

2022-2023 Crete-Monee High School Athletic/Activity Permission/Oath Form

STUDENT NAME

SPORT/ACTIVITY

RULES GOVERNING STUDENT PARTICIPATION ATHLETICS/ACTIVITIES

1. IHSA physical form signed and dated by a physician, current within one calendar year (for athletics only).
2. In cases when an athlete is not cleared by an athletic trainer to return to play the same day as s/he is removed from a contest following a possible head injury (i.e., concussion), the athlete shall not return to play or practice until the athlete is evaluated by and receives written clearance from a licensed health care provider to return to play.
3. Compliance with all rules and regulation of the Illinois High School Association and this school, as stated in both the student and athletic handbooks.
4. NCAA Bylaw 14.3 requires that all high school graduates wishing to participate in Division I or Division II universities must meet certain academic standards in order to be eligible to complete during their freshmen year in college. This information is included in the NCAA Guide for the College Bound Athlete which was given to all parents/guardians at the athletic parent meeting.
5. Written consent of the parent or guardian and insurance information completed on the reverse side.
6. The District shall use its photos or likenesses of your child in promotional materials to newspapers, television stations, and other media outlets, and has designated the following information about your child's participation in an athletic activity or event as public information that shall be released to the general public, unless you request that any or all of such information not be released:
 - Your child's name, address, grade level, birth date and place
 - Your names and addresses
 - Information on participation in school sponsored activities and athletics
 - Weight and height of members of athletic teams
 - Telephone listing
 - Most recent/previous educational agency or institution attended

Athletic activities, events, and competitions are considered public events; therefore photos or audio/video recordings taken by a media outlet such as a newspaper or TV station during the activity, competition, or event may be used without your consent.

It is the responsibility of you and your child to consent to the request of a media outlet such as a newspaper or TV station to interview your child, or to have your child appear in a commercial spot.

Crete-Monee High School

Liability Release

THE UNDERSIGNED PARENT/GUARDIAN ACKNOWLEDGES THAT EVEN THOUGH EVERY EFFORT IS MADE TO PROVIDE A SAFE, ACCIDENT-FREE ENVIRONMENT, INCIDENTS MAY OCCUR.

IN CONSIDERATION FOR BEING ACCEPTED BY CRETE-MONEE HIGH SCHOOL FOR THE ACTIVITY AND/OR ATHLETIC AFFILIATED PROGRAM, I HEREBY RELEASE FOREVER, DISCHARGE, AND AGREE TO HOLD HARMLESS CRETE-MONEE HIGH SCHOOL AND DISTRICT 201-U FROM ANY AND ALL LIABILITY, CLAIMS, OR DEMANDS FOR PERSONAL INJURY, SICKNESS, OR DEATH, AS WELL AS PROPERTY DAMAGE AND EXPENSES OF ANY NATURE WHATSOEVER WHICH MAY BE INCURRED BY THE UNDERSIGNED AND CHILD-PARTICIPANT THAT OCCUR WHILE SAID CHILD IS PARTICIPATING IN THE ACTIVITY AND/OR AFFILIATED PROGRAM.

FURTHERMORE, I, ON BEHALF OF MY CHILD, HEREBY ASSUME ALL RISK OF PERSONAL INJURY, SICKNESS, DEATH, DAMAGE, AND EXPENSES AS RESULT OF PARTICIPATION IN THE PROGRAM INVOLVED THEREIN.

FOR THE 2022-2023 CMHS WARRIOR ATHLETIC ACTIVITIES AND ATHLETES WILL HAVE TO MAKE ARRANGEMENTS TO PROVIDE THEIR OWN TRANSPORTATION TO AND FROM THE SESSIONS. COACHES ARE NOT RESPONSIBLE FOR THE TRANSPORTION OF THE ATHLETES DURING SCHOOL HOLIDAYS AND DURING SUMMER MONTHS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT/ATHLETE SIGNATURE _____ DATE _____

STUDENT/ATHLETE _____

PLEASE PRINT YOUR NAME

FEE PAID _____

Students who participate in athletics/activities set examples for the other students; thus voluntary participation automatically requires the student to accept certain responsibilities. Among these responsibilities are: **I will never use abusive language; I will not engage in abusive behavior; I will not use drugs, alcohol, or tobacco; I will always set a good example of sportsmanship.** Not only will I not engage in these activities but also I will set an example for other students to follow. Setting a good example means that I will not participate or encourage others to participate in negative behaviors or activities. I will do my best in the classroom and in the competitive arena, always working to improve myself as a person, student, and participant. Further, I agree and pledge that violation of this personal, solemn oath indicates that I am not able to participate in the athletic/activity program at this time until further growth and maturity occur that will allow me to again participate.

SIGNATURE OF STUDENT

DATE

Parents/Guardians understand and agree that your student's participation also holds responsibilities for parents/guardians. Parents/guardians basic responsibilities include supporting your student, respecting the rules and policies, the Code of Conduct, respecting the coaches/sponsors and other school officials, and respecting the participants, fans, coaches/sponsors, and school officials of the other schools we compete against.

A parent/guardian also agrees to be a role model for the athletes/participants and for other parents/guardians. Being a role model means not supporting drug and alcohol use among young people by not drinking on or near school property, not allowing alcohol or drug use by minors in your home, and not promoting alcohol or drug use by your attitudes and language around young people.

CONSENT OF PARENT OR GUARDIAN: My son/daughter has my consent, subject to the rules stated above, to participate in the athletic/activity program during the **2022-2023** school year. I am aware that the insurance coverage may not cover claims for some injuries and I accept all responsibilities involved. Further, I agree and pledge that violation of this personal, solemn oath indicates that my son/daughter is not able to participate in the athletic/activity program at this time until further growth and maturity occur that will allow my son/daughter to again participate.

SIGNATURE OF PARENT/GUARDIAN

DATE

Athletic & Activity Event(s) Permission Form

I give my permission for my child to participate in any and all athletic events pertaining to Athletics/Activities during the 2022-2023 school year. I understand that my child is expected to ride the school-provided transportation to and from each event, unless circumstances warrant my child to ride with a parent/guardian. Such circumstances must be approved by the coach and Crete-Monee High School administration PRIOR to scheduled event.

I also understand that competitive tournaments and/or IHSA champion season competitions may require an overnight stay. Transportation, lodging, and meal expenses will be provided by the school.

I give my permission for my child to receive emergency medical treatment. In case of an emergency, please contact:

Name: _____ Phone: _____

Relationship to Student: _____

NOTE: School rules of Crete-Monee High School apply and failure to abide by these rules will mean disciplinary action.

Parent Name (please print)

Date

Parent Signature

Student Name (please print)

Date

Student Signature



IHSA Sports Medicine Acknowledgement & Consent Form

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:

- | |
|---|
| <ul style="list-style-type: none">• 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 |
|---|



IHSA Sports Medicine Acknowledgement & Consent Form

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 Sports Medicine Acknowledgement & Consent Form

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>



IHSA Sports Medicine Acknowledgement & Consent Form

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>.



Crete Monee High School Athletic Training



Consent to Treat and Emergency Contact Information

SPORT: _____
STUDENT NAME: _____ GRADE: _____
ADDRESS: _____ CITY: _____ ZIP: _____
DATE OF BIRTH: _____
PRIMARY PHONE: () _____
PARENT/GUARDIAN NAME: _____
PARENT/GUARDIAN CELL: () _____

IN CASE OF AN EMERGENCY WHEN PARENT(S)/GUARDIAN(S) CANNOT BE REACHED, PLEASE CONTACT
NAME: _____ RELATIONSHIP: _____ PHONE: () _____
NAME: _____ RELATIONSHIP: _____ PHONE: () _____

IMPORTANT MEDICAL INFORMATION

	YES	NO	PLEASE ELABORATE (ESPECIALLY ON THOSE THAT MIGHT BE AGGRAVATED)
ALLERGIES	_____	_____	_____
ASTHMA	_____	_____	_____
DIABETES	_____	_____	_____
EPILEPSY	_____	_____	_____
HEART CONDITION	_____	_____	_____
SICKLE CELL ANEMIA	_____	_____	_____

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 of 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 currently to the best of my knowledge.

Print Name: _____ Date of Birth: _____

Insurance Carrier and Type: _____

Primary Care Physician: _____ Orthopedic Physician: _____

Student's Signature: _____ Date: _____

If under 18 years of age, parent/guardian

Signature: _____ Date: _____

Print Name: _____



Crete-Monee High School Concussion Return to Participation (RTP) Policy

This protocol is implemented to promote compliance with: NFHS Sports Playing Rule for Concussions, and Illinois HB 0200 which outlines that student-athletes exhibiting symptoms of a concussion cannot return to participation until cleared by an appropriate health care professional.

