

DIRECTIONS

FOR COMPLETING PHYSICAL FORMS

Dear Parent/Guardian:

In order to insure efficient and appropriate health care for your child, we must ask you to complete several forms before allowing your child to participate in interscholastic athletics or extracurricular activities.

If you should have any questions or concerns about this process, please do not hesitate to contact Mr. Johnston.

Please follow the directions below for completing the attached physical forms . . .

- 1) Parent/Guardian **READ, SIGN, and DATE** "Parent/Guardian Consent Form"
- 2) Parent *and* athlete **READ, SIGN, and DATE** "Transportation Waiver"
- 3) **COMPLETELY fill out the front** of the "Pre-participation Health Screening" form, then sign and date it at the bottom. *It is EXTREMELY IMPORTANT that NO parts of the form be left blank. Incomplete forms may not be accepted!*
- 6) Take the forms to your doctor and have them complete the physical examination portion of the physical form (on the back of #5).

NOTE: Physical forms MUST be signed by a licensed medical doctor

Turn **ALL** forms into the athletic department before their first practice.

SAINTS PETER AND PAUL MIDDLE SCHOOL

PARENT/GUARDIAN CONSENT, WAIVER, and PHYSICAL FORM

STUDENT'S FULL NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ HOME PHONE #: _____

PARENT/GUARDIAN: _____ OTHER PHONE #: _____

I hereby give permission for the above-named student to participate in the interscholastic athletic program. In granting this permission, I assume full responsibility for the behavior of my child and for any and all damages to person or property caused by my child.

If it is determined that my child needs medical or dental treatment while participating in athletics, I will be financially responsible for any treatment determined to be necessary by a physician, dentist, athletic trainer, emergency medical personnel, or any other medical personnel. I agree to be responsible for any expenses associated with sending my child home prior to the scheduled return time if an adult supervisor determines that it is necessary due to the health or behavior of my child.

I agree to notify the athletic department immediately in writing of any changes in my child's health which requires modification to my permission.

I understand that by participating in interscholastic athletics, including practices, my child is exposing himself/herself to the risk of serious injury and death. By my signature below I release and waive, and further agree to indemnify, hold harmless or reimburse SSPP, the individual members, employees, representatives, and agents thereof, from and against, any claim which I, any other parent or guardian, any sibling, my child, or any other person, firm, or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, injuries, or adverse reactions arising out of, during, or in connection with my child's participation in athletic competition(s) and/or practice(s) and in connection with the administration of medication(s) to my child as specified above. I agree that a photocopy or facsimile of this document shall be considered the same as the original document. I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND THE "INFORMATION CONCERNING PARTICIPATION IN SPORTS" PRESENTED ON THE BACK OF THIS RELEASE AGREEMENT.

Signature of Parent/Guardian

Date

Athletic Department ***Athletic Transportation Waiver***

It is the policy of Saints Peter and Paul Middle School and the Athletic Department that no student-athlete will transport him or herself, or anyone else to an away game, home game, or practice as long as the school is providing transportation. In the event that a student-athlete transports themselves and/or others to an away game, home game, or practice in violation of the above policy, the driver, or any passengers who are members of the team, will be ineligible to participate. Saints Peter and Paul Middle School recommends that all athletes return to school with the school provided transportation in order to help foster team unity. In the event that the student-athlete is to be picked up by a parent, a note must be turned in to the Director of Athletics a minimum of 24 hours prior to the contest. In the event that a student-athlete is to be picked up by someone other than a parent, the person picking the student-athlete up must be an immediate member of the family and at least 21 years of age, or an adult that is listed on the parental note turned in to the Director of Athletics.

Off Campus Athletic Practice and Game Transportation Waiver

(Please fill out for entire school year and return to Director of Athletics prior to your first practice)

I understand that in order to provide more athletic opportunities to students enrolled at Saints Peter and Paul Middle School there is a need to hold practices and home games at places other than the school campus. Since these practices and games will be held off campus I give permission for my child to be transported to the sites the following ways: (More than one may be checked)

School provided transportation

I will personally drive my child to the off campus site

My child has permission to ride with parents of a Saints Peter and Paul student on the athletic team to an

off-campus site

My child has permission to ride with a member of the same athletic team in the event there is no school provided transportation

In consideration of the athletic experience in which my child will participate, I as parent/guardian of _____ do hereby agree to allow my child to participate in the above off campus activity.

