

**GUERIN COLLEGE PREP HIGH SCHOOL ATHLETICS
PARENTAL CONSENT/WAIVER FORM & MEDICAL TREATMENT AUTHORIZATION**

My daughter/son, _____, has my permission and consent to participate in the following sports:

**Please circle the sport(s) that apply to your daughter/son **

<u>FALL SPORTS</u>	<u>WINTER SPORTS</u>	<u>SPRING SPORTS</u>
Cross Country	Basketball (boys)	Baseball
Football	Basketball (girls)	Soccer (girls)
Golf	Competitive Cheerleading	Softball
Soccer (boys)	Competitive Dance	Track & Field
Volleyball (girls)	Wrestling	Volleyball (boys)

Parent(s)'/Guardian(s)' Name(s): _____

Address: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ Carrier: _____

E-mail Address: _____ @ _____

Emergency Contact Name(s): _____

Emergency Contact's Relationship(s) to your daughter/son: _____

Emergency Phone: (____) _____ - _____ Emergency Phone: (____) _____ - _____

Medical Condition(s) your daughter/son has that members of the Guerin Prep athletic department should be aware of:

Transportation Permission: I give my daughter/son consent to go home with the following families after an away contest:

***Every student-athlete must have proof of health insurance before they will be allowed to participate on any team.** Please write the name of your insurance company, the policy/identification number and any group or plan codes on the line below:

The undersigned parent/guardian understands that Guerin College Prep High School will not be responsible for payment of any deductible, co-payment or any out of pocket expense stemming from the use of the above stated health insurance policy. Furthermore, it is the undersigned parent's/guardian's responsibility to update Guerin College Prep High School of any changes of any and all information provided on this form.

Signature of Parent(s)/Guardian(s)

____/____/____
Date

ATHLETIC FEE: 1st Sport played is \$120.00 the 2nd and 3rd sport played is \$70.00

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Authorization for Medical Treatment

I give my consent and permission to any supervising coach of any sport in which my daughter/son is or may be participating in at Guerin College Prep High School, and the right on my behalf and in my stead, to arrange for a licensed and certified physician, emergency medical technician, athletic trainer and/or to render and provide immediate treatment to my daughter's/son's injuries that may have been sustained while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active or inactive interscholastic competition.

Print your daughter's/son's name:

Signature of Parent(s)/Guardian(s)

____/____/____
Date

GUERIN COLLEGE PREPARATORY HIGH SCHOOL ATHLETIC CODE OF CONDUCT

As student-athletes at Guerin Prep, we focus on Gator P.R.I.D.E....

*** POSITIVE ATTITUDE * RESPECT * INTEGRITY * DETERMINATION * ENTHUSIASM ***

DISCIPLINARY ACTION

Student-athletes are expected to be mindful of their Gator P.R.I.D.E. and be in good standing with regards to both their academics and behavior. Any student-athlete involved in serious disciplinary action at school or off-campus or during a team or program sponsored event will be suspended from participating in their team's next scheduled competition.

In the event of a disciplinary action of a serious nature, as deemed by any administrator at Guerin Prep – the Director of Athletics may issue an applicable suspension or expulsion from the team and program the offending student-athlete is a part of, or wishes to be a part of, during the investigation and consequences of the said violation of the Student Code of Conduct at Guerin Prep, as determined by the Dean of Students.

Any student-athlete suspected or confirmed possession or use of alcohol, tobacco products or using over the counter drugs not for their intended purpose, prescription drugs without a prescription written in their name, or illegal drugs, may be removed from the team and face suspension and possible expulsion by the school administrator per Guerin Prep's Student Code of Conduct. This applies any time during school, at school functions, games, enroute to or from competition(s), or while attending an away competition(s) or any sponsored events held by other schools.

POSITIVE ATTITUDE – BEING A CONFIDENT, FORWARD-LOOKING STUDENT-ATHLETE

When preparing to become a successful student-athlete at Guerin Prep, it takes a great deal of confidence, personal organization and mental, physical and emotional preparation. In a sense, "making the team" is much like that of preparing for a birthday party for a family member or friend – everything has to be coordinated, at times you have to balance a lot of different items, and sometimes, you have to put your best face on, despite what is not working out, and you must have the end in mind at all steps of the plan.

