2026 - 2027

>>Please Print in Ink<<

Woodburn High School Sport and Activity Information/Insurance/Consent Form

Sports

Fall	Winter	Spring
FB	BBSKT	BSBL
GSOC	GBSKT	SFTBL
BSOC	WRSL	BTEN
VB	DANCE	GTEN
XC	CHEER	TRACK
DANCE		GOLF
CHEER		

Please Circle All That Apply

Instructions: Please complete all sections of this form, both front and back. DO NOT leave any spaces blank. Important Notes: Every student athlete must have medical insurance, and state law requires that all students have a valid physical examination at least once every two years. WHS will accept physical exams performed in the previous school year, provided the exam is recorded in the state-mandated format. No student will be allowed to participate, play, or practice in any way until complete paperwork has been submitted and processed.

Personal Information

Student ID: _____

Name: _____ Date of Birth: _____ Grade: _____
Last First MI

Address: _____
Street, Apartment, or PO Box # City, State, Zip

Home Telephone #: _____ Alternate Telephone #: _____

Parent/Primary Emergency Contact

Name : _____ Contact Telephone #: _____

Secondary Emergency Contact

Name : _____ Contact Telephone #: _____

Insurance Information

Students participating in athletics, activities, cheer squad and dance team must have appropriate insurance coverage. Please indicate your coverage below. Coverage must be maintained throughout the time of participation in Woodburn athletics/activities.

☐ School Insurance (Myers Stevens Toohey) _____
Administrator Initial/Date

☐ Migrant 1-M Program _____
Administrator Initial/Date

☐ Personal Insurance _____ _____
Company Name Policy Number

Consent for Participation/Helmet Warning

1. By signing below, the parent and student acknowledge the following statements and warnings:
2. I permit this student to participate in Woodburn High School (WHS) activities and contests.
3. **We (parent/guardian and student) have read and understand the WHS Athletic/Activities Academic and Behavioral Policy, and understand the consequences associated with violation of those rules.**
4. I permit WHS to transport this student to any activity/event in which he/she is participating as a team member.
5. I understand that a risk of injury is associated with participation in activities and contests.
6. I authorize WHS personnel to secure appropriate medical treatment for this student as necessary.
7. I authorize the release of this student's medical records and information regarding injuries or illnesses that are sustained while participating, or that may affect participation, in athletics and/or activities at WHS. I understand that the information released will be used only to ensure safe participation in interscholastic athletics, activities, or PE classes, ensure safe rehabilitation of injury in accordance with the physician's wishes, and otherwise facilitate appropriate health care as is conditionally necessary. This authorization is in effect for a period of one calendar year from the date signed below.
8. I recognize that WHS uses photo and video images of event in publicity materials such as the school website, newspaper, and newsletters and I hereby grant permission for images of my child to be taken and used for such purposes.
9. **(For football) HELMET WARNING: NO HELMET CAN PREVENT ALL HEAD AND NECK INJURIES. DO NOT USE THE HELMET TO HIT OR STRIKE AN OPPONENT. SUCH ACTIONS VIOLATE THE RULES OF PLAY, AS WELL AS SUBSTANTIALLY INCREASE THE CHANCE OF INCURRING A CONCUSSION OR OTHER SEROUS HEAD OR NECK INJURY. THESE INJURIES COULD INCLUDE PERMANENT PARALYSIS AND EVEN DEATH.**
   CONCUSSION WARNING: BECOME FAMILIAR WITH THE SIGNS AND SYMPTOMS OF CONCUSSIONS, WHICH CAN INCLUDE HEADACHE, NAUSEA, CONFUSION, DIZZINESS AND MEMORY DIFFICULTIES, AND ENCOURAGE ALL ATHLETES TO REPORT SYMPTOMS. IF A CONCUSSION HAS BEEN DIAGNOSED, DO NOT RETURN TO PLAY UNTIL CLEARED BY MEDICALLY TRAINED EXPERTS FOLLOWING PUBLISHED RETURN-TO-PLAY GUIDELINES (NOCSAE, 2010)
10. I understand that I may revoke any or all of the above authorizations at any time by doing so in writing to WHS. I also understand that the above authorizations are a requirement of participation and that revocation will result in removal of this student from the activity.
11. **I understand that signing below declares all information to be truthful and that insurance coverage is current and will be maintained during the term of participation during the school/athletics year.**
12. ***Athlete:*** **I have read, understand and will abide by the rules and expectations of the WHS Athletic/Activities Academic and Behavioral Policy.**
    Parent: **I have read, understand the rules and expectations of the WHS Athletic/Activities Academic and Behavioral Policy and give my son/daughter permission to participate in Woodburn High Campus athletics and activities.**

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised April 2023

HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)

Please scan QR code for updated mental health related resources.