In consideration of the opportunity for my child to participate in athletics, I agree to release and save harmless Saints Peter and Paul Middle School, its Pastor and any employees or volunteers from any liability, claims, demands, actions and causes of action arising out of or relating to any loss, damage, or injury sustained in connection with my child's participation in this activity.

I hereby grant permission to the school's representative in charge to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that I cannot be reached.

In the event that hospitalization is deemed necessary by the school or its representative, I authorize the school to have my child transported to the nearest hospital. I understand and agree that if there is any question concerning the severity of an illness or injury, Saints Peter and Paul Middle School policy dictates that an ambulance will be summoned to transport my child for proper medical evaluation, and that ambulance and medical fees are the responsibility of the family of the injured

student-athlete.

Student Name: (Please print):

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

INFORMATION CONCERNING PARTICIPATION IN SPORTS

By its very nature, competitive athletics puts students in situations in which **serious, catastrophic, and sometimes fatal accidents and illnesses** may occur. Many forms of athletic competition and practice result in violent physical contact. The use of athletic equipment may result in accidents, injury, or death. Strenuous physical exertion and numerous other exposures to the risk of injury occur while participating in interscholastic athletics.

A student and his/her parents must assess the risks involved in participation in competitive athletics and make a decision concerning whether or not the student participates in spite of the risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of death, injury, or illness associated with participation in athletic activities. Just as driving an automobile involves risks, athletic participation by middle or senior high school students also may be inherently dangerous. The responsibility that parents and students have in making a choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition and/or practice.

By granting permission for your child to participate in athletic competition and practice, you are acknowledging that you fully understand that such risks exist.

Students will be instructed in the proper techniques to be used in athletic competition and practice and in the proper utilization of equipment worn or used in practices and competitions. Students must always adhere to that instruction and utilization and must refrain from improper use or techniques.

As previously stated, no amount of instruction, precaution, and supervision will eliminate the risk of serious, catastrophic, and fatal injury or illness.

ACKNOWLEDGEMENT

I have read and understand the above information, and I understand the risks involved with participating in interscholastic athletic activities, including practices.

STUDENT'S SIGNATURE: _____

DATE: _____

PARENT'S SIGNATURE: _____

DATE: _____

SSPP Middle School PREPARTICIPATION HEALTH SCREENING FOR ATHLETICS/EXTRACURRICULAR ACTIVITIES

Personal Information (PLEASE PRINT) *ALL ITEMS IN BOLD PRINT MUST BE COMPLETED!!

Name _____ Sex {circle} **M** **F** Grade {circle} **6** **7** **8**
FIRST MIDDLE LAST (2008-2009)

Date of Birth {Month/Day/Year} _____ / _____ / _____

Mailing Address _____ City _____ Zip Code _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

Person to Notify in an Emergency _____ Phone _____ Alternate _____

Family Doctor _____ Phone _____ Alternate _____

Is this student covered by private health care/medical insurance and/or Medicaid? ___ Yes ___ No Medicaid #: _____

Name of private healthcare/medical insurance provider: _____

Policy Holder's Name: _____ Social Security #: _____ - _____ - _____

Group Name: _____ Group #: _____ Policy #: _____

Sports you plan to play {√ all that apply} ___ Basketball ___ Soccer ___ Field Hockey
 ___ Golf ___ Lacrosse

Medical History (Answer ALL questions by checking the YES or NO boxes. Explain ALL "Yes" answers in the space below!!)

