

Attention Athlete!

You must have a TITAN CARD to try out for sports

In order to try out for a sport at West Salem High School you must bring the following items to the Athletic Office before *practices begin* to receive your TITAN CARD:

- Completed Athletic Packet (attached) signed by both parent and student
- Cash, check, credit/debit card for athletic fee (\$175/sport, \$350 yearly cap/student, \$700 yearly cap/family)
-OR-
- If on S/K Lunch Program, completed "information sharing" letter (attached yellow form) plus fee payment (\$35/sport if qualify for free lunch / \$70/sport if qualify for reduced lunch)
- Current physical on file (good for two years from exam on the OSAA form - new form in lavender attached if needing a physical)

These forms only need to be completed once per year. When going out for your second sport, go to the Athletic Office to transfer your paperwork and pay your fee. And remember, your third sport is free if you've paid full price and met the dollar cap!

***COACHES WILL NOT LET YOU PARTICIPATE WITHOUT A TITAN CARD!!**

To be academically eligible you must have passed a minimum of 5 classes from the previous semester, be on track to graduate and currently be registered for at least 5 classes.

***AVOID LONG LINES - DON'T WAIT UNTIL THE LAST DAY!**



HIGH SCHOOL ONLY
ATHLETIC PARTICIPATION INFORMATION AND AUTHORIZATION

Name _____ Grade _____ Date of Birth _____
Last First

Address _____ Home Phone _____

City, State _____ Zip _____ Cell Phone _____

Parent/Guardian E-mail _____

Parent/Guardian _____ Business Phone _____

Date First Entered High School _____ Date Entered Current High School _____

Name and location of other Schools Attended This Year _____ City/State _____

Name and location of School Attended Last Year: _____ City/State _____

On IDT Home Schooled Foreign Exchange On IEP

➔ **FEES must be paid before students begin practice.**

Sport: _____ Activity Fee: _____ Eligibility Card Issued Fee Reduction Confirmed

Sport: _____ Activity Fee: _____ Eligibility Card Issued Fee Reduction Confirmed

Sport: _____ Activity Fee: _____ Eligibility Card Issued Fee Reduction Confirmed

Student on Reduced Lunch? Yes No Student on Free Lunch? Yes No

District Policy Statement on file: _____ DATE OF LAST PHYSICAL
ON FILE IN SCHOOL OFFICE: _____

INSURANCE REQUIREMENTS Students participating in athletics are required to be covered by medical insurance, either by a family plan or one that is available through the school district. I have or will purchase medical insurance for my participating student and will continue to keep it in force throughout the sports season. Any change in medical insurance between sports seasons must be reported.

I have medical insurance. Name of medical insurance company: _____

FIRST AID/PHYSICIAN CONTACT AUTHORIZATION By signing below, authorization is given for the administration of first aid when necessary, and the contact of any licensed physician acceptable to the school district in an emergency.

STUDENT INJURY Return to play will be determined by the Athletic Trainer. Students with a concussion will use the return-to-play protocol. Student Athletes will be ImPACT tested. Parents are responsible for informing the school of all concussions that happen in another activity.

TRANSPORTATION AUTHORIZATION Permission is given for my student to be transported by the Salem-Keizer School District to any event in which he/she is participating as a team member.

OREGON SCHOOL ACTIVITIES ASSOCIATION ELIGIBILITY POLICY I am aware that a student must be enrolled in five classes during the term he/she is participating in an OSAA-sponsored activity and must have passed five classes in the term immediately preceding the term for which the student desires to participate in an OSAA-sponsored activity. (High school courses completed during "out-of-school" summer months are applied to the in-school term immediately preceding the out-of-school summer months.) I am also aware of the "on track to graduate" requirement of the OSAA. I am also aware of the requirement that a student wishing to participate in an OSAA-sponsored activity attend school regularly. My student meets these requirements.

PHYSICAL EXAMINATION REQUIREMENT District policy and state law requires students in grades 7-12 participating in school athletics to get a physical every two years. The OSAA examination form must be on file in the school office. If the student has had any serious accident, illness, or injury since the last physical examination, a physician's clearance is necessary.

