

STUDENT MEDICAL AND IDENTIFICATION FORM



Buckeye Elementary School District #33
25555 W Durango Street
Buckeye, AZ 85326

Student: _____ Grade: _____ Date of birth: _____

Sport/Activity: _____ School Year: _____

My child has my permission to participate in the following sports:

(Please check ALL the sports in which the student may be interested in participating in during the school year.)

Volleyball Flag Football Soccer Basketball Baseball Softball

The following information is furnished so that my son/daughter may receive proper care.

Parent Understanding

I understand participating in interscholastic athletics or extra-curricular activities can be an extremely valuable experience for young people. We at BESD make every attempt to employ the finest coaches or sponsors, supply our athletes and participants in extra-curricular activities with the best equipment and facilities, and provide our participants with opportunities to develop skills and interests in sports and other activities so they may continue at the high school level. However, student participants are exposed to moving objects, stationary objects, various playing surfaces, transportation and other items that can cause injury and/or death. This communication is being written so you and your student can understand that there are potential dangers involved while participating in any athletic or extra-curricular program before deciding to become involved in these activities at BESD.

Father/Guardian printed name: _____ Work Phone: (____) _____

Father/Guardian Signature: _____ Date: _____

Mother/Guardian printed name: _____ Work Phone: (____) _____

Mother/Guardian Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Insurance Policy Information for Student Participating in Interscholastic Athletics

It is understood that the information, consent, and authorization hereby given and granted are continuing and intended by me to extend through the current school year.

In accordance with the school policy, the above named student:

- (a) Completed waiver – no individual insurance policy
- (b) Is fully covered by parent’s insurance

Name of Insurance _____

Group # _____ Policy # _____

PLEASE PROVIDE A COPY OF INSURANCE CARD

The Buckeye Elementary School District #33 **WILL NOT ACCEPT** responsibility for the payment of any medical bills incurred due to injury during any practice or game. The above named student is given permission to participate in interscholastic athletic programs for the Buckeye Elementary School District #33. Permission is granted to transport, render aid, or care to said student as deemed necessary.

~ EXTRA-CURRICULAR ACTIVITIES WAIVER OF LIABILITY ~
Parent/Guardian Permission & Waiver of Liability
& Authorization for Emergency Care

I hereby give my consent for the above named student to participate in interscholastic teams or extra-curricular activities for this school year. I also agree to reimburse the BESD for equipment or uniforms issued to my child should they become lost, stolen, or ruined. I understand that BESD cannot accept responsibility for personal items or school uniforms lost, stolen, or ruined.

I, hereby release Buckeye Elementary School District and its administrators, directors, and employees from any and all liability from property damage, personal injuries, or other claims arising from or in connection with my student's participation in extra-curricular activities or interscholastic sports at BESD schools, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I authorize the Athletic Director, School Principal, Coach or Sponsor in attendance at any BESD activity to select and secure medical attention as may be necessary for my child as a result of an injury or other events requiring emergency care while I/we are not in attendance at such event.

I hereby release said school official(s) from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

All information given above is accurate.

Parent/Guardian Signature: _____ Email: _____

ATHLETIC HANDBOOK

Buckeye Elementary School District Athletic Department

ATHLETE CODE OF CONDUCT/EXPECTATIONS

This is a guideline for students, parents and guardians to use concerning basic rules and expectations for participation in the Buckeye Elementary School District Athletic Programs. Please read and sign the consent form at the end of these guidelines. Should you have any questions, please feel free to contact your Athletic Director. Thank you for your support.

I. School

1. All student athletes must abide by all regular school policies outlined in the student handbook, including dress code. No student athlete may participate in practice or compete until in school suspension, or out of school suspension are completed.
2. Eligibility
 - A. A student must be in attendance at least 4.5 hours during their regular school day between 8:00/8:30 a.m. and 3:15/3:45 p.m. in order to participate in a practice or game. If extenuating circumstances arise, permission to play or practice may be given by the Athletic Director.
 - B. All student athletes need a grade of C (69.5%) or better in each class, in order to remain eligible for athletics. Grade sheets will be signed by teachers every Monday or filed electronically, and will determine a player's eligibility for that entire week.
 - i. Ineligible players may practice with the team, but cannot participate in games or wear the team uniform for an entire week.
 - ii. Ineligible players may not travel with the team.
 - iii. If a player is ineligible for three consecutive weeks, they may be dropped from the team.
 - iv. Eligibility rules start the 2nd week of the season.
 - v. No players may be added after the completion of the 5th game of the season.

II. Athletic Forms

1. In order to be eligible to tryout, practice, or play all student athletes must have these forms completely filled out, signed by a parent, and on file with the Athletic Department:
 - A. Mild Traumatic Brain Injury (MTBI) / Concussion Statement and Acknowledgement Form.
 - B. Consent to Treat Form
 - C. Current physical examination completed by a physician (Physicals last one year from date of prior physical).
 - D. Student Medical and Identification Form
 - E. Proof of Insurance for Participation in Interscholastic Athletics and for Care in Event of Injury form.
 - F. Athletic Handbook signature page.

III. Travel

1. All student athletes must travel with the team on the bus to and from games, unless a parent/guardian signs his or her child out with the coach prior to leaving campus to go to a game.
2. Student athletes will not be allowed to ride home with anyone other than the parent/guardian, unless a release form is signed in advance and given to the appropriate coach.
3. A student athlete may be dismissed from the team if he/she does not ride to home school on the BESD transportation or signed out by guardian.