GENERAL MEDICAL HISTORY:		YES	NO
1.	HAVE YOU HAD ANY MEDICAL PROBLEM OR PHYSICAL INJURY SINCE YOUR LAST PHYSICAL EXAM?	☐	☐
2.	Do you have asthma?.....	☐	☐
3.	Do you have diabetes?	☐	☐
4.	Do you have high blood pressure?	☐	☐
5.	Do you have seizures?.....	☐	☐
6.	Do you have sickle cell trait?	☐	☐
7.	Have you have any other major medical problem?	☐	☐
8.	Have you ever been hospitalized or had surgery?	☐	☐
9.	Do you cough, wheeze, or have trouble breathing when exercising?	☐	☐
10.	Do you use an inhaler?	☐	☐
11.	Do you have a single organ (testicle or kidney)?	☐	☐
12.	Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)?	☐	☐
13.	Have you ever taken any supplements or vitamins to help with weight loss, weight gain, or to improve performance?	☐	☐
14.	Do you have any allergies (seasonal, insects, food, or medicines)?	☐	☐
15.	Have you ever had a rash or hives develop during or after exercise?	☐	☐
16.	Do you have any skin problems other than acne?	☐	☐
17.	Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung", or a concussion?	☐	☐
18.	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
19.	Have you ever had a "stinger", "burner", or pinched nerve? ...	☐	☐
20.	Have you ever become ill from exercising in the heat?	☐	☐
21.	Have you had mononucleosis or any significant illness in the last 60 days?	☐	☐
22.	Do you have trouble with your eyes/vision/wear glasses or contacts?	☐	☐
23.	Do you have trouble with your hearing/wear hearing aids?	☐	☐
24.	Do you want to weigh more or less than you do now?	☐	☐
25.	Do you lose weight regularly to meet weight requirements for your sport or other reasons?	☐	☐
26.	Do you feel stressed out, overly tired, or depressed?	☐	☐
27.	Are there any other issues you would like to discuss with the doctor?.....	☐	☐

CARDIAC HISTORY:		YES	NO
1.	Have you ever passed out during or after exercise?	☐	☐
2.	Have you ever been dizzy during or after exercise?	☐	☐
3.	Have you ever had chest pain or chest pressure during or after exercise?	☐	☐
4.	Do you tire easily or more quickly than your friends during exercise?	☐	☐
5.	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
6.	Have you ever been told you had a heart murmur?	☐	☐
7.	Have you ever been told you had an enlarged heart?	☐	☐
8.	Has any member of your family: - died of heart problems or sudden death before age 50?.....	☐	☐
	- been told they had a serious heart problem before age 50?....	☐	☐
	- been told they had Marfan's Syndrome?.....	☐	☐
9.	Has a physician ever denied or restricted your participation in sports?.....	☐	☐
ORTHOPAEDIC HISTORY:			
1.	Have you ever broken or fractured any bones?.....	☐	☐
2.	Have you ever dislocated or partially dislocated any joint?.....	☐	☐
3.	Have you had any problems related to your: - neck, spine, or back?.....	☐	☐
	- shoulders?.....	☐	☐
	- elbows?.....	☐	☐
	-wrists, hands, or fingers?.....	☐	☐
	- hips?.....	☐	☐
	- knees?.....	☐	☐
	- ankles, feet, or toes?.....	☐	☐
	- other?.....	☐	☐

Please explain YES answers from above in this space: _____

Signature of parent/guardian: _____ Date signed: _____

**A photocopy or facsimile of this document shall be considered the same as the original document.*

Preparticipation Health Screening Examination

Date: _____

Physical Examination

Name: _____ Age: _____ Date of Birth: ____/____/____

	Height _____ Weight _____ BP ____/____ Pulse _____ Respiration _____			
	Vision R 20/____ L 20/____ Corrected (CIRCLE): Yes No If yes, with? (CIRCLE) Glasses Contacts			
LIMITED		NORMAL	ABNORMAL FINDINGS	INITIALS
	CARDIPULMONARY			
	PULSES			
	HEART			
	LUNGS			
	SKIN			
	ABDOMINAL			
	GENITALIA			
COMPLETE	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
	NECK			
	SHOULDERS			
	ELBOWS			
	WRISTS			
	HANDS			
	BACK/SPINE			
	HIP/PELVIS			
	KNEES			
	ANKLES			
	FEET			
	DENTAL EXAM	NORMAL	ABNORMAL FINDINGS	INITIALS
	GUMS AND TONGUE			
	TEETH			
TMJ JOINT				

Clearance (check one): CLEARED Cleared *after* completing evaluation/treatment for: _____
 NOT CLEARED for sport/activity (list) _____
 NOT CLEARED FOR ANY SPORTS PARTICIPATION due to: _____

Other recommendations: _____

Name of Examining Physician: _____ Phone Number: _____

Signature of Examining Physician: _____ Date: _____