Indicate any severe allergy or medical limitations: _____

My student NEEDS DOES NOT NEED clearance from a physician. Family doctor's name _____ Phone _____

AUTHORIZATION TO PARTICIPATE Permission is given for my student to participate in all sports by the school district. By signing below, student and parent authorize Salem-Keizer Public Schools 24J to photograph, videotape or audio tape student, and to publicly disclose the student's participation in Salem-Keizer Public Schools 24J athletic programs.

I have read and understand the High School Student-Athlete Agreement Policy.

SIGNATURE OF STUDENT DATE SIGNATURE OF PARENT DATE

**Salem-Keizer School District
Student and Parent Concussion Statement**

Parent
Initial

Student
Initial

I understand it is my responsibility to report all injuries and illness to my certified athletic trainer and/or team physician.

Parent
Initial

Student
Initial

I have read and understand the CDC Concussion Fact Sheet.

Parent
Initial

Student
Initial

I have read and understand the Return-to-Play protocol. I also understand any athlete with a concussion will be required to follow the steps, in order, even if cleared by a medical professional prior to completion of each step.

I AM AWARE OF THE FOLLOWING INFORMATION:

Parent
Initial

Student
Initial

A concussion is a brain injury, which I am responsible for reporting to my certified athletic trainer.

Parent
Initial

Student
Initial

A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

Parent
Initial

Student
Initial

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the initial injury.

Parent
Initial

Student
Initial

If I suspect a teammate has a concussion, I am responsible for reporting the injury to my certified athletic trainer.

Parent
Initial

Student
Initial

I will not return to play in a game or practice if I am experiencing concussion-like symptoms.

Parent
Initial

Student
Initial

Following a concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

Parent
Initial

Student
Initial

In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete

Date

Printed name of student-athlete

Signature of Parent

Date

Printed name of parent

Salem Keizer School District Concussion Management Return-To-Play Policy (Provided by Orthopedics of Oregon)

Salem Keizer School District student-athletes having a suspected concussion will finish the Return-To-Play (RTP)* Protocol.

- The athlete must meet the requirements of each step of the RTP protocol, with no return of symptoms in order to progress to the next step.
- There must be a minimum of 24 hours elapsed for progress between steps. If symptoms return at any step, the athlete will return to step 1 until symptoms resolve, and repeat the progression.
- Clearance from a licensed health care professional as defined per Max's Law **OAR 581-022-0421** (see box below) must be given before the athlete moves past Step 1. Clearance can be given via communication with the school Athletic Trainer; office visits are not always mandated.

Step 1: NO ACTIVITY. The athlete has completed the following items:

- A. Is self-reported to be symptom free on the SCAT3 Symptom Form
- B. Has returned to school full time
- C. Returned to a normal ImpACT score

Step 2: LIGHT EXERCISE. The athlete may engage in light, non-contact, low-impact aerobic activity such as walking, swimming, or riding an exercise bike with a goal of elevating heart rate (<70% of age-predicted maximum heart rate).

Step 3: SPORT-SPECIFIC ACTIVITIES. The athlete may engage in vigorous, non-contact, sport specific drills, with a goal of challenging concentration and increasing impact associated with elevated heart rate without the threat of contact from others. No helmet or other equipment should be utilized.

Step 4: NON-CONTACT TRAINING DRILLS IN FULL EQUIPMENT. The athlete may participate in non-contact practice, with a goal of simulating sport participation without opportunity for re-injury. *Resistance training can begin or resume.*

Step 5: FULL CONTACT PRACTICE or TRAINING. The athlete may participate in unrestricted training or practices.

Step 6: RETURN TO PLAY. The athlete is considered fully cleared for participation, including games.

* Based on the 2014 NATA Position Statement: Management of Sports Concussion

Per OAR 581-022-0421 "Health Care Professional" means a Physician (MD), Physician Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine, nurse practitioner licensed by the Oregon State Board of Nursing, or Psychologist licensed by the Oregon Board of Psychologist Examiners.



CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) _____

(child's date of birth) _____

to have a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at West Salem High School. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at WSHS. I understand there is no charge for the testing.