IV. Practice

1. All student athletes are required to attend all practices. Practice begins 15 minutes after dismissal and will last no longer than 90 minutes. Practices will be on Monday, Tuesday, Thursday and Friday. Wednesday practices are optional and will only be held with permission of the Athletic Director. Wednesday practice times are at the coach's discretion. After games begin, practice will be every Monday and Friday. If a player must miss a practice due to an excused absence, he or she must tell the coach in advance.
2. All student athletes are required to wear appropriate practice attire: T-shirt, athletic shorts, and athletic shoes. Remember that school dress code applies.
3. Student athletes are required to show respect to their teammates and coaches at all times. Full attention should be given to the coach and players should participate appropriately in all exercises and drills. Athletes should never leave the gym without permission from the appropriate coach.
4. Facilities should be cared for properly and left in the same condition as found.

V. Games

1. Players are expected to attend every game for which they are eligible. If a player must miss a game for any reason, he or she must notify the head coach in advance. Playing time is at the discretion of the coach.
2. Student-athletes are required to report to the head coach directly after being released from class in order to prepare for games. If there are games scheduled before or after a team's start time, then the entire team is required to sit in a designated area with the coach. Any players not sitting with the team before or after games will not play in their next game.
3. Sportsmanship
 - A. Honor the rules and respect the decisions of the officials.
 - B. All interactions between student athletes and officials will be positive and professional.
 - C. Before, during, and after games student athletes are expected to display exemplary sportsmanship.
 - D. Follow all PBIS school rules.
 - E. Displaying any unsportsmanlike conduct will result in a disciplinary action such as suspension or removal from Buckeye Elementary School Athletics.
 - F. If a student athlete is removed from a game by ejection, the student will miss the following game.

VI. Uniforms/Equipment

1. Uniforms and equipment should be treated with respect and cared for to prevent damage.
2. Parents/Guardians of athletes will be held financially responsible for any lost or damaged uniforms or equipment that have been checked out to or used by their athlete.
 - A. No equipment other than team uniforms should ever leave the gym with a player.
 - B. The parent/guardian will be responsible for paying for any lost or damaged uniforms or equipment if not turned in within a week after the season has ended.

PARENT/GUARDIAN GUIDELINES

I. Involvement

1. Much of the success of any athletic program depends on the encouragement, support, and involvement of the parents/guardians.
2. Parents/guardians are invited to attend all games. However, it is not appropriate for parents/guardians to sit on team benches or talk to players or coaches during a game.

II. Parent/Guardian and Coach Communication

1. Although coaches are willing to discuss playing time with parents/guardians, please keep in mind that the final decision on playing time is always left up to the coach. Although our goal is to help each player meet his or her personal potential, no player is guaranteed any set amount of playing time in games.
2. Games can be an emotional and stressful time for a coach. We ask that parents/guardians who have an issue to discuss with a coach do so at a scheduled meeting 24 hours after the game is completed, and not before, during, or right after a game.
3. The appropriate procedure for discussing any issue or problem with a coach is to speak directly with the coach first. If there is not a satisfactory resolution, the next step is to meet with the coach and the athletic director. Only after the first two attempts should you speak with the school administrator about an athletic issue.

III. Sportsmanship

1. Before, during, and after games each parent and fan is expected to display exemplary sportsmanship.
2. Arguing with officials, coaches, other fans, or athletes at any time will not be tolerated. If any unsportsmanlike behavior is displayed, that individual is subject to removal from the campus with or without a warning.
3. Taunting or harassing officials, coaches, other fans, or athletes will not be tolerated and is subject to removal from the campus with or without a warning.
4. Displaying any unsportsmanlike conduct may result in a suspension from athletic events, for that individual, for the remainder of the season or the school year.

Buckeye Elementary School District

Name _____
Please print name of student athlete

Grade _____

Campus _____

Homeroom Teacher _____

I have read the Buckeye Elementary School District Athletic Handbook and understand I am to abide by the guidelines stated in this Athletic Handbook.

Signature of Student Athlete

Date

I have read the Buckeye Elementary School District Athletic Handbook and will abide by the guidelines stated in this Athletic Handbook. I also agree to pay the exact fee for any uniform or equipment that my child loses or damages.

Signature of Parent/Guardian

Date

Please sign and return this page to your son/daughter's Head Coach before participating in any practices or games. Please keep this Handbook for your records in case you or your student athlete need to refer back to it at any time.

Thank you so much for your support throughout the season!



Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (http://www.cdc.gov/concussion/HeadsUp/youth.html) on what a concussion is and has given me an opportunity to ask questions.
• I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
• There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
• A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
• A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
• Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
• If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
• I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
• I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
• Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____



2019-20 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____



2019-20 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete)

Exam Date: _____

Name: _____
Home Address: _____
Phone: _____
Date of Birth: _____
Age: _____
Gender: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

In case of emergency contact:
Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____
Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Explain "Yes" answers on the following page.
Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical conditional (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods or stringing insects? (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (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		
7) Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	<input type="checkbox"/>	<input type="checkbox"/>
11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm		
<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh		
<input type="checkbox"/> Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes		



	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
26) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
28) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
30) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
32) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
35) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Explain "Yes" Answers Here

	Y	N
37) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
38) How old were you when you had your first menstrual period?	_____	
39) How many periods have you had in the last year?	_____	



2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me About Your Child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N		Y	N
8) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents, drowning or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>	Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>			

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of Athlete _____

Signature of Parent/Guardian _____

Date _____

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP _____

Date _____



2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body Fat (optional): _____ Pulse: _____
 BP: ____ / ____ (____ / ____ / ____)
 Vision: R20/____ L20/____ Corrected: Y N
 Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* - Multi-examiner set-up only

& - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction
 Cleared With Following Restriction: _____
 Not Cleared For: All Sports Certain Sports: _____ Reason: _____
 Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____
 Address: _____ Phone: _____
 Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP