Friday afternoon filled out by the athlete/activity participant's teachers.

Athlete/Activity Participant Contract

All students participating in athletics/activities sponsored by USD 260 (Derby High School) are expected to obey all school rules. Any student participating on an athletic team or in an activity sponsored by USD 260 (Derby High School) for that school calendar year must sign a contract that he/she will be held responsible for their actions. Actions include both on and off school premises and in-season/off-season occurrences. Athletic/Activity contract forms will be available in the Main Office as well as the Athletic Office prior to and during the school year. The contract must be read and signed by the parent/legal guardian and the student. The athlete/activity participant may not participate in any practices or contests until the contract has been filed in the Athletic Office along with their physical. The contract will list the possible behavioral offenses and resulting consequences enforced by the Athletic Department/Coaching Staff/Sponsor or Administrative Offices.

This contract will be renewed each school year. The contract will be removed from the file if:

1. Student changes their minds and decides not to participate in athletic/activities that year.
2. Student/athlete transfers to another school.
3. End of school calendar year.

An athlete/activity participant will not be able to participate in practice/competition/event on the day(s) they are serving In-school Suspension (ISS) or Out of School Suspension (OSS). This also includes practice/competition/event that might occur on the weekend if the suspension has not been completed.

The athlete/activity participant will do a required amount of makeup time in his/her sport/activity following their return to practice as deemed necessary by the coach/sponsor.

Violation of the Law

An athlete/activity participant of Derby High School will be held accountable for their actions if he/she violates a city, state or national law as determined by the DHS Administration or law enforcement. Examples include but are not limited to: violations from drinking alcoholic beverages, use of illegal drugs and steroids, vandalism of public and private property, harmful acts inflicted to another person. Violation of the law consequences will be enforced to the athlete/ that is in-season as well as enforced to the athlete/activity participant if they are in their off-season. Violations occurring off-season will be enforced once the athlete/activity participant begins their next athletic endeavor. Those students who fail the District Random Drug Testing policy will be subject to the consequences stated in that policy.

Possible consequences could be:

Strike 1 Violation – Five (5) day suspension from practice and/or non-participation in the next athlete/activity event.

Strike 2 Violation – If a athlete/activity participant receives a strike two (2) violation, they are removed from the sport that they are currently participating in. If the strike two (2) violation occurs between sports, the athlete/activity participant is not eligible to participate in the next sport/activity.

Strike 3 Violation – A student will not be allowed to participate in school-sponsored athletics/activities for Derby High School the remainder of the school calendar/KSHSAA year.

Any violation occurring at the end of the year will be carried over to the start of the next KSHSAA year with Strike 1 violation imposed by the athletic director.

NOTE: If an offense is considered major enough, the DHS Administration may go directly to Strike 3. (One example would be a felony.)

It is the responsibility of the Athletic Department to:

1. File all student/athlete/activity participants behavior contracts
2. Host a rules in-service for the coaching staff, who will be responsible for relaying this information to athlete/activity participants and their parents in their pre-season meeting.
3. Prior to the beginning of the next athletic/activity season inform the coaches/sponsor of any student/athlete/activity participants that have violated their contract during their off-season and the circumstances involved.

TRANSPORTATION OF STUDENTS TO AND FROM SCHOOL ACTIVITIES

1. Student participants are to travel to and from school activities in school vehicles unless other transportation arrangements have been approved through an Administrator prior to the trip.
 - A. A parent may take his/her own child and bring him/her back after receiving prior administrative approval.
 - B. While at the event, if the parent has not obtained prior consent to transport his/her own child from the event they must ask the sponsor or coach in person for approval at that time.
2. A student may ride with another student's parent only when both sets of parents mutually agree and the written request form is filled out and approved 24 hrs. in advance by the administration.

INSURANCE INFORMATION

The Board of Education of Derby Unified School District 260 does not carry a school activity insurance policy. We find the majority of our students are being covered by some form of family plan. A catastrophic insurance policy is provided by our membership in the Kansas State High School Activities Association (KSHSAA). The catastrophic injury insurance policy protects students while participating in, practicing for, or traveling to or from an interschool activity, supervised by the school and conducted under association regulations and jurisdiction. This is a \$10,000 deductible policy with a maximum coverage of \$1,000,000.

FAMILY INSURANCE INFORMATION

We, the parents of _____, know and understand that Derby Middle School/Derby High School does not provide personal health and accident insurance for students. We grant permission by our signature below for our child to participate in school activities and will not hold the district responsible for payment of injuries. Our son/daughter is covered by the policy listed below:

INSURANCE COMPANY _____

POLICY NUMBER _____

(PARENT OR GUARDIAN SIGNATURE)

(DATE)

*****NOTE
THIS COPY MUST BE ON FILE WITH THE ATHLETIC OFFICE BEFORE YOUR CHILD IS ELIGIBLE FOR ATHLETIC/ACTIVITY PARTICIPATION.

.....

ACKNOWLEDGEMENT OF ATHLETIC POLICY

I have received, read and understand the DMS/DHS standard of conduct for athletic/activity participation and any other attached supporting guidelines.

By signing the below signatures, I hereby certify that I have read and understand and agree to the above statements.

SIGNED _____
(PARENT OR GUARDIAN SIGNATURE)

SIGNED _____
(STUDENT SIGNATURE)

ELIGIBILITY/ CERTIFICATION INFORMATION

THIS INFORMATION IS REQUIRED BY THE KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION AND MUST BE ON FILE IN THE ATHLETIC OFFICE BEFORE A STUDENT IS ELIGIBLE TO TAKE PART IN PRACTICE OR GAMES AT DERBY MIDDLE SCHOOL/DERBY HIGH SCHOOL.

ATHLETE'S NAME _____ DATE OF BIRTH _____ GRADE _____

STREET ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____

PHYSICAL DATE _____ ENROLLMENT
DATE _____

MALE/FEMALE _____ HEIGHT _____ WEIGHT _____

NUMBER OF SEMESTERS IN MIDDLE/HIGH SCHOOL _____ (EXAMPLE: Beginning 7th grade (1),
8th grade (3), 9th grade (1), 10th grade (3), 11th grade (5), 12th grade (7))

IS THE PARTICIPANT A TRANSFER STUDENT (New to this district)?

IS THE STUDENT CURRENTLY ENROLLED IN AT LEAST 5 NEW SUBJECTS?

DID THE STUDENT FAIL MORE THAN ONE CLASS LAST SEMESTER?

SPORT/PROGRAM IN WHICH THE STUDENT PLANS TO PARTICIPATE:

.....

ACKNOWLEDGEMENT OF RISK

I UNDERSTAND THAT I MAY AT ANY TIME RECEIVE AN INJURY WHILE PARTICIPATING IN THE DERBY MIDDLE SCHOOL/DERBY HIGH SCHOOL ACTIVITIES PROGRAM AND I WILL NOT HOLD THE SCHOOL OR SCHOOL AUTHORITIES RESPONSIBLE. (STUDENT UNDERSTANDS)
AS A PARENT OR GUARDIAN I UNDERSTAND THAT MY STUDENT MAY AT ANY TIME RECEIVE AN INJURY WHILE PARTICIPATING IN THE DERBY MIDDLE SCHOOL/DERBY HIGH SCHOOL ACTIVITIES PROGRAM, AND I WILL NOT HOLD THE SCHOOL OR SCHOOL AUTHORITIES RESPONSIBLE. (PARENT UNDERSTANDS)

BY AFFIXING MY SIGNATURE BELOW, I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

SIGNED _____	SIGNED _____
(PARENT OR GUARDIAN SIGNATURE)	(STUDENT SIGNATURE)

DATE _____

**DERBY MIDDLE SCHOOL/DERBY HIGH SCHOOL
CODE OF CONDUCT CONTRACT**

I. Statement of Purpose and Intent:

Athletic and Activity opportunities are an important part of our school's total program. Participation in these areas and the training it provides usually leads to further individual success, molding our young men and women into tomorrow's leaders.

Participation in extra-curricular activities/athletics at Derby Middle School/Derby High School is a privilege requiring the most exemplary form of student behavior, extending beyond that required for normal school attendance. It is the responsibility of all coaches and athletes to represent the high school/middle school utilizing the highest standards of behavior. Excellence of achievement will be accomplished by students of excellent character.

The purpose of this policy is to spell out negative behaviors and consequences for such actions.

I. Consequences:

1. Strike One Offense - 5 day suspension from practices/games beginning immediately following a conference with the athletic director and coach.
2. Strike Two Offense – Removal from the team for the remainder of the season.
3. Strike Three Offense – No more participation in activities/athletics for the remainder of the school year.

**** NOTE: If an offense is considered major enough, the administration may go directly to strike three! This list of rules is very general! Anything not listed here will be dealt with on an individual basis.**

II. Rules:

Violations of any of these rules will result in the 1, 2, or 3 strike consequences:

1. Hazing of student participants.
2. Possession of/or being under the influence of drugs, alcohol, tobacco products, or steroids.
3. Exhibiting a lack of respect for school personnel.
4. Violations of city, county, state, or federal law.
5. **NOTE:** A felony may result in forfeiture of athletics/activity participation for the entire school year (directly to Strike Three!).
6. In general, don't do anything that would reflect negatively on your team, activity, school, or coaches.

***YOU MUST SIGN AND RETURN THIS FORM BEFORE YOU CAN PARTICIPATE IN ATHLETICS AND/OR ACTIVITIES. BY SIGNING THIS FORM YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THE RULES.