Evaluation and Removal from Participation

Any student-athlete exhibiting the signs or symptoms of concussion after a head impact or a hit to the body that transmits a force to the head will be removed from athletic participation and evaluated by the Athletic Trainer (AT) on-site. If the AT suspects that the student-athlete has sustained a concussion, the student-athlete will not be allowed to return to participation on that day.

Return to Participation (RTP)

When returning to participation, student-athletes will follow the Return to Participation (RTP) Protocol set forth by the 5th International Consensus Statement on Concussion in Sport outlined in the chart below. In order to begin the RTP Protocol, the student-athlete must provide written clearance from an appropriate health care provider as dictated by state concussion law.

The Crete Monee high school athletic trainer(s) reserve the right to hold the student-athlete out of participation should they believe the student-athlete is not ready to return even with written clearance from an appropriate health care provider. Parent or guardian consent is not a sufficient means for a student-athlete's return to participation.

RTP Protocol

Stage 1 of the RTP Protocol can begin after 24-48 hours of relative physical and cognitive rest. Once concussion related symptoms have resolved and the student-athlete has returned to a baseline state of any neurocognitive tests they were administered (if applicable), the remainder of the RTP protocol can begin. Final written clearance from an appropriate health care provider as dictated by the state concussion law must be obtained before returning to unrestricted participation.

NOTE: There should be at least 24 hours for each stage of the progression. If any symptoms worsen during exercise, the student-athlete should stop activity for that day. After remaining symptom-free for 24 hours, the student-athlete should return to the previous stage and attempt to complete this stage without the reoccurrence of symptoms.

Stage	Aim	Activity	Goal
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, eg, passing drills May start progressive resistance training	Exercise, coordination, and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to Sport	Normal game play	

McCrory, P., et al (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. British Journal of Sports Medicine. Published Online First: 26 April 2017.

By signing this, I understand and will comply with Crete-Monee High School's Concussion Return to Participation Policy.

Student-Athlete Name

Student-Athlete Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Crete-Monee High School

Athletic Participation Eligibility

ATHLETIC ELIGIBILITY IS SUBJECT TO STUDENTS' SCHOLASTIC STANDING, BOTH DURING AND PRIOR TO A COMPETITION SEASON.

Eligibility reporting during competition season:

Scholastic standing for all Crete-Monee High School student-athletes is reviewed weekly. A report is generated in Skyward each week on Thursdays at 2:30 p.m. and data is sent to coaches after review on Fridays.

The IHSA States:

1. You must pass twenty-five (25) credit hours of high school work per week. Generally, twenty-five (25) credit hours is the equivalent of five (5) .5 credit courses (2.5 full credits).

*In summary, student-athletes must pass 5 classes weekly in order to be eligible to participate in the next week of competitions. Students who do not pass 5 classes by the time the weekly report is complete will be ineligible to play the following week.

Eligibility review prior to competition season:

Scholastic standing for all Crete-Monee High School students is reviewed at the end of each semester.

The IHSA States:

1. You must have passed and received credit toward graduation for twenty-five (25) credit hours of high school work for the entire previous semester to be eligible at all during the ensuing semester.

*In summary, student-athletes must pass 5 classes at the end of a semester in order to be eligible to participate in sports the following semester.

CM201U
Crete-Monee High School
Athletics & Activities - Acknowledgement & Waiver

Covid-19 Waiver: Voluntary return to athletics and activities at CMHS

1. I am aware of the Covid-19 Pandemic.
2. I am not sick and I do not have any symptoms for Covid-19.
3. I understand that I am attending conditioning sessions at my own will.
4. I am willing to have a temperature check by a staff member upon arrival.
5. I will use protective gear and respect CM201U social distancing, health, and safety standards.
6. I will comply with restrictions and CM201U requirements.
7. The school reserves the right to dismiss anyone from the facility who is not following these rules.

Please Note: Students and staff with Fever or Symptoms of Covid-19 are not permitted on campus.

Thank you for your cooperation! Your help is appreciated in keeping CM201U a safe place during this trying time.

