Omaha Public Schools
Pre-Season Physical Screening Exams

Omaha Public Schools (OPS) is pleased to offer pre-season physical screening examinations (physicals) to its student athletes entering grades 8-12. The physicals are conducted in early May, prior to the start of the school year and fall sports season. The physicals are offered at a low cost, so that they are affordable to all students participating in OPS sports. Please read the following information and complete the **OPS Sports Physical Form**, also known as the **OPS School & Sports Qualifying Screening Evaluation**, before your student comes to a physical exam. This form may be used any time of the year.

- **Limitations to Physical Screening Exam**: The physical is strictly a screening examination and is NOT a substitute for routine, comprehensive health care by the student's primary care physician. Parents/guardians should consider the benefits of having their student-athlete cleared for sports by their own personal physician, especially if the student has a known chronic health condition such as a heart condition, asthma, uncontrolled high blood pressure, diabetes, or repeated concussions.

- **OPS Sports Physical Form**: Parents/guardians must complete and sign all portions of the OPS sports physical forms except the “Examination” section. The OPS Sports Physical Form is posted on the OPS web site at [www.ops.org](http://www.ops.org) under the “Parents” link, Physical Exams. The form must be filled out accurately and thoroughly. Parents/guardians should be sure to list all of the student’s health issues in the “History” section of the form. Your signature on the form indicates consent for a minor (under the age of 18) to receive the physical and is required for the physical to be performed.

- **Day of the Physical**: Parents/guardians are welcome to accompany their student to the physical. Students should bring their completed and signed OPS Sports Physical Form and dress appropriately for the physical. Boys should wear gym shorts and T-shirts. Girls should wear gym shorts, T-shirts, and sports bra, if possible. Students in “street clothes” will be asked to change into gym clothes for the physical.

- **Questions**: If you have any questions or concerns, please contact 402-557-2407 or your school athletic office. You are also welcome and encouraged to accompany your student to the physical and address any concerns you have to the examining team.

**THE ABOVE INFORMATION IS USED FOR OPS FALL PRE-SEASON SCREENING EXAMS ONLY**

OMAHA PUBLIC SCHOOLS – Student Form

**ATHLETIC INSURANCE COVERAGE**

Your school, acting for members of the athletic squad, makes available an Athletic Injury Benefit Plan approved by the Omaha Board of Education. The total premium is paid by the student or parent. The purpose of such coverage is to assist in the cost of treatment of accidental injury. Payments are in addition to any payments by another company for the same injury.

SQUAD MEMBERS MUST HAVE INSURANCE COVERAGE TO PARTICIPATE.

Check the statements that apply:

- _____ I shall participate in the Athletic Benefit Injury Plan. Information brochures, if not attached, are available from the school office upon request.
- _____ I have accident injury coverage with the ___________________________________________ Insurance Company.

POLICY NO. __________________________ Signature of Parent/Guardian ____________________________

Date __________________________ Address ________________________________________________

Note: This form is to be filled out completely and filed in the office of the school before student is allowed to practice and/or compete.
Preparticipation Physical Evaluation

Date of Exam ____________________________

Name ____________________________ Sex _______ Age _______ Date of Birth _______

Grade _______ School ____________________________ Sport(s) ____________________________

Address ____________________________ Phone ____________________________

Personal physician ____________________________

In case of emergency, contact

Name ____________________________ Relationship ____________________________ Phone (H) ____________________________ (W) ____________________________

I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for purposes of participation in athletics and activities.

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

Signature of athlete ____________________________ Signature of parent/guardian ____________________________ Date __________

I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for purposes of participation in athletics and activities.

Parent or Legal guardian signature ____________________________ Date __________

## OPS Pre-Participation Physical Exam
### Supplemental Questions

<table>
<thead>
<tr>
<th>Cardiovascular Health</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever told you that you have any heart problems? If so, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
<td>A heart murmur</td>
</tr>
<tr>
<td></td>
<td>A heart infection</td>
<td>Kawasaki Disease</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you get light headed or feel more short of breath than expected during exercise?</td>
<td></td>
<td></td>
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<tr>
<td>3. Do you get more tired or short of breath more quickly than your friends during exercise?</td>
<td></td>
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<tr>
<td>4. Has any family member or relative died of heart problems or had an unexpected or unexplained death before age 50 (including drowning, unexplained car accident, or Sudden Infant Death Syndrome)?</td>
<td></td>
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</tr>
<tr>
<td>5. Does anyone in your family have hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, Long QT Syndrome, Short QT Syndrome, Brugada Syndrome, a catecholaminergic polymorphic ventricular tachycardia?</td>
<td></td>
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<tr>
<td>6. Does anyone in your family have a heart problem, pace maker, or implanted defibrillator?</td>
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<tr>
<td>7. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
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</tbody>
</table>