SIGNED:

(Athlete)

SIGNED

(Parent)



PRE-PARTICIPATION PHYSICAL EVALUATION

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

HISTORY FORM (Pages 1 & 2 should be filled out by the student and **parent/guardian** prior to the physical examination)

Name	Sex	Age	Date of birth
Grade	School	Sport(s)	
Home Address	Phone		
Personal physician	Parent Email		

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and Allergies:

Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking:

_____ ☐ No Medications

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines _____ ☐ Pollens _____ ☐ Food _____ ☐ Stinging Insects _____

What was the reaction? _____

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

GENERAL QUESTIONS:	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	☐	☐
2. Has a provider ever denied or restricted your participation in sports for any reason?	☐	☐
3. Do you have any ongoing medical issues or recent illness?	☐	☐
4. Have you ever spent the night in the hospital?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU:	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?	☐	☐
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	☐	☐
8. Has a doctor ever told you that you have any heart problems?	☐	☐
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	☐	☐
10. Do you get light-headed or feel more short of breath than your friends during exercise?	☐	☐
11. Have you ever had a seizure?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:	YES	NO
12. 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)?	☐	☐
13. 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)?	☐	☐
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	☐	☐
BONE AND JOINT QUESTIONS:	YES	NO
15. 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?	☐	☐
16. Have you ever had any broken or fractured bones or dislocated joints?	☐	☐
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?	☐	☐
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?	☐	☐
19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?	☐	☐
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?	☐	☐
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Downs Syndrome or Dwarfism)?	☐	☐

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:		YES	NO		
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?		☐	☐		
23. Have you ever used an inhaler or taken asthma medicine?		☐	☐		
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?		☐	☐		
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?		☐	☐		
26. Have you had infectious mononucleosis (mono)?		☐	☐		
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		☐	☐		
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		☐	☐		
If yes, how many?					
What is the longest time it took for full recovery?					
When were you last released?					
29. Do you have headaches with exercise?		☐	☐		
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?		☐	☐		
31. Have you ever become ill while exercising in the heat?		☐	☐		
32. Do you get frequent muscle cramps when exercising?		☐	☐		
33. Do you or does someone in your family have sickle cell trait or disease?		☐	☐		
34. Have you ever had or do you have any problems with your eyes or vision?		☐	☐		
35. Do you wear protective eyewear, such as goggles or a face shield?		☐	☐		
36. Do you worry about your weight?		☐	☐		
37. Are you trying to or has anyone recommended that you gain or lose weight?		☐	☐		
38. Are you on a special diet or do you avoid certain types of foods or food groups?		☐	☐		
39. Have you ever had an eating disorder?		☐	☐		
40. How do you currently identify your gender?	☐ M ☐ F ☐ Other _____				
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)		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 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)					
FEMALES ONLY:		YES	NO		
42. Have you ever had a menstrual period?		☐	☐		
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?		☐	☐		
44. How old were you when you had your first menstrual period?					
45. When was your most recent menstrual period?					
46. How many menstrual periods have you had in the past 12 months?					

Explain all Yes answers here
from the previous two
pages.

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

X

Signature of student-athlete _____

Signature of parent/guardian _____

Date _____

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____						Date of birth _____
Date of recent immunizations:	Td	Tdap	Hep B	Varicella	HPV	Meningococcal

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, e-cigarettes, chewing tobacco, snuff, or dip?
- During the past 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 used any other performance enhancing 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 adhere to safe sex practices?

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

3. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

EXAMINATION		
Height _____	Weight _____	Male ☐ Female ☐ BP (reference gender/height/age chart)**** / (/) Pulse _____
Vision R 20/ _____	L 20/ _____	Corrected: Yes ☐ No ☐
MEDICAL		ABNORMAL FINDINGS
Appearance - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	NORMAL	
Eyes/ears/nose/throat - Pupils equal, Gross Hearing		
Lymph nodes		
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Pulses - Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological***		
Genitourinary (optional-males only)**		
MUSCULOSKELETAL		ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test		

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if in appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) _____ Date _____

 Signature of healthcare provider _____, MD, DO, DC, PA-C, APRN
(please circle one)

Address _____ Phone _____

Healthcare Providers: You must complete the Medical Eligibility Form on the following page

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329

Adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for non-commercial, educational purposes with acknowledgment.

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

☐ Medically eligible for certain sports _____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of healthcare provider (print or type): _____ Date: _____

 **Signature of healthcare provider:** _____, MD, DO, DC, or PA-C, APRN

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Parent or Guardian Consent

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

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

Parent/guardian phone: _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

■ ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ (PLEASE PRINT CLEARLY)

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at www.kshsaa.org.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.
NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on all transfer students.*)

- | YES | NO | |
|-----------------------------|--------------------------|---|
| 1. ☐ | ☐ | Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.) |
| 2. ☐ | ☐ | Did you pass at least five new subjects (those not previously passed) last semester? (<i>The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.</i>) |
| 3. ☐ | ☐ | Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this coming semester? (<i>The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.</i>) |
| 4. ☐ | ☐ | Did you attend this school or a feeder school in your district last semester? (<i>If the answer is "no" to this question, please answer Sections a and b.</i>) |
| ☐ | ☐ | a. Do you reside with your parents? |
| ☐ | ☐ | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center? |

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

 Signature of parent/guardian _____ Date _____

 Signature of student _____ Birth Date _____ Grade _____ Date _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.