

Please print in black or blue ink

School _____
School Year _____

EMERGENCY CARD/CONSENT TO TREAT FOR ATHLETICS

This completed form must be kept on file by the school

Athletes Name _____ Grade _____ (that this physical will be effective for)
Address _____

Father/Guardian's Name _____ Mother/Guardian's Name _____

Telephone _____ (home) _____ (work father) _____ (work mother) _____

Family Doctor _____

Nearest relative (not living with student) _____ Telephone _____

I understand every effort will be made to reach me in case of an emergency. If this is impossible I, _____, the parent/legal guardian of the above named student authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

Parent/Legal Guardian signature _____ Date _____

STATEMENT OF INSURANCE COVERAGE

Please check one box below:

_____ I hereby certify that I have sufficient insurance coverage through a personal or family policy in effect throughout the interscholastic sports seasons for the current school year which will provide for adequate reimbursement of medical and surgical expenses in the event my student should become injured as a result of having practiced and/or played in an interscholastic sport this school year.

Company _____ Policy Number _____

OR

_____ I have purchased school insurance for the current school year. I mailed the application and the fee to the company on _____ (Date)

I agree that in the event of an accident and/or injury while participating or practicing during these seasons under the sponsorship of this school, I will not expect or demand any compensation for medical and/or surgical expenses incurred.

Parent/Guardian signature _____ Date _____

TRIP PERMISSION

I give permission for my student to ride school vehicles (van, bus or school car) to all away athletic events during the current sports season, knowing that every precaution will be taken for their safety and well-being.

Athletes are required to ride a school vehicle to and from the event, unless the parents notify the school prior to the event and arrange to transport their son or daughter personally. Notes from parents or anyone else will not be accepted because of liability incurred by the school district.

A student may be released to ride home with their own parent after a contest; but only if the parent takes custody of the student through personal contact at that time.

PARTICIPATION PERMIT

Although participation in supervised school athletic and activities programs is among the least hazardous activities in which any student will engage in or out of school, the very nature of these school athletic and activities programs does create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities and athletics. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

I/we hereby give consent for my child/ward to participate in the following interscholastic sports that I have marked:

- | | | | | | |
|---------------------|---------------------|------------------|--------------------|----------------|----------------|
| _____ Alpine Skiing | _____ Baseball | _____ Basketball | _____ Cheerleading | _____ Dance | _____ Football |
| _____ Golf | _____ Nordic Skiing | _____ Soccer | _____ Softball | _____ Track | _____ Soccer |
| _____ Volleyball | _____ Wrestling | _____ Hockey | _____ X-Country | _____ Lacrosse | |

Parent/Guardian signature _____ Date _____

Concussion Test

***Please complete concussion test

1. brainsafety.com
2. Code Word= brain
3. School/organization(*drop down box*) select Vail Valley Medical Center
4. Customer ID # FVX4YUCGNE

Date Completed _____

Student Signature _____

Parent Signature _____

Battle Mountain High School

STUDENT RANDOM DRUG CONSENT TO TEST FORM

I understand fully that my performance as a participant in extra-curricular activities and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby consent to, accept and agree to abide by the standards, rules and regulations set by the BMHS, the ECS Board of Education and the sponsors for the activity in which I participate. These standards, rules and regulations include, but are not limited to, the BMHS Student Random Drug Policy.

Pursuant to the Student Random Drug Policy, I hereby consent to and authorize BMHS to collect my urine on-site and to conduct tests for drug use on my urine specimen(s) if my name is drawn from the random pool. Pursuant to the Student Random Drug Policy, I hereby authorize the release of information concerning the results of such testing to designated District personnel.

I fully understand that I may be randomly tested for drugs as long as I continue to participate in extra-curricular activities.

I am aware of and acknowledge that if I test positive for illegal drugs, I will not be permitted to participate in extra-curricular activities under the conditions and period of time defined by policy.

Student Name (Please Print)

Student Signature

Student ID Number

Date

Parent/Guardian Name
(Please Print)

Parent/Guardian Name
(Please Print)

Date

I am volunteering to be placed in the drug testing pool.

**EAGLE COUNTY SCHOOL DISTRICT RE-50J
TRANSPORTATION AWARENESS, CONSENT, AND RELEASE FORM
EXTRA CURRICULAR ACTIVITIES/ATHLETIC EVENTS**

The Eagle County School District RE-50J (the "District") typically provides District transportation for students to and from a great many activities, events, matches, and games (collectively "Event(s)"). However, there may be times when the District is unable to provide District transportation in all circumstances and/or to all Events.

When District transportation is not available alternative/outside carrier transportation may be used. Alternative/outside carriers may include, but are not limited to companies such as Arrow Stagelines, Greyhound, Colorado Charter lines, etc. Should the District be unable to provide District transportation and alternative/outside carrier transportation is not available, it is then the parent's responsibility to provide for or arrange their student's transportation to and/or from the Event. When alternative/outside carrier transportation is used, the District does not assume any responsibility or liability for the safety, training of driver's, condition of vehicles, adequacy for the purpose intended, or any other matters related to the non-District transportation. Parents may chose, at any time alternative/outside carrier transportation is used, to transport their own student to and from Events.

Accordingly, I/we, the undersigned parent(s)/guardian(s) (for myself/ourselves individually and on behalf of my/our minor student) and student, do hereby acknowledge, covenant, and agree that:

1. The District does not ensure, endorse, approve or sponsor any form of non-District transportation, whether by alternative/outside carrier, parents, students or otherwise, to and from District Events when District transportation is not available. This includes, but is not limited to, any on or off-campus District Events.
2. It is our responsibility to provide for or arrange transportation to and/or from District Events when District transportation is not available. As such I/we consent to our student's use of alternative means of transportation, including alternative/outside transportation carriers, private vehicles driven by parents and/or other students, and, if applicable, consent to our student's use of a vehicle to transport himself/herself and others to on and/or off-campus Events.
3. We hereby waive, release, discharge and agree to indemnify, defend, and hold harmless the District, its employees, agents, and assigns, from any claim, action, cause of action, liability, damages, injuries, and/or deaths arising from or sustained during or as a result of my/our student's utilization of, or participation in, any non-District transportation, including reimbursing the District for reasonable attorneys' fees and costs incurred in defending any such claim, demand, action, or liability.

DATED: _____, 20____

Parent

Student

Parent

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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 answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an Inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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 _____

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?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - 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 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 (questions 5–14).

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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlady, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) [†]			
Skin • HSV, lesions suggestive of MRSA, linea corporis			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[†]Consider GU exam if in private setting. Having third party present is recommended.
 *Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
 Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____ MD or DO