Entiat Middle & High School Athletics

2016-2017

Section 1: General Information

Student's Name _____
(Last Name) (First Name) (Midde Initial)

Date of Birth _____ Age ____ Grade ____ ☐Female ☐Male

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Family Physician: _____ Phone: _____

Sports/Activities Participating In:

FALL: ☐ Cheer ☐ HS Football ☐ HS Volleyball ☐ HS X-Country ☐ MS X-Country
☐ MS Football ☐ MS Girls Basketball ☐ MS Boys Basketball

WINTER: ☐ HS Boys Basketball ☐ Cheer ☐ HS Girls Basketball ☐ MS Volleyball

SPRING: ☐ HS Track ☐ HS Tennis ☐ MS Track

Please answer YES or NO to the following questions:

_____ Are you currently living with your parent(s)?

_____ If no, are you living with your legal guardian?

_____ Are you currently living within the Entiat School District boundaries?

_____ Are you now or have you ever been a foreign exchange student?

_____ If yes, have you graduated from your equivalent school?

_____ Were you a transfer student last year? If yes, what was the date of your entry into the Entiat School District? _____

What school did you attend last year? _____ _____
(Date Withdrew)

Location of School _____

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Section 2: Athletic Code & Concussion Information

I have read and understand the following:

Athletic Code	☐	I understand and agree to follow the terms of the Athletic Code
Concussion Info. Sheet	☐	I understand the information on the Head Concussion Sheet
Sudden Cardiac Arrest	☐	I understand the information on the Sudden Cardiac Arrest Sheet

X _____ **X** _____

(Student Signature) (Parent Signature)

Section 3: Insurance Information/Medical Clearance

It is required that participants in interscholastic athletic activities carry insurance for injury and/or accidents. Many private insurance policies and employer sponsored group insurance plans SO NOT cover interscholastic athletic related injuries. **ONE OF THE OPTIONS** below must be completed to be eligible to participate in our interscholastic athletics:

1. ☐ I have accident/medical insurance that covers my child during interscholastic athletics:

   Insurance Company: _____

   Policy Number: _____

--OR--

2. ☐ I have purchased school insurance that covers my child during interscholastic athletics:

   (Please check one)
   - ☐ School Time Plan (covers all sports EXCEPT High School Football)
   - ☐ Full Time Plan (covers all sports EXCEPT High School Football)
   - ☐ Football Plan (covers ONLY Football)

In the event of serious injury and your family doctor cannot be contacted, and if we are unable to contact on or the other parent, does the coaching staff/athletic trainer have your permission to seek medical attention from the nearest physician?

☐ Yes ☐ No If you answer is NO, please state below the procedure you wish the coaching staff/athletic trainer to follow.

_____

_____

_____

I authorize release of the health care practitioner's (family physician and/or athletic physical provider) exam findings and other pertinent medical data as it relates to the participation of my child in Entiat School District sports activites. I understand that the physical exam documentation will be kept on file in the appropriate school's office.

X _____ **X** _____

(Parent Signature) (Date)

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Section 4: Pre-participation History & Physical Examination

Name: _____ Date of Birth: _____ Exam Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Sports Turning Out For: _____

HISTORY

	Yes	No	
1.	☐	☐	Have you had any illness/injury recently, or do you have an illness/injury now?
2.	☐	☐	Have you had a medical problem, illness or injury since your last exam?
3.	☐	☐	Do you have any chronic or recurrent illness?
4.	☐	☐	Have you ever had any illness lasting more than a week?
5.	☐	☐	Have you ever been hospitalized overnight?
6.	☐	☐	Have you had any surgery other than a tonsillectomy?
7.	☐	☐	Have you ever had any injuries requiring treatment by a physician?
8.	☐	☐	Do you have any organs missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
9.	☐	☐	Are you presently taking ANY medications (including birth control pills, vitamins, aspirin, etc.)?
10.	☐	☐	Do you have ANY allergies (medicines, bees, foods, or other factors)?
11.	☐	☐	Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
12.	☐	☐	Do you tire more easily or quickly than you friends during exercise?
13.	☐	☐	Have you ever had any problems with our blood pressure or your heart?
14.	☐	☐	Have any close relatives had heart problems, heart attack or sudden death before they were age 50?
15.	☐	☐	Do you have any skin problems (acne, itching, rashes, etc.)?
16.	☐	☐	Have you ever had fainting, convulsion, seizures or severe dizziness?
17.	☐	☐	Do you have frequent severe headaches?
18.	☐	☐	Have you ever had a “stinger” or “burner” or “pinched nerve”?
19.	☐	☐	Have you ever been “knocked out” or “passed out”?
20.	☐	☐	Have you ever had a head injury?
21.	☐	☐	Have you ever had heat exhaustion, heat stroke, heat cramps or similar hear-related problems?
22.	☐	☐	Have you had asthma, or trouble breathing, or cough during or after exercise?
23.	☐	☐	Do you wear eyeglasses, contact lenses, or protective eye wear?
24.	☐	☐	Have you had any problems with your eyes or vision?
25.	☐	☐	Do you wear any dental appliance such as braces, bridge, plate, or retainer?
26.	☐	☐	Have you ever had a knee injury?
27.	☐	☐	Have you ever had an ankle injury?
28.	☐	☐	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
29.	☐	☐	Have you ever had a broken bone (fracture)?
30.	☐	☐	Have you ever had a cast, splint, or had to use crutches?
31.	☐	☐	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
32.	☐	☐	Has it been more than 5 years since your last tetanus booster shot?
33.	☐	☐	Are you worried about your weight?
34.	☐	☐	FEMALES: Do you have any menstrual problems?
35.	☐	☐	Do you have any medical concerns about participating in your sport?

ATHLETES SHOULD NOT WRITE BELOW THIS LINE

EXAMINIER’S COMMENTS ON ALL “YES” ANSWERS (refer to question number)

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Student Name: _____ Date of Birth: _____

Examiners Section

_____ Complete Physical (Required prior to Middle School level and High School level)

_____ Annual Update

Are there any significant findings the school medical/coaching staff should be aware of?

- ☐ Head/Neck/Spine injuries
- ☐ Musculoskeletal injuries
- ☐ Cardiopulmonary condition
- ☐ Other medical conditions (describe)
- ☐ Loss of paired organs
- ☐ Medications (list below)
- ☐ Allergic or medicines, insect bites, other

Please explain any of the above: _____

_____

_____

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Vision _____

Immunizations given during this physical: _____

_____

Assessment:

- ☐ Full Participation
- ☐ Limited Participation (describe limitations and/or restrictions:

_____

_____

- ☐ NO Participation (list reasons and/or sports):

_____

_____

Recommendations (equipment, bracing, taping, rehabilitation, etc.):

_____

_____

_____

Date: _____ Examiner's Signature: _____

Examiner's Name: _____
(Please Print)