Print Student Name: _____ Grade: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**CRETE-MONEE 201-U INFORMED CONSENT AND
ACKNOWLEDGEMENT AGREEMENT**



Coach/Sponsor/Supervisor: _____

Sport/Activity/Class: _____

PLEASE READ THIS COMPLETELY AND CAREFULLY. BY EXECUTING THIS AGREEMENT, YOU AND YOUR CHILD ARE AGREEING TO PERMIT YOUR CHILD TO ENGAGE IN A SPORT/ACTIVITY/CLASS THAT MAY RESULT IN DISEASE, SERIOUS ILLNESS, INJURY, OR DEATH, BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE SPORT/ACTIVITY/CLASS WHICH CANNOT BE AVOIDED OR ELIMINATED.

I am the parent/legal guardian of _____ (my child) who is or will be a student at Crete-Monee High School and wishes to participate in the sport/activity/class designated at the top of this Agreement for the 2021-2022 academic year (the "Program"). As a participant, my child will participate in all activities including but not limited to strength training and conditioning, practices, games, pep assemblies, driving and off-campus activities and competitions. I understand the nature of the activities at issue and the risks inherent in the same. Fully understanding those requirements and risks, I hereby voluntarily give my consent for my child's participation.

It has been fully explained to me and my child that the sport/activity/class identified above may be a vigorous, physical activity involving one or more of the following: motion, rotation, running, jumping, driving, prolonged periods of close physical contact, and potential collisions between participants. Both myself and my child understand and acknowledge that there is an increased potential that my child's participation in any sport/activity/class activities carries with it a higher than ordinary risk of illness, infectious disease, or injury which could lead to serious disease, illness, injury, paralysis, or even death. I am also aware of the potential danger of concussions and/or head and neck injuries that may result from participating in the sport/activity/class. I have read and understand the information on concussions provided by Crete-Monee High School. I also have knowledge about the risk of continuing to participate once a disease, illness or injury is sustained without proper medical clearance. I accept responsibility for reporting all of my child's injuries as well as my child's condition to my child's coaches including any signs and symptoms of concussion, disease or illness. My child and I will inform the supervising coach immediately if my child experiences any of concussion symptoms, or symptoms of a disease or illness, or witnesses a teammate with these symptoms.

I understand that the activities in which my child will be asked to participate may be strenuous and require physical and athletic agility. It has been fully explained to me and my child, and we both understand and acknowledge, that these activities include, but are not necessarily limited to, a variety of athletic maneuvers requiring the coordination of more than one participant. These activities will not be confined to any one site or venue, but rather will involve a variety of sites or venues throughout the year.

I have been informed that my child must be examined by a physician prior to participation in the sport/activity/class (except for a class), and I agree to such examination. I agree to notify immediately the appropriate school personnel in the event of any change in my child's health status, if my child is diagnosed with COVID-19 or symptoms consistent with the same. I agree to having my child named above follow the current COVID-19 protocols and guidelines established by Crete-Monee School District

201-U and Crete-Monee High School.

I know and understand, and acknowledge that my child knows and understands, the risks involved in participating in the sport/activity/class, understand that concussions, illnesses, serious injury, and even death, is possible from such participation and choose to accept any and all responsibility for my child's safety and welfare while participating in the Program. With full understanding of the risks involved, I release and hold harmless Crete-Monee Community Unit School District 201-U, Crete-Monee High School, the schools against which it competes, contest officials and the IHSA and the respective board members, employees, agents, and representatives of the entities set forth above, from any and all responsibility and liability for any disease, illness, injury or claim resulting from such participation and agree to take no legal action against them because of any acts or omissions by them, or any accident or mishap involving the participation of my child.

I further authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school. I further hereby authorize the use or disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the IHSA, upon its request, of all records relevant to my child's eligibility to participate in the sport/activity/class, including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness.

I grant the released parties the right to photograph and/or videotape my child and further to use my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation.

EACH PERSON SIGNING THIS AGREEMENT HAS READ AND UNDERSTANDS THIS AGREEMENT, HAS HAD ANY QUESTIONS THEY MAY HAVE HAD ABOUT THIS AGREEMENT ANSWERED, AND AGREES TO BE BOUND BY ITS TERMS TO THE FULLEST EXTENT PERMITTED BY LAW.

Student's Printed Name: _____

Student's Signature: _____

Date: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



PARENT FORM

Form must be completed,
including all signatures.



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			



Physician's Form

Form must be completed,
including exam and signature.



■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height:	Weight:	
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, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph nodes		
Heart ^a <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none">Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none">Double-leg squat test, single-leg squat test, and box drop or step drop test		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