West Salem High School may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as indicated below, in order to receive medical clearance for return to play activity.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: _____

Name of practice or group: _____

Phone number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

_____ (H) _____ (W)

_____ (cell)

Transportation

There will be times during the school year during which athletes will not be provided transportation to and/or from certain athletic events.

In the case that Salem-Keizer Public Schools and/or West Salem High School is not providing transportation either to and/or from an event, below are the expectations:

1. Students who are licensed drivers and properly insured may drive themselves to and/or from an event.
2. Students who are licensed drivers and properly insured may travel at any time with a parent or guardian to and/or from an event.
3. Students may travel at any time with a properly licensed and properly insured sibling to and/or from an event.
4. Students who are licensed drivers and properly insured may transport another student(s) to and/or from an event as long as a parent or guardian of one of the students is present in the vehicle.
5. Parents are encouraged not to allow transport of their student(s) by other students when the driver is not a sibling and/or a parent or guardian is not present.

Student Name: _____

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Salem-Keizer Public Schools

HIGH SCHOOL STUDENT ATHLETE AGREEMENT STATEMENT

School District 24J is proud of its athletes and athletic programs. Our coaches, administrators, teachers, students and community expect athletes to make consistent application to the athletic program.

The guidelines set forth in this administrative policy have been established as a minimum code for athletes. This policy will be administered by the coach in conjunction with the building administration.

The following guidelines have been established for athlete and parent approval before any student can represent School District 24J in athletics:

1. **Salem Keizer School District's athletic programs focus on excellence in academics, leadership, character development, and competition as a vital part of the educational experience. The District has high expectations for the behavior and performance of the students participating in athletics.**
2. **Participation in District sponsored extra-curricular athletic programs is a privilege, not a right, and is contingent upon the student's academic standing, attendance, and ability to abide by the behavior standards set forth in this policy and Oregon School Activities Association (OSAA).**
3. **Participants and their parents/legal guardian will acknowledge their understanding and agreement with this policy by reading and signing the High School Student Athlete's Expectations Agreement.**
4. **Participation:**
 - 4.1. Prior to participating in a sport for the first time, the student athlete and his/her parents or legal guardian are required to sign the High School Student Athlete Agreement Statement. By their signatures, the student athlete and parent agree that the student athlete shall comply with and abide by the terms and conditions of this policy.
 - 4.2. This signed agreement remains in effect for all subsequent years that the student participates in a District sponsored athletic program.
 - 4.3. Student athletes will adhere to the expectations for participation, as outlined in this policy, from the first day of OSAA designated fall season practices until the final day of the school year annually, throughout the student's school career, twenty-four (24) hours per day, both while at, and away from, school.
 - 4.4. The expectations set forth in this code of conduct are a minimum set of standards for athletes participating in a District sponsored athletic program and do not supersede the District's student discipline policy and procedure.
 - 4.5. Students participating in athletics should expect discipline consequences to be applied from both the student discipline policy and this policy. Additionally, this policy does not necessarily reflect OSAA policies, which may have additional consequences.
5. **Academic Standing:**
 - 5.1. To be eligible to participate in a sport, the student athlete must maintain a 2.0 GPA on each progress report during the semester in which they are participating and meet OSAA's academic eligibility which require that the student athlete:
 - 5.1.1. Has passed a minimum five (5) classes the semester immediately prior to participation.
 - 5.1.2. Is making satisfactory progress toward graduation.
 - 5.1.3. Is enrolled in and passing minimum of five (5) classes during the semester in which they are participating.
 - 5.2. Any athlete not maintaining the standards outlined in Section 5 of this policy, may be assigned by the coach or school administrator to a supervised study program and required to submit a weekly grade check demonstrating improvement.
 - 5.2.1. Any athlete submitting a weekly grade check indicating worsening grades may be deemed ineligible to participate by a school administrator until the student athlete can demonstrate a minimum 2.0 GPA and a passing grade for all classes.
 - 5.2.2. Unexcused absences from the supervised study program may result in a school administrator suspending the student athlete from participation in contests and/or remove the student athlete from athletic program(s).
 - 5.2.3. Student athletes who fail to abide and comply with the criteria outlined in Sections 5.2 of this policy may be deemed ineligible to participate in athletic program(s) by the school administrator.
6. **Attendance:**
 - 6.1. Student athletes are expected to be on time and attend all classes during the school day in order to participate in any athletic function occurring on the same day.
 - 6.2. Student athletes absent or tardy during the school day may not participate in athletics that day with the exception of absences proactively excused by school administration.
 - 6.3. Chronic unexcused absences and/or tardiness may result in suspension from contests and/or removal from athletic programs.
 - 6.4. If an attendance infraction is reported after the student athlete participated in an athletic function, a suspension may occur at date to be determined by school officials.
7. **Behavior Standards:**
 - 7.1. Student athletes must represent their school in a manner worthy of school and community pride. Behavior that results in dishonor to the student, team, coach/leaders, school or district will not be tolerated and consequences will be administered.
 - 7.2. A student athlete's discipline record stays with them throughout their high school career and consequences will be administered as outlined in Section 8 or this policy, regardless if the student transfers between Salem-Keizer high schools or transfer into a Salem-Keizer high school from outside of the district.
 - 7.3. Student athletes are expected to comply with district policies and procedures, school rules and expectations both at and away from school and at all school sponsored activities. Offenses and their consequences are defined in the District's student discipline policy and procedure and include:
 - 7.3.1. Possession, selling, distribution, buying, use of, or being under the influence of an alcoholic beverage; inhalants, including solvents and other dangerous substances; or any other drug as defined by but not necessarily limited to the Uniform Controlled Substance Act, ORS 475.005; possession of paraphernalia, possession of look-alikes being represented as being a controlled substance(s), and/or misuse of prescription or non-prescription drugs; smoking, possessing, selling, buying, transmitting, distributing, or otherwise using tobacco or tobacco products; physical assault of another person; aggressive behavior; threats (written, verbal, or conduct); harassment; intimidation; bullying; sexual harassment; racism; possessing, transmitting, selling, or displaying a weapon or look-alike weapon; unauthorized absences; any act or attempted act of fire-setting; misuse of computer networks and internet; property damage; theft; and nonpayment of fees, fines, and/or restitution for damaged or lost property.
 - 7.4. Student athletes found in violation of District's student discipline policy and procedure and/or school rules will be held accountable for their actions as per the consequences outlined in the Student discipline policy and procedure. In addition, the coach or school administrator may determine that the student athlete will have additional consequences as outlined in this policy.
 - 7.5. Student athletes who, either in school or away from school, have acted in a manner that constitutes a criminal offense, (excluding minor traffic violations), may be suspended from participation and/or removed from athletic program(s).