RESPECT – RESPECT FOR GOD, FAMILY, COACHES, TEAMMATES, OPPONENTS AND SELF....IN THAT ORDER

Respect is a top priority and expectation for all of our student-athletes, their families and the fans of Guerin Prep. Disrespect for coaches, teammates, opposing players and officials will not be tolerated. Additionally, we expect our parents to show the same respect as their sons and daughters – please let the players play, let the coaches do the coaching and let the officials officiate. Good sportsmanship starts with strong self-esteem and a concern for the rights of others. We expect all our athletes to display a strong sense of fair play in conjunction with the Illinois High School Association's Do What's Right Sportsmanship program.

INTEGRITY – ACTING WITH HONOR AND ON PRINCIPLE

Acting with honor and on principle is in the eyes of some, a dying responsibility in the world of professional sports. However, when students at Guerin Prep become student-athletes they are building themselves up to be some of the greatest character-centered young men and young women the future world will ever have.

- Basketball enthusiast may make mention of Coach John Wooden's winning basketball statistics, but leaders around the world can quote, from memory, his character-centered leadership principles. While people are impressed with Wooden's ten NCAA championships in 12 years and his 88 consecutive wins, it is the coach's unwavering commitment to building character, demonstrating integrity, and focusing on values that most impressed those who worked with him and those who admired his work from afar. Guerin Prep student-athletes are challenged to become the next John Wooden – first become a successful student-athlete, then become an inspiring man or woman whose impact will be felt throughout future decades.

DETERMINATION – COMMITMENT AND DEVOTION

Academic excellence is a goal of Guerin Prep High School. Certain academic standards must be met by all students who perform in front of the community. Any student who is participating in an IHSA sport or extra-curricular activity must meet the following criteria to participate:

1. May not be failing more than one class
2. Must have earned 2.5 credits from the entire previous semester

Each week, all teachers will list those students who are receiving a "D" or "F" in their class. This grade will be based on the cumulative average through the semester. Any student who has more than one "F" will be ineligible for a minimum of one week. A student's ineligibility starts on Monday and continues one full week, including the weekend (Monday to Sunday).

DETERMINATION – COMMITMENT AND DEVOTION (CONTINUED)

The first time a student is ineligible, the student will not be allowed to participate in any contest or performance, but may practice. If a student becomes ineligible during two consecutive weeks during the time of the activity, the student may not practice or participate. If a student should be ineligible for a period of four weeks during the activity, the student will be removed as a participant for the duration of the activity.

Should a student become ineligible, the parent/guardian will be notified by the head coach or moderator informing them of the ineligibility period.

Secondly, making a commitment and being devoted to an athletic program and to an individual team within that program is an unwritten pledge to your coach and teammates that you will be there from beginning to end. A student-athlete’s commitment also involves a parental commitment.

- We need the help and encouragement of all parents/guardians in helping student-athletes commit the time and energy necessary to develop a successful team. We realize that grades, injury and emergency situations may occur that could prevent an athlete from competing. We will not, however, accept work, orthodontist appointments, club meetings, baby-sitting, vacations, etc. as excuses for missing practice or a game.
- All practices are deemed mandatory. Tardiness will not be allowed. Each coach will handle tardiness on an individual basis.
- As for unexcused absences, two (2) unexcused absence may lead to suspension from the program, with the time period of the suspension determined by the head coach of the program that student-athlete is a privileged member of.
- Three (3) or more unexcused absences may lead to expulsion as determined by the head coach of the program in accordance with the Director of Athletics.

ENTHUSIASM - SHOWING EMOTION; HAVING CONVICTION AND ENERGY

People often say, “To be good at what you are doing, your heart must be in it.” If you wish to play like a winner, you have to have the enthusiasm, the emotion, the conviction and the energy like a winner – and the winning attitude will attract more student-athletes and even the fans (with a similar mindset) to get more involved with the game(s) and season.

Play with conviction – play for the love of the game and the desire to win – and you’ll create an environment that everyone will want to be a part of and will work hard toward either getting more involved or toward making the best of every situation.

Leadership is often granted to those with the most energy or drive to improve their game, the game of those around them, and to do whatever they can to change the game at hand. As a Gator, it is important to become a leader – inspire those around you to be greater and better than they ever thought...and beyond.

DETACH HERE

DETACH HERE

DETACH HERE

DETACH HERE

DETACH HERE

I, _____ the parent/guardian of _____,
a Guerin Prep student-athlete, understand the expectations when my son/daughter is participating in Guerin Prep athletics.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I, _____ a Guerin Prep student-athlete, understand the expectations while
participating on any of the athletic programs at Guerin Prep.