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

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

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

☐ Medicines ☐ Pollens ☐ Foods ☐ Stinging Insects

Over the last two weeks, how often have you been bothered by any of the following problems?
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things:	0	1	2	3	Feeling down, depressed, or hopeless:	0	1	2	3

Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS	YES	NO
1. Do you have any concerns you would like to discuss with your provider?		
2. Has a doctor or other healthcare professional 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 had a COVID-19 infection that required hospitalization?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART	**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? If so, check all that apply: ___ High blood pressure ___ A heart murmur ___ High cholesterol ___ A heart infection ___ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
11. Have you ever had a seizure?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.	**YES**	**NO**
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (AR VC), 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?		

THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	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. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES	**YES**	**NO**
17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
23. Have you ever become ill while exercising in the heat?		
24. Do you or does someone in your family have sickle cell trait or disease?		
25. Have you ever had, or do you have any problems with your eyes or vision?		
THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE	**YES**	**NO**
26. Do you worry about your weight?		
27. Are you trying to or has anyone recommended that you gain/lose weight?		
28. Are you on a special diet or do you avoid certain types of food or food groups?		
29. Have you ever had an eating disorder?		
30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
31. How old were you when you had your first menstrual period? _____		
32. When was your most recent menstrual period? _____		
33. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: _____

_____

_____

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

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from *©2023 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.* *OHA mental health related resources can be found on the OSAA website via the QR code above or at https://www.osaa.org/resources.*

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised April 2023

PHYSICAL EXAMINATION FORM

(Note: Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)

Please scan QR code for updated mental health related resources.

Date of Exam: _____

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

EXAMINATION		
Height: Weight: BMI %:		
BP: / (/) Pulse: Vision R 20/ L 20/ Corrected ☐ YES ☐ NO		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

☐ 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
- ☐ For certain 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 provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

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

Address: _____ Phone: _____

Signature of Provider: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2023 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. OHA mental health related resources can be found on the OSAA website via the QR code above or at https://www.osaa.org/resources.

School Sports Pre-Participation Examination – Suggested Exam Protocol for Medical Provider *Revised May 2017*

MUSCULOSKELETAL

Have patient:	To check for:
1. Stand facing examiner	AC joints, general habitus
2. Look at ceiling, floor, over shoulders, touch ears to shoulders	Cervical spine motion
3. Shrug shoulders (against resistance)	Trapezius strength
4. Abduct shoulders 90 degrees, hold against resistance	Deltoid strength
5. Externally rotate arms fully	Shoulder motion
6. Flex and extend elbows	Elbow motion
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists	Elbow and wrist motion
8. Spread fingers, make fist	Hand and finger motion, deformities
9. Contract quadriceps, relax quadriceps	Symmetry and knee/ankle effusion
10. "Duck walk" 4 steps away from examiner	Hip, knee and ankle motion
11. Stand with back to examiner	Shoulder symmetry, scoliosis
12. Knees straight, touch toes	Scoliosis, hip motion, hamstrings
13. Rise up on heels, then toes	Calf symmetry, leg strength

MURMUR EVALUATION – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:	Rules out:
1. S1 heard easily; not holosystolic, soft, low-pitched	VSD and mitral regurgitation
2. Normal S2	Tetralogy, ASD and pulmonary hypertension
3. No ejection or mid-systolic click	Aortic stenosis and pulmonary stenosis
4. Continuous diastolic murmur absent	Patent ductus arteriosus
5. No early diastolic murmur	Aortic insufficiency
6. Normal femoral pulses (Equivalent to brachial pulses in strength and arrival)	Coarctation

CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by **ORS 336.485, ORS 417.875** before returning to participation.

1. Symptom-Limited Activity: Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
2. Light Aerobic Exercise: Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. Sport Specific Exercise: Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. Non-Contact Training: More complex drills in full equipment. Weight training or resistance training may begin.

**Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.

5. Full-Contact Practice: Participate in normal full-contact training activities.
6. Unrestricted Return-to-Participation / Full Competition: Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

581-021-0041 Form and Protocol for Sports Physical Examinations

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated April 2023 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. If the form is produced from an electronic medical record, it must contain the following statement above the medical provider's signature line: This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after May 1, 2018 and prior to May 1, 2023 must use the form dated May 2017.
4. Medical providers conducting physicals on or after May 1, 2023 and prior to May 1, 2024 may use either the form dated May 2017 or the form dated April 2023.
5. Medical providers conducting physicals on or after May 1, 2024 must use the form dated April 2023.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) website at https://www.osaa.org/health-safety.
Statutory/Other Authority: ORS 326.051
Statutes/Other Implemented: ORS 336.479