7.6. Student athletes who find themselves in the presence of persons who are illegally using, possessing, selling, buying, transmitting, distributing, or otherwise using or under the influence of alcohol, inhalants, or any other drug as defined by District's student discipline policy and procedure shall immediately remove themselves from the presence of all persons and places involved and immediately contact their parents and notify their head coach within 24 hours.

8. Consequences:

- 8.1. School administrators will work with coaches to investigate alleged violations of this policy and when warranted, the coach or administrator will use the consequences set forth in this policy as the minimum set of consequences for student athletes who violate the behavior standards delineated in this policy.
- 8.2. Student athletes who are dishonest or withhold information regarding violations and or investigations of any part of this policy may be suspended or removed from athletic programs.
- 8.3. Athletic fees will not be reimbursed for athletes suspended/removed from programs.
- 8.4. School Consequences:
 - 8.4.1. Student athletes who are suspended from school or serve an in-school suspension, for any reason, shall not participate in athletics during their suspension.
 - 8.4.2. The accumulation of two suspensions from school during one sport season may result in suspension and/or removal from the program for the duration of the season at the discretion of the school administration.
- 8.5. Athletic Consequences:
 - 8.5.1. Student athletes who violate the behavior standards for tobacco, alcohol, and drugs as outlined in Section 7 of this policy are subject to the following athletic consequences, in addition to school disciplinary consequences:
 - 8.5.1.1. The first offense during the student athlete's high school career will result in a 21 calendar day suspension from participation in athletics.
 - 8.5.1.2. The second offense during the student athlete's high school career will result in a 42 calendar day suspension from participation in athletics.
 - 8.5.1.3. The third offense during the student athlete's high school career shall result in permanent termination of the student athlete's ability to participate in the District's athletic program.
 - 8.5.2. Reinstatement to the athletic program for a student athlete who violates the behavior standards for tobacco, alcohol, and drugs as outlined in Section 7 of this policy is contingent upon:
 - 8.5.2.1. Completion of a current drug/alcohol assessment at a licensed agency offering assessments;
 - 8.5.2.2. Compliance with all written recommendations made by a substance abuse counselor or other appropriate person;
 - 8.5.2.3. Ability to provide appropriate written documentation from the licensed agency who conducted the assessment;
 - 8.5.2.4. Completion of the athletic participation suspension;
 - 8.5.2.5. Completion of all requirements of school diversion consequences; and the athletic director's approval.
- 8.6. Serving Suspensions:
 - 8.6.1. In Season: A student athlete suspended while currently participating in a sport will begin their suspension upon notification of the violation or upon the first playable date of the sport season, whichever one comes later.
 - 8.6.2. Out of Season: A student athlete suspended while out of season will begin their suspension upon the first playable date of the athlete's next season of participation in a sport.
 - 8.6.3. Suspensions from athletic participation must be served in their entirety and the student athlete must complete the current season.
 - 8.6.4. The suspended student athlete must stay in good standing behaviorally with the athletic program for the remainder of the season in order to successfully complete their suspension.
 - 8.6.5. Student athletes who are suspended and/or removed from an athletic program shall not participate in another athletic program for the remainder of season in which they were suspended and/or removed.

9. Due Process:

- 9.1. If a student athlete faces disciplinary action, which may result in suspension or dismissal from an athletic team, the following due process will occur:
 - 9.1.1. The administrator will meet with the student and inform him/her of the reasons for the disciplinary action. The student athlete will have the opportunity to present their version of the facts as they pertain to the situation.
 - 9.1.2. The administrator will notify the student athlete's parents of the situation and any disciplinary action(s) to be administered.
- 9.2. If the parent wishes to appeal the disciplinary consequence(s), the following process applies:
 - 9.2.1. The parents shall first meet directly with the athletic director in an attempt to resolve the situation.
 - 9.2.2. If unable to resolve the issue, the parent may request the principal review the decision. This request must be submitted in writing to the principal within two (2) school days from the date the parent is notified of the athletic director's decision.
 - 9.2.3. Upon receipt of the written appeal the principal, or his/her designee, will investigate the situation, provide the athlete with an opportunity to present his/her version of the facts, and shall respond to the appeal
 - 9.2.4. If unable to resolve the issue with the principal or his/her designee, the parent may request the Superintendent review the decision. This request must be submitted in writing to the Superintendent within two (2) school days from the date the parent is notified of the principal's decision.
 - 9.2.5. The Superintendent or his/her designee shall designate a hearings officer to hear the case. The hearings officer shall hold a hearing and render a decision.
 - 9.2.6. The hearings officer's decision shall be final.
- 9.3. With local school administrative approval, the student athlete may be allowed to continue to attend practices/team functions but shall not participate in athletic contests during this appeal process.

By their signature, the student athlete and parent understand and agree that the student athlete shall comply and abide by the terms and conditions of this administrative policy immediately following the execution of this policy, at all times, throughout the remainder of the student athlete's high school attendance.

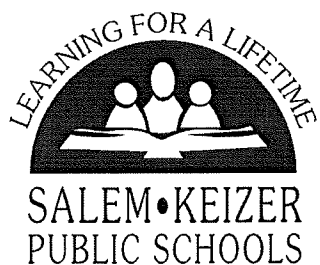


PARENT

STUDENT

DATE

DATE



DAVE HARVEY, Director
Food and Nutrition Services
3625 Fairview Industrial Drive SE • Salem, Oregon 97302
503-399-3091 • FAX: 503-391-4073

Christy Perry, Superintendent

**SHARING FREE OR REDUCED-PRICE INFORMATION
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

- Educational/School related program fee waiver/reduction
- School Counselor programs (Testing fees, tutoring, college applications, etc.)
- Athletic Programs fee waiver/reduction
- Administrative School Programs fee waiver/reduction
- Other programs fee waiver/reduction – (Medical/Dental Program Fees)
- Do not share with State Children's Health Insurance Program
- Do not have any health insurance

If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Child's Name: _____ School: _____

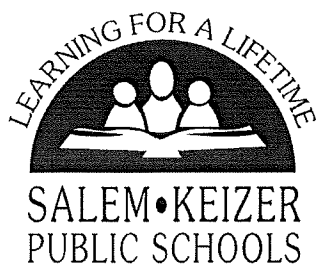
Child's Name: _____ School: _____

Child's Name: _____ School: _____

For more information, call 503-399-3169.