### Bone and Joint Health

<table>
<thead>
<tr>
<th>Bone and Joint Health</th>
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</thead>
<tbody>
<tr>
<td>8. Do you have any bone, muscle, or joint injury that bothers you?</td>
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<tr>
<td>9. Do any of your joints become painful, swollen, feel warm, or look red?</td>
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<td>10. Do you have any history of juvenile arthritis or connective tissue disease?</td>
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</table>

### General Medical

<table>
<thead>
<tr>
<th>General Medical</th>
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<tbody>
<tr>
<td>11. Have you had a herpes or MRSA skin infection?</td>
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<tr>
<td>12. Have you had any eye injuries?</td>
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</tbody>
</table>
## PHYSICAL EXAMINATION FORM

### Preparticipation Physical Evaluation

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
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<tbody>
<tr>
<td></td>
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</table>

Height _______ Weight _______ Pulse _______ BP _____/____ ( _____/____ , _____/____ )

### MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Eyes/ears/nose/throat/pupils</th>
<th>Hearing</th>
<th>Lymph nodes</th>
<th>Heart</th>
<th>Murmurs</th>
<th>Pulses</th>
<th>Lungs</th>
<th>Abdomen</th>
<th>Genitourinary</th>
<th>Skin</th>
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</tr>
</tbody>
</table>

### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Neck</th>
<th>Back</th>
<th>Shoulder/arm</th>
<th>Elbow/forearm</th>
<th>Wrist/hand/fingers</th>
<th>Hip/thigh</th>
<th>Knee</th>
<th>Leg/ankle</th>
<th>Foot/toes</th>
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</table>

## CLEARANCE FORM

### Preparticipation Physical Evaluation

Name ____________________________ Sex ______ Age ______ Date of birth ________________

- [ ] Cleared without restriction
- [ ] Cleared, with recommendations for further evaluation or treatment for: ____________
  
  ___________________________________________________________________________________
  ___________________________________________________________________________________
  ___________________________________________________________________________________

- [ ] Not cleared for ______
- [ ] All sports
- [ ] Certain sports: ____________ Reason: ____________

Recommendations: ______________________________________________________________________
  ___________________________________________________________________________________
  ___________________________________________________________________________________

Name of physician (print/type) ___________________________________________ Date ____________

Address ___________________________________________________ Phone ____________________

Signature of physician ____________________________________________, MD or DO
NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)/Omaha Public Schools (OPS)
Student and Parent Consent Acknowledgement and Release Form

School Year - 20____ - 20____ Member School: ______________________________________

Name of Student: ________________________________________________________________

Date of Birth: ____________________ Place of Birth: ________________________________

The undersigned(s) are the student and the parent(s), or guardian(s) in charge of the above named student and are collectively referred to as “Parent”.

The Parent and Student hereby:
(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body’s bones, joints, ligaments, tendons, or muscles to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) even the best coaching, the use of the best protective equipment and strict observance of the rules. Injuries are still a possibility;
(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and;
(4) Consent and agree to (a) the disclosure by the Member school at which the Student is enrolled in the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student’s name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major field of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student’s participation in NSAA sponsored activities; and (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such photographs or recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
(5) Consent and agree for the above named student to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I/We authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary in the course of such athletic activities or travel.
(6) WITH FULL UNDERSTANDING OF THE RISKS INVOLVED, RELEASE, INDEMNIFY, AND HOLD HARMLESS THE OMAHA PUBLIC SCHOOLS AND ITS OFFICERS, AGENTS, REPRESENTATIVES, AND EMPLOYEES (COLLECTIVELY THE “RELEASEES”) FROM ANY AND ALL LOSSES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION, OBLIGATION, DAMAGES, AND COSTS OR EXPENSES OF ANY NATURE (INCLUDING ATTORNEY’S FEES) THAT THE STUDENT AND OR PARENTAL/LEGAL GUARDIAN INCUR OR SUSTAIN TO PERSON, PROPERTY OR BOTH, WHICH ARISE OUT OF, RESULT FROM, OCCUR DURING OR ARE OTHERWISE CONNECTED WITH THE STUDENT’S PARTICIPATION IN NSAA OR OMAHA PUBLIC SCHOOLS ACTIVITIES OR TRAVEL RELATED TO SUCH ACTIVITIES IF DUE TO ACCIDENT, MISHAP, OR ORDINARY NEGLIGENCE OF THE RELEASEES.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in athletic activities and the release.

WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

Dated this ______ day of __________________, ____________.

Name of Student [Print Name] Student Signature

(I am) (We are) the [circle the appropriate choice] (Parent) (Guardian). (I) (We) acknowledge that (I) (We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I) (We) hereby give (my) (our) permission for __________________ [insert student name] to practice and compete for the above named high school/middle school in activities approved by the NSAA, except those crossed out below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity</th>
<th>Activity</th>
<th>Activity</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseball</td>
<td>Golf</td>
<td>Tennis</td>
<td>Debate</td>
<td>Speech</td>
</tr>
<tr>
<td>Basketball</td>
<td>Swimming</td>
<td>Track</td>
<td>Journalism</td>
<td></td>
</tr>
<tr>
<td>Cross Country</td>
<td>Soccer</td>
<td>Volleyball</td>
<td>Music</td>
<td></td>
</tr>
<tr>
<td>Football</td>
<td>Softball</td>
<td>Wrestling</td>
<td>Play Production</td>
<td></td>
</tr>
</tbody>
</table>

Dated the ______ day of __________________, ____________.

Parent/Guardian [Print Name] Parent/Guardian Signature
OMAHA PUBLIC SCHOOLS HEAD INJURY/CONCUSSION
ACKNOWLEDGEMENT FORM

I understand there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have been provided with the Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet and understand the importance of reporting a head injury and/or concussion to parents, coaches and athletic training staff.

After reading the Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet, I am aware of the following information:

• A concussion is a brain injury, which I am responsible for reporting;

• A concussion can affect one’s ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance;

• A student athlete will not be allowed to return to a game or practice until cleared by a physician or the OPS Athletic Training Staff;

• Following a concussion, the brain needs time to heal. There is an increased likelihood for a repeat concussion if the individual returns to play before symptoms have resolved;

• In certain instances, repeat concussion can cause permanent brain damage, even death; and

• At any point following a suspected concussion, any of the following individuals reserves the right to voice concern for the safety of a student athlete and prohibit he or she from returning to play: physician, coach, student athlete, athletic trainer, parent.

By signing below, I understand the importance of the statements above and have asked any, and all questions regarding the above statements. I further understand that I will not be allowed to participate in OPS athletics until this form is signed by a parent/guardian.

I hereby attest that I have read, fully understand, and will abide by the above statements.

Student Athlete Name____________________________________________________________

Sport(s)______________________________________________________________________________________________________

Student Athlete Signature ________________________________________________________Date__________________________

Parent/Guardian Signature (required)_______________________________________________Date__________________________
Omaha public schools sports medicine advisory committee
Parent and student athlete concussion information and fact sheet

In the fall of 2008, the certified athletic trainers and physicians working with OPS began utilizing new guidelines to evaluate, assess, and manage concussions incurred by OPS student athletes. Since then the guidelines have been reviewed and updated annually to reflect emerging best practices in the recognition and management of concussions in youth sports.

Did you know?
According to the center for disease control and other publications:
- Each year 300,000 athletes suffer sports-related concussions.
- The national estimate for concussions in high school athletes is 136,000.
- In ages 15-24, sports are the 2nd leading cause of traumatic brain injury.
- Most studies done on concussions focus on the “mature” brain and thus, we cannot ignore the fact that the young brain is still developing and the effects of concussions are not fully understood.
- High school athletes who sustain a concussion demonstrate prolonged memory dysfunction compared with college athletes.
- A concussion is: “getting your bell rung,” and “getting dinged.”
- Failure to recognize and properly manage a concussion can lead to a catastrophic injury known as “second impact syndrome.”
- Second impact syndrome can be catastrophic, even fatal.
- Second impact syndrome is preventable — if concussions are recognized and properly managed.
- On April 18, 2011, LB 260 – “The Concussion Awareness Act” was signed into law with the intent to protect the youth participating in athletics across the state from the dangers of concussions that are often unrecognized, undiagnosed, and/or mismanaged.