STUDENT-ATHLETE SIGNATURE: _____ DATE: _____

GUERIN COLLEGE PREP HIGH SCHOOL

WAIVER AND RELEASE OF LIABILITY FOR THE SPORT OF _____

I am aware that trying out, practicing or any other form of participation in any sport can be a dangerous activity involving risk of injury. I understand that the dangers and risks of playing or practicing the above sport include the possibility of minor to severe injury, and I understand and assume the risk. Because of the dangers of participating in the above sport, I recognize the importance of listening to and following all of the coach's instructions and warnings regarding techniques, training methods, rules of instructions as well as following all written warnings regarding playing techniques, training methods, rules of the sport and other team rules. I understand that all instructions and warnings, both verbal and written, are incorporated into this agreement and I hereby expressly promise to obey all such instructions and warnings. In consideration of Guerin College Prep High School permitting me to try out, practice, play or in any other way participate in activities related to the Guerin College Prep High School team including practicing, conditioning, playing and traveling, I hereby voluntarily assume all of the risks and hazards associated with such participation. I agree to waive all claims of whatever nature, fully and finally, now and forever, for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors and for all members of my family. I also agree to release, exonerate, discharge and hold harmless Guerin College Prep High School, its board of directors, officers, agents, servants, employees, successors and assignees, including their athletic staff, coaches, assistant coaches, athletic trainers, physicians and other practitioners of the healing arts treating me from any and all liability, claims, causes of action or demands arising out of any injuries to my person or property or losses of any kind and nature whatsoever, which may result from or in connection with my participation in any type of activity related to the Guerin College Prep High School _____ team.

Student Athlete Signature

____/____/____
Date

Parent/Legal Guardian Signature

____/____/____
Date



Please read the following sections carefully: (If you are under 18 years old, your parents or legal guardian must also initial and sign this form).

Requirements: 1) Initials at the end of each section, and 2) Signature at the bottom of the form that you have read, understood and agreed to the information/statements provided. If you should choose to refuse to initial/sign any of these sections, please write "Refuse to Sign" next to the appropriate section.

Please note that you will be unable to participate in athletic programs at Guerin Prep High School if you refuse to initial Part I-Assumption of Risk, Release and Waiver of Liability, and Indemnity, and/or Part II - Medical Consent.

PART I - ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY

In consideration of being permitted to participate in athletic programs at the Organization, I, the undersigned, hereby agree as follows:

I hereby acknowledge and agree that I understand the nature of the athletic programs that I will be participating in at the Organization; I am aware that there are certain risks and dangers associated with participating in athletic programs at the Organization, including risks of illness, injury, and death; and I knowingly and voluntarily accept and assume responsibility for all such risks and dangers that could arise out of, or occur during, my participation in athletic programs at or through the Organization, even if such risks and dangers arise in whole or in part from the negligence of the Organization and/or its employees, agents, and representatives, including, without limitation, any of the Organization's athletic trainers under contract from Athletico Management, LLC, or its affiliates ("Athletico").

I hereby warrant that I am qualified, in good health, and in proper physical condition to participate in athletic programs at the Organization.

I hereby release and forever discharge the Organization, Athletico, and their respective past, present, and future officers, directors, partners, shareholders, members, managers, agents, employees, successors, subsidiaries, parents, assigns, representatives, attorneys, affiliates, heirs and insurers, from any and all liability, loss, damages, costs, claims and/or causes of action resulting from any accident, illness, bodily harm, personal injury, death, and/or property loss, however caused, arising from or in any way related to my participation in athletic programs at or through the Organization, including losses caused in whole or in part by the negligence of the Organization, Athletico or any of their respective employees, agents or representatives. Further, and to the same extent and scope, I release said parties from any claim whatsoever that may be attributable to the receipt of first aid or other medical treatment rendered to me in connection with my participation in athletic programs.

I hereby agree to indemnify and hold harmless the Organization, Athletico and their respective past, present, and future officers, directors, partners, shareholders, members, managers, agents, employees, successors, subsidiaries, parents, assigns, representatives, attorneys, affiliates, heirs and insurers, from any and all claims, demands, lawsuits, liabilities, damages, expenses (including reasonable attorney fees), and/or costs arising out of or related to my participation in athletic programs.

