

AMELIA COUNTY PARKS & RECREATION

Athletic Participation/Parental Consent/Physical Examination Form

New Physical Examination is required each year.**Please check one:**

Basketball

Cheerleading

Football

Soccer

Softball

Volleyball

Wrestling

Part 1 – Athletic Participation

(To be filled in and signed by the student)

PARTICIPANT'S GRADE _____ AGE _____ SCHOOL NAME _____

Year: _____ Male: _____ Female: _____

Name: _____ Phone Number: _____

(Print Please - First, MI, Last)

Home Address: _____

City/Zip Code: _____

Home Address of Parents/Guardian: _____

City/Zip Code: _____

Date of Birth: _____ Place of Birth: _____ Cellular Number: _____

Individual Eligibility Rules

An Athletic Participation/Parental Consent/Physical Examination Form must be completely filled in and properly signed attesting that you have been examined during this year and found to be physically fit for athletic competition and that your parents consent to your participation.

Participants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PART II - - MEDICAL HISTORY

This form **MUST** be completed by parent or guardian **PRIOR** to the physical examination and should be taken with the physical examination form for review by the physician during the examination.

Explain "Yes" answers on separate sheet of paper with number of the question. Circle questions you don't know the answers to.

YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY Yes No	YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY Yes No
		1. Has a doctor ever denied or restricted your participation in sports for any reason?			34. Have you ever had a head injury or concussion?
		2. Do you have an ongoing medical condition (like diabetes or asthma)?			35. Date of last head injury or concussion: Date: _____
		3. Are you currently taking any prescription or non prescription (over the counter) medicines or pills?			36. Have you ever been hit in the head and been confused or lost your memory?
		4. Do you have allergies to medicines, pollens, foods or stinging insects?			37. Have you ever been knocked unconscious?
		5. Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?			38. Have you ever had a seizure?
		6. Have you ever passed out or nearly passed out during or after exercise?			39. Do you have headaches with exercise?
		7. Have you ever passed out or nearly passed out at any other time?			40. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
		8. Have you ever had discomfort, pain, or pressure in your chest during exercise?			41. Have you ever been unable to move your arms or legs after being hit or falling?

		9. Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?			42. When exercising in heat, do you have severe muscle cramps or become ill?
		10. Does your heart race or skip beats during exercise?			43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
		11. Has a doctor ever told you that you have (check all that apply):			44. Have you had any other blood disorders or anemia?
		High Blood Pressure			45. Have you had any problems with your eyes or vision?
		A heart murmur			46. Do you wear glasses or contact lenses?
		High cholesterol			47. Do you wear protective eyewear, such as goggles or a face shield?
		A heart infection			48. Are you happy with your weight?
		12. Has a doctor ever ordered a test for your heart?			49. Are you trying to gain or lose weight?
		13. Has anyone in your family died suddenly for no apparent reason?			50. Do you limit or carefully control what you eat?
		14. Does anyone in your family have a heart problem?			51. Has anyone recommended you change your weight or eating habits?
		15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death)			52. Do you have any concerns that you would like to discuss with a doctor?
		16. Does anyone in your family have Marfan syndrome?			53. What is the date of your last Tetanus immunization? Date: _____
		17. Have you ever spent the night in a hospital?			54. Do you have any other significant health problems?
		18. Have you ever had surgery?			FEMALES ONLY
		19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?			54. Have you ever had a menstrual period?
		20. Have you had any broken or fractured bones or dislocated joints?			55. Age when you had your first menstrual period? _____
		21. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?			56. How many periods have you had in the last 12 months? _____
		22. Have you ever had a stress fracture?			57. Do you take a calcium supplement?
		23. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?			Explain all "YES" answers HERE!
		24. Do you regularly use a brace or assistive device?			
		25. Have you ever been diagnosed with asthma or other allergic disorders? Explain "Yes" answers here:			
		26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
		27. Is there anyone in your family who has asthma?			
		28. Have you ever used an inhaler or taken asthma medicine?			
		29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?			
		30. Have you had infectious mononucleosis (mono) within the last three months?			

		31. Have you ever had mono or any illness lasting more than two weeks?		
		32. Do you have any rashes, pressure sores, or other skin problems?		
		33. Have you ever had herpes skin infection?		

Parent/Guardian Signature: _____ Athlete's Signature: _____

PART III – PHYSICAL EXAMINATION SECTION

(To be completed by examining physician)

Name: _____ School: _____

Height: _____ Weight: _____ Sex: _____ Age: _____ Grade: _____

*Tanner Stage or Maturation Index: _____ BP: _____

*Percent Body Fat _____ *Pulse(rest) _____
 (Exercise) _____ (Recovery) _____

*Vision: Corrected (L) _____ (R) _____ Both _____

Uncorrected (L) _____ (R) _____ Both _____

*Audiogram: _____

Cervial Spine/Neck _____

Back _____

Shoulders _____

Eyes _____

Arm/Elbow/Wrist/Hand _____

Ears _____

Knees/Hips _____

Nose _____

Ankles/Feet _____

Throat _____

Teeth _____

Skin _____

Lymphatic _____

Lungs _____

Heart _____

Lab:

Abdomen _____

*Urine _____

Genitalia/hernia _____

*Hemoglobin or HCT _____

Peripheral Pulses _____

and/or Fe Stores _____

*WHEN MEDICALLY INDICATED

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

CLEARED WITHOUT RESTRICTIONS

Cleared **AFTER** further evaluation or treatment for: _____

Cleared for **Limited participation** (check and explain "reason" for all that apply):

Not cleared for (specific sports) _____

Cleared only for (specific sports) _____

Reason(s): _____

PART III – PHYSICAL EXAMINATION SECTION CONT.

NOT CLEARED FOR PARTICIPATION: _____

Reason(s): _____

Other Recommendations: _____

Recommend close monitoring during early conditioning because of weight/fitness/other

Recommend restrictions or monitoring of weight loss or gain

Other _____

Reason(s): _____

***Doctor of Medicine, Doctor of Osteopathy or Licensed Nurse Practitioner**

Physician Signature: _____ + M.D. Date of Examination** _____

(MD, DO, LNP, PA)

Date Signed: _____

Examiner's Name and degree (Print): _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

PART IV – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meeting, written handouts, or some other means. He/she has participant primary accident insurance available through our family policy (Yes or No): the secondary athletic participation insurance coverage through the **Amelia County Parks & Recreation** (Yes or No).

Name of Company: _____

Policy Number: _____ Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team. I also give my consent and approval for my child to receive a physical examination, as required in **Part III, Physical Examination**, of this form, by _____ M.D., D.O. or LNP.

PART V – EMERGENCY PERMISSION FORM

(TO BE COMPLETED BY PARENT/GUARDIAN)

Participant Name _____ Minors, Juniors or Seniors Age _____

Amelia County Parks & Recreation _____ City _____

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Amelia Parks & Recreation to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime number: _____ Evening Number: _____

(Where to reach you in an emergency)

Signature of Parent/Guardian _____ Date _____

Relationship to Participant _____

I certify all the above information is correct _____

(Parent/Guardian Signature)

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.