Sources:

According to a study by McCrea published in 2004, the top reasons for athletes not reporting concussions were:
1. Didn’t think the concussion was serious.
2. Didn’t want to leave the game.
3. Didn’t realize a concussion was sustained.
4. Didn’t want to let down their teammates.

Concussions may result from sudden trauma, such as sports injuries, that cause the brain to hit the inside of the skull.

WHAT DOES A CONCUSSION LOOK LIKE?

<table>
<thead>
<tr>
<th>SIGNS:</th>
<th>SYMPTOMS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appears dazed or stunned</td>
<td>1. Headache or “pressure” in the head</td>
</tr>
<tr>
<td>2. Is confused about an assignment</td>
<td>2. Nausea</td>
</tr>
<tr>
<td>3. Forgets plays</td>
<td>3. Balance problems or dizziness</td>
</tr>
<tr>
<td>4. Moves clumsily or displays problems</td>
<td>4. Double or fuzzy vision</td>
</tr>
<tr>
<td>with balance and coordination</td>
<td>5. Sensitivity to light or noise</td>
</tr>
<tr>
<td>5. Loses consciousness (even briefly)</td>
<td>6. Feeling slowed down, foggy, or groggy</td>
</tr>
<tr>
<td>6. Shows behavioral of personality changes</td>
<td>7. Does not “feel right”</td>
</tr>
</tbody>
</table>
Guidelines For Concussion Management:
The Goals and Outcomes of the OPS Sports Medicine Advisory Committee on Concussion Management

<table>
<thead>
<tr>
<th>GOAL</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>To prevent increasing the severity of the injury.</td>
<td>To prevent re-injury through proper management.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>All concussions will be assessed using guidelines established by the 2008 International Conference on Concussion in Sport.</td>
<td>1. A student athlete will be removed from a practice or game when he or she is reasonably suspected of sustaining a concussion or head injury;</td>
</tr>
<tr>
<td>2. The student athlete will be evaluated by qualified medical personnel;</td>
<td>3. The student athlete will not be allowed to return to play until he or she is asymptomatic and exhibit no neuropsychological or neuropsychiatric deficits during follow-up ImPact Testing; and</td>
</tr>
<tr>
<td>3. The student athlete will not be allowed to return to play until he or she is asymptomatic and exhibit no neuropsychological or neuropsychiatric deficits during follow-up ImPact Testing; and</td>
<td>4. The student athlete will not be allowed to return to practice or competition until he or she has been cleared by a physician or OPS Certified Athletic Trainer and has completed a medically supervised stepwise return to play progression.</td>
</tr>
</tbody>
</table>

For complete details, please see your school’s Certified Athletic Trainer.

BRAIN INJURIES (CONCUSSIONS) SHOULD NOT BE TAKEN LIGHTLY. ONLY THROUGH IMMEDIATE AND EARLY RECOGNITION AND PROPER MANAGEMENT, CAN WE PREVENT A POTENTIALLY LIFE ALTERING EVENT.

If your son or daughter has sustained a concussion:
1. Seek medical attention (physician, ER, athletic trainer)
2. Keep them out of play
3. Tell all athletic trainers and coaches about any previous or current concussions

Source: Center for Disease Control (www.cdc.gov)

Resources for information on concussions and this policy may be found:
1. Center for Disease Control
   www.cdc.gov
2. Omaha Public Schools website
   www.ops.org
3. National Athletic Trainers Association
   www.nata.org
4. National Federation of State High Schools Association
   www.nfhs.org

~ What to Do if You Suspect Your Child Has Suffered a Concussion ~

A student athlete should be taken to the emergency (ER) department if any of the following signs or symptoms are present.