I have read this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement in it's entirety and understand and agree to its terms. (_____ initials)

PART II - MEDICAL CONSENT

I authorize Athletico's certified athletic trainers to provide me with any preventative, first-aid, rehabilitative, or emergency treatment deemed necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during athletic programs at or through the Organization.

I give permission for my medical information to be released and discussed with the athletic training staff, Organization nurses, team coaches, strength coaches, athletic administrators, faculty representatives, the student/participant insurance coordinator, medical clinics, hospitals, medical transporters, other health care providers attending to my care, parents and/or guardians.

If reasonably necessary to provide the care described in the preceding paragraphs, I grant permission to the Organization officials or Athletico certified athletic trainers to authorize my admission to a hospital or other facility that provides said treatment.

I have read this Medical Consent in its entirety and understand and agree to its terms. (_____ initials)

I understand that I have the right to revoke all or any part or the above at any time by sending written notification to the Organization's athletic director or the Organization's president. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by federal privacy regulations. I understand I may see and copy the information described on this form if I ask for it, and that I may get a copy of this form after I sign it. I have read and fully understand the Organization athletic program requirements and all information supplied is accurate and current to the best of my knowledge.

Print Name: _____ Date of Birth: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Insurance Carrier and Type: _____ Expiration Date: _____

Primary Care Physician Name: _____ Orthopedic Physician Name: _____

Student's Signature: _____ Date: _____

If under 18 years of age, parent/guardian Signature: _____ Date: _____



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>



IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy

<http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf>



Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self-Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.

Guerin College Prep High School Protocol for Return to Play after a Head Injury

After an athlete has been evaluated by an athletic trainer or physician and it has been determined that the athlete has sustained a concussion, the following protocol will be used to safely progress their return to play. Under no circumstances will this protocol be accelerated:

There should be approximately 24 hours (or longer) for each stage, and the athlete should return to previous stages if symptoms recur. Resistance training should only be added in later stages.

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Success Goal of Each Stage
1. No Activity	Complete physical & mental rest	Recovery (symptom free at rest)
2. Biking	Stationary cycling keeping intensity <70% maximum predicted heart rate (30 min. max)	Increase heart rate without symptoms
3. Running	Running while keeping intensity <70% maximum predicted heart rate (30 mins. max)	Add movement without symptoms
4. Agility Exercises	Sport-specific exercises. No head-impact activities	Add coordination and cognition without symptoms
5. Non-contact practice	Full practice without contact/May start progressive resistance training	Increase exercise, coordination and cognitive load without symptoms
6. Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff without symptoms
7. Return to Play		Normal game play

Return to Participation: It is determined that an athlete is able to return to play when they are symptom free at rest and at exertion and have returned to the baseline state of the Impact Concussion Test that they were administered. **An athlete will not return to participation the same day as a concussive event. When returning athlete to play, they will follow the stepwise symptom-limited program outlined above.** Once the athlete has received clearance from a physician licensed in all branches, and/or the athletic trainer, they may return to play. If an athlete receives clearance from a physician, the athletic trainer still reserves the right to hold the athlete out of participation. A parent's consent is not a sufficient means for an athlete to return to participation.

Athletes who have not been cleared to participate cannot be uniformed for any games.

This protocol is implemented to promote compliance with: IHSA Return to Play Policy, IHSA Protocol for Implementation of NFHS Sports Playing Rule of Concussions, Illinois HB 0200, and City of Chicago Ordinance-Concussion Injuries in Student Athletes in Chicago Schools (Ch. 7-22 Municipal Code of Chicago) which outline that athletes exhibiting symptoms of a concussion cannot return to play until cleared by an appropriate health care professional.

By signing this, I as a parent understand and will comply with Guerin College Prep High School's Head Injury Protocol & Policy.

Athlete's Name

Parent's Signature

Date

To be completed by athlete or parent prior to examination.

Name _____ School Year _____
 Last First Middle
 Address _____ City/State _____
 Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____
 Parent's Name _____ Phone No. _____
 Address _____ City/State _____

HISTORY FORM

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 Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	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 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: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> 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 during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

Explain "Yes" answers here

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a faceshield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

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 _____
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PHYSICAL EXAMINATION FORM

Name _____

Last _____ First _____ Middle _____

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> • Pupils equal • Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> • Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date. _____

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.