

Athletic Physical 2011-2012

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION

By its very nature, competitive athletics may put students in situations in which **SERIOUS, CATASTROPHIC** and perhaps, **FATAL**, accidents may occur.

Many forms of athletic competition result in violent physical contact among players, the improper use of equipment may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Athletic participation by middle or senior high school students is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such a risk exists. And by choosing to participate, you, the student acknowledges that such a risk exists.

Students will be instructed in the proper techniques to be used in athletic competition, and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

I agree to the need for a screening medical examination and certify that the medical history is accurate to the best of my knowledge.

I understand that the insurance carried by the school for athletes may not cover all cost incurred by an injury. The insurance is secondary coverage and I am responsible for contacting the school for insurance claim forms, filling out these forms and returning them to the school in a timely manner. When my primary insurance has paid for its coverage, I should furnish this information to the school so that my claims may be filed. After the insurance companies have paid all eligible claims, I am responsible for any unpaid claims.

Smoking marijuana, drinking alcoholic beverages, or taking other performance altering drugs when not under a doctor's order will result in loss of athletic eligibility for the remainder of the school year. The student will not be invited to the athletic banquet in any sport that is honored at the same banquet that the sport from which he/she was suspended is being recognized.

I am aware that I will be discipline by the principal, may not be eligible for athletics at Hoke County H.S. and may face criminal charge if it is determined that information on this physical has been altered or a doctors signature has been forged.

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting those standards outlined above as well as other regulations and policies set by the NCHSAA and your school.

Students ejected from a game will be suspended from games as prescribed by the NCHSAA. Read your handbook and do not get ejected from a game.

Student Athlete's Pledge

As a student athlete, I am a role model. Using inappropriate language; taunting; baiting; or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship my school, my conference, and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being a student athlete.

I have read this form and answered all questions correctly.

Student's Signature: _____ Date: _____

HOKE COUNTY SCHOOLS 2011-12 ATHLETIC PARTICIPATION AND PHYSICAL FORM

Student's Name: _____

Sex _____ Grade _____ NC Wise Number _____

Date of Birth _____ Phone Number _____

Parents/Guardians Name _____

Address _____

City _____ State _____ Zip _____

INDIVIDUAL ELIGIBILITY RULES

To represent your high school in athletic competition you:

- ◆ Must be a properly enrolled student at the time you participate.
- ◆ Must have been in attendance for at least 85% of the previous term.
- ◆ Must not have exceeded eight consecutive semesters of attendance or have participated more than four seasons in any sport since first entering grade 9. (Four semesters since grade seven for middle school.)
- ◆ Must be under; 19 years of age on August 31st of present school year (under 16 for middle school.) Evidence of age must be on file in principal's office.
- ◆ Must live with your parents or others with whom you have resided continuously for a full year, within the school administrative unit.
- ◆ Must have passed a minimum of three courses during the previous semester, and meet local promotion standards. (Must pass English each school year.)
- ◆ Must have received a medical examination each school year. This evidence of this examination must be on file in the principal's office and it must state that the student is physically fit to participate in athletics.
- ◆ Must not accept or use on a loan basis merchandise, equipment, apparel, prizes, money or anything that can be exchanged for money as a result of athletic participation or skill.
- ◆ Must not participate in unsanctioned all-star or bowl games.
- ◆ Must not have been convicted of a crime classified as a felony under North Carolina or federal law, or is adjudicated delinquent for an offense that would be a felony if committed by an adult.

Parent Pledge

As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the **opposing players, coaches, spectators and support groups**. I will participate in cheers that support and uplift the teams involved. Using **inappropriate language** and taunting are contrary to the spirit of fair play and the good sportsmanship our school, our conference and the NCHSAA expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student athlete. Understanding that my student athlete may lose athletic *Eligibility* if good sportsmanship is not demonstrated.

After I have read and understood the information on both sides of this form, I hereby give my consent for my child to practice and play with the athletic teams of Hoke County Schools.

Parent's or Guardian Signature: _____ Date: _____

**NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION
SPORT PREPARTICIPATION EXAMINATION FORM**

Patient's Name: _____ **Age:** _____ **Sex:** _____

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.

Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
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1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]?			
List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip			
<input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot			
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: _____

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, I give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone #: _____

Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant)

Athlete's Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ (_____ % ile) / _____ (_____ % ile) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N

These are required elements for all examinations	
	NORMAL ABNORMAL ABNORMAL FINDINGS
PULSES	
HEART	
LUNGS	
SKIN	
NECK/BACK	
SHOULDER	
KNEE	
ANKLE/FOOT	
Other Orthopedic Problems	
Optional Examination Elements – Should be done if history indicates	
HEENT	
ABDOMINAL	
GENITALIA (MALES)	
HERNIA (MALES)	

Clearance**:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for :

C. Not cleared for: Collision Contact

Non-contact _____ Strenuous _____ Moderately strenuous _____

Non-strenuous _____ Due to: _____

Additional Recommendations/Rehab Instructions: _____

Name of Physician/Extender: _____

Signature of Physician/Extender _____ MD DO PA NP
(Signature and circle of designated degree required)

Date of exam: _____

Address: _____

Phone _____

Physician Office Stamp:

(** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of convulsions or concussions, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form approved by the North Carolina High School Athletic Association Sports Medicine