- Headaches that worsen
- Seizures
- Looks very drowsy and cannot be awakened
- Repeated vomiting
- Slurred speech
- Cannot recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms or legs
- Neck pain
- Unusual behavior change
- Any loss of consciousness
- Any symptoms that worsen or do not improve over time
- Increase in the number of symptoms
- Symptoms which begin to interfere with the student's daily activities
SPECIFIC BEHAVIOR RULES FOR PARTICIPANTS IN
ATHLETICS OR
OTHER CO-CURRICULUM ACTIVITIES

Any student engaging in and/or ticketed for criminally charged with, or on whom a petition has been filed in juvenile court for the following behavior upon first offense will be suspended from participation in co-curricular competition and/or performance activities for 15 activity days. Upon the second offense involving the same or another of the identified behaviors the student will be suspended from participation for 90 activity days. Upon the third offense involving the same or another of the identified behaviors the student will be suspended for 180 activity days. If the prohibited conduct occurs during the summer vacation period or during a period of time when the student is not participating in an activity, the sanction period will begin on the first day of approved competition and/or performance for the next co-curricular competition or performance activity in which the student has in the past competed or in which the student therefore chooses to compete or perform if the student has not previously participated in any activity.

1. Use or possession of any drug, controlled substance or alcoholic beverage on or off school grounds.
2. Fraud/Theft/Robbery on or off school grounds.
3. Vandalism to public or private property on or off school grounds.
4. Attempting to injure any person, resulting in no injury on or off school grounds.
5. Illegal possession of any weapon on or off school grounds.
6. Stalking on or off school grounds.
7. Driving an automobile while under the influence of alcohol, drugs or controlled substance.
8. The penalty for this would be treated as a second offense.
9. Any other misconduct punishable as a felony made under Nebraska law not covered in the above listing.

School building administrators will take action based upon first hand information after a student is ticketed, criminally charged or has a petition filed against him/her in juvenile court. This may include a contact with witnesses to the student's prohibited conduct. Prior to any decision, the administrator must confer with the student to inform him/her of the charge and the available information, give the student an opportunity to tell his/her version of the incident, weigh the evidence as to the offense, make a decision whether the student engaged in the prohibited conduct, and then inform the student of the decision.

Both a contact in writing and if possible, an oral communication informing the parent of the information and the decision being made.

Appeal Process:

1. Any student suspended from participation in co-curricular activities may appeal the suspension to the Superintendent of Schools. Any such appeal must be in writing and must be received by the Superintendent's Office within seven (7) calendar days of receipt of the written notice of suspension.
2. If the student disagrees with the decision of the Superintendent, he or she may appeal the decision to the board of Education. Any such appeal must also be in writing and must be received by the Office of the Secretary of the Board of Education within seven (7) calendar days of receipt of the written notice of the Superintendent's decision.

I/WE HAVE READ AND UNDERSTAND THE BEHAVIOR RULES.

__________________________________________________________________________
Student's Signature

__________________________________________________________________________
Parent/Guardian Signature

__________________________________________________________________________
Date

__________________________________________________________________________
Date
Omaha North High School
SPORTS MEDICINE
Athletic Emergency Information & Consent Form

The information below is needed for participation in scholastic athletic activities for Omaha North High School. Please complete the form below with all the appropriate information. This information is important for the medical and coaching staff of Omaha North High School in the event that immediate attention be needed for your son/daughter.

ATHLETIC INFORMATION:

Name (Last, first, MI): ____________________________________________

Address (include zip please) ________________________________________

Date of Birth: ______________ Age: __________ Grade: _____________

Sports (all seasons): _____________________________________________

EMERGENCY CONTACT INFORMATION:

Parent(s)/Guardian Name: _________________________________________

Relation: _______________________________________________________

Address: _______________________________________________________

Zip Code: _____________________________________________________

Home Phone Number: ____________________________________________

Cell Phone Number: _____________________________________________

Work Phone Number: ____________________________________________

(OVER)
MEDICAL INFORMATION:

Insurance Company: ___________________________  Policy Number: ___________________________

Current Medications: ___________________________  Allergies: ___________________________

Pre-existing Condition(s) (This includes recent major injuries, surgeries, concussions, etc.):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Physician's Name: ___________________________  Phone Number: ___________________________

The above information is correct to the best of my knowledge. I hereby give consent for the above mentioned student to participate in scholastic athletic activities. I understand the risk of injury in athletic participations. If my son/daughter becomes ill/injured, I give my consent for physicians, coaches, certified athletic trainer(s), and other emergency medical staff to provide the appropriate care for such injuries.

Parent/Guardian Signature: ___________________________

Date: ___________________________