Return this form to: 3625 Fairview Industrial Drive SE, Salem, OR 97302 or your local school office.

Salem-Keizer School District is an equal opportunity provider.



DAVE HARVEY, Director
Food and Nutrition Services
3625 Fairview Industrial Drive SE • Salem, Oregon 97302
503-399-3091 • FAX: 503-391-4073

Christy Perry, Superintendent

COMPARTIENDO INFORMACIÓN DE COMIDAS GRATUITAS O A PRECIO REDUCIDO CON OTROS PROGRAMAS

Estimado Padre / Tutor:

La información que proporciona en la Solicitud Confidencial para Comidas Gratuitas o a Precio Reducido es usada solamente para determinar la elegibilidad de su(s) estudiante(s) para comidas Gratuitas o a Precio Reducido.

También se puede usar la información para determinar la elegibilidad de su(s) estudiante(s) para recibir beneficios para otros programas. Para los siguientes programas debemos tener su permiso con el fin de compartir su información.

El envío de este formulario no modificará si su(s) estudiante(s) reciba(n) comidas gratuitas o a precio reducido.

La firma de esta dispensa NO ES UN REQUISITO para la participación en cualquier programa de nutrición escolar.

¡No! NO deseo que la información de mi Solicitud para Comidas Escolares Gratuitas y a Precio Reducido sea compartida con ninguno de los programas listados a continuación.

Si marcó "No", deténgase aquí. No tiene que completar o enviar este formulario. Su información no será compartida.

¡Sí! SÍ deseo que las autoridades escolares compartan la información de mi Solicitud para Comidas Escolares Gratuitas y a Precio Reducido con: (Marque cada programa al que desea que la información le sea divulgada).

- Programa educativo cuota reducida o gratis (Educational program fee waiver/reduction)
- Reducción o gratis de la cuota de programa deportivo (Athletic program fee waiver/reduction)
- Reducción o gratis de la cuota escolar programa administrativo (Administrative school program fee waiver/reduction)
- Otros programas cuota reducción o gratis (médico o dental, etc.) (Other program fee waiver/reduction—medical, dental program, etc)
- No compartimos con el programa estatal de seguro de salud (Do not share with State Children's Health Insurance program)
- No tengo ningún seguro de salud (Do not have any health insurance)

Si marcó cualquiera o todos los programas listados arriba, llene el formulario a continuación. Comprendo que estoy divulgando información (nombre del estudiante, estado de F/R y/o información de contacto) solamente a los programas que he marcado. Certifico que soy el padre/tutor legal del(de los) niño(s) para el(los) cual(es) se hace esta solicitud.

Firma del Padre/Tutor: _____ Fecha: _____

Nombre en Letra de Molde: _____

Dirección: _____

Nombre del Niño(a): _____ Escuela: _____

Nombre del Niño(a): _____ Escuela: _____

Nombre del Niño(a): _____ Escuela: _____

Para obtener más información, llame a 503-399-3169.
Devuelva este formulario a: 3625 Fairview Industrial Dr. SE, Salem, OR 97302 o su oficina local de la escuela.

Salem-Keizer School District es un proveedor que ofrece igual oportunidad a todos.

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

Revised May 2017

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: _____

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

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

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/Year ____/____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
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 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, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?	YES	NO
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS		
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?	YES	NO
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS		
16. Do you cough, wheeze or have difficulty breathing during or after exercise?	YES	NO
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY		
30. Have you ever had a menstrual period?	YES	NO
31. How old were you when you had your first menstrual period? _____		
32. 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."

PHYSICAL EXAMINATION FORM

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 <input type="checkbox"/> YES <input type="checkbox"/> 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."