

WILLIAMS JR/SR HIGH SCHOOL ATHLETIC/ACTIVITIES PERMIT FORM
School Year 2022-2023

Student's Name: _____ Date of Birth: _____ Grade: _____

DOCTOR'S PERMIT: _____, M.D. Date: _____

Doctor's Signature

I hereby certify this student to be physically fit to engage in sports/activities.

Has the student had any injury or physical condition that should be monitored? If yes, please explain. _____

This student is allergic to: _____

Medication presently taking, or has been taking: _____

PARENT/GUARDIAN CONSENT: _____ DATE: _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Phone #

To participate, a student must possess a 2.0 G.P.A. and be enrolled full time in the course of study. I hereby give consent for the above named student to participate in sports/activities. I authorize the student to travel with and be supervised by representatives of the school on any athletic/activities trips. We, the parents/guardians, do acknowledge the risk factor. We understand and assume there is risk in participating in sports and activities. I/we are aware of the athletic/activities agreement my/our son/daughter has committed to and approve of all conditions of athletic/activities participation. **In the event that this student becomes ill or is injured, school representatives are authorized to have the student medically treated. I hereby give my consent for all medical care prescribed by a duly licensed physician (M.D.) or emergency medical technician (EMT). This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.**

INSURANCE VERIFICATION (A or B must be provided)

- A. _____ School Insurance Receipt as purchased through student insurance form provided by the office.*
B. _____ Personal Insurance Provider (attach verification copy)

Company Name

Card/Policy Number

Agent's Name

Telephone Number

*** Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by purchasing insurance that is offered by the School District or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-880-5305.**

PARTICIPATING IN:

_____ Activity	_____ Football	_____ Track
_____ Basketball	_____ Golf	_____ Volleyball
_____ Baseball	_____ Softball	_____ Soccer
_____ Cheerleading	_____ Scorekeeper/Statistician	

**AGREEMENT TO OBEY INSTRUCTIONS, RELEASE OF LIABILITY,
ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS IN ATHLETICS
AND EXTRA-CURRICULAR ACTIVITIES**

I hereby agree to indemnify and hold harmless the Williams Unified School District, its trustees, employees, agents, representatives, coaches, advisors and volunteers from any liability from damages, loss or injuries, either to person or property, which the below named member of the Williams Jr/Sr High School Athletic/Activities Program may sustain while engaged in the activity conducted by or in connection with the Williams Unified School District related to the Williams Jr/Sr High School Athletic/Activities Program, including but not limited to tryouts, practices, competition, meetings, events, and transportation.

I further certify that I have legal custody by reason of the fact that I am the parent having custody or the legal guardian by court order. I further allege that the said member is physically able to participate in this program and that I have no knowledge of any physical or medical impairment which would limit said member from participating in the Williams Jr/Sr High School Athletic/Activities Program.

I further agree to reimburse or make good any loss, damage, or costs, to include attorney's fees that the district may incur as a result of any claim made as a result of said member's conduct resulting directly or indirectly from said minor's participation in the Williams Jr/Sr. High School Athletic/Activities Program.

I further agree in case of injury, illness or other actions requiring parent permission, that the coaches, advisors, or staff members shall have the authority to act, in case the under signed parent or legal guardian cannot be reached.

I further understand that in case of injury, serious illness, or extreme cases of discipline action, the coaches, advisors, or staff members of the school district will, if need be, send my son/daughter home by the first available transportation at my own expense, or require a parent/guardian to provide transportation home.

I agree to abide by the rules and regulations of the Williams Jr/Sr High School Athletic/Activities Program and to release Williams Unified School District, its trustees, employees, agents, representatives, coaches, advisors, and volunteers from any and all liability as stated above.

PROHIBITION OF THE USE AND ABUSE OF ANDROGENIC/ANABOLIC STEROIDS

As a condition of membership in the California Interscholastic Federation (CIF), the Governing Board of the Williams Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension, or expulsion.

CIF - CODE OF CONDUCT FOR INTERSCHOLASTIC STUDENT-ATHLETES

This code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

1. Trustworthiness – be worthy of trust in all I do.
 - Integrity – live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.
 - Honesty – live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
 - Reliability – fulfill commitments; do what I say I will do; be on time to practices and games.
 - Loyalty – be loyal to my school and team; put the team above personal glory.
2. Respect – treat all people with respect all the time and require the same of other student-athletes.
3. Class – live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
4. Disrespectful Conduct – don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
5. Respect Officials – treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.
6. Importance of Education – be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
7. Role-Modeling – Remember, participation in sports is a privilege, not a right and that I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration.
8. Self-Control – exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
9. Healthy Lifestyle – safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.
10. Integrity of the Game – protect the integrity of the game; don't gamble. Play the game according to the rules.
11. Be Fair – live up to high standards of fair play; be open-minded; always be willing to listen and learn.
12. Concern for others – demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
13. Teammates – help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.
14. Play by the Rules – maintain a thorough knowledge of and abide by all applicable game and competition rules.
15. Spirit of rules – honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

ATHLETES' BILL OF RIGHTS

The following list of rights, which are based on the relevant provisions of the federal regulations implementing Title IX of the Education Amendments of 1972 (20 U.S.C. Sec. 1681 et seq.), may be used by the department for purposes of Section 270:

1. You have the right to fair and equitable treatment and you shall not be discriminated against based on your sex.
2. You have the right to be provided with an equitable opportunity to participate in all academic extracurricular activities, including athletics.
3. You have the right to inquire of the athletic director of your school as to the athletic opportunities offered by the school.
4. You have the right to apply for athletic scholarships.
5. You have the right to receive equitable treatment and benefits in the provision of all of the following:
 - a. Equipment and supplies
 - b. Scheduling of games and practices.
 - c. Transportation and daily allowances
 - d. Access to tutoring
 - e. Coaching
 - f. Locker rooms
 - g. Practice and competitive facilities
 - h. Medical and training facilities and services
 - i. Publicity
6. You have the right to have access to a gender equity coordinator to answer question regarding gender equity laws.
7. You have the right to contact the State Department of Education and the California Interscholastic Federation to access information on gender equity laws.
8. You have the right to file a confidential discrimination complaint with the United States Office of Civil Rights or the State Department of Education if you believe you have been discriminated against or if you believe you have received unequal treatment on the basis of your sex.
9. You have the right to pursue civil remedies if you have been discriminated against.
10. You have the right to be protected against retaliation if you file a discrimination complaint.

I have read and understand the statements in sections Assumption of Risk, Prohibition of Steroid Use, CIF Code of Conduct, and the Athletes' Bill of Rights listed above:

Student's Signature

Date

Parent/Guardian's Signature

Date

HIGH SCHOOL STUDENTS ONLY:

Students will be required to participate in a random drug-testing program to be eligible to participate in athletic events and/or contests (this includes cheerleading). Each student and parent/guardian must sign a consent form before the student will be deemed eligible for participation.

The Governing Board of Williams Unified School District recognizes that a student/athlete under the influence of alcohol or other drugs potentially endangers himself/herself and all other players. To protect the health and safety of all athletes and to help refer drug users to appropriate counseling and rehabilitative services this policy has been enacted.

The Board will offer students a voluntary urinalysis-testing program in support of the district's substance abuse prevention policy. Any student/parent/guardian (not a student athlete) may also voluntarily sign up for urinalysis testing. A signed consent form would make that student eligible for urinalysis screening.

The Williams Unified School District's Board Policy 5131.61 regarding drug testing follows for your information:

The Governing Board is committed to maximizing the health and safety of district students and recognizes the district's role in helping to protect students from the dangers associated with illegal drug use and drug abuse. To support the district's substance abuse prevention efforts, the Board desires to establish a drug testing program in the district's high schools that will provide a deterrent from drug use and help refer drug users to appropriate counseling and rehabilitative services.

The Superintendent or designee shall establish and maintain a voluntary drug testing program. Participation in this program shall require the written consent of the student and his/her parents/guardians.

The Superintendent or designee shall establish a non-voluntary, random drug testing program for all students participating in athletics.

The Superintendent or designee shall develop:

- 1. A drug testing consent form to be signed by the student and his/her parent/guardian prior to allowing the student to participate in any athletic or extracurricular activity listed above. The consent form shall indicate any prescription medication the student has been or is presently taking. The student shall present either a copy of the prescription or a physician's written verification of this fact with the consent form.*
- 2. Procedures addressing how students will be selected, how often tests will be conducted, how samples will be collected and transported, and how results will be confirmed. Drug testing procedures shall ensure appropriate individual privacy while maintaining the viability of the process. If a student fails to appear for a test, the parent/guardian shall be notified and a test rescheduled for the following week. Parents/guardians shall be notified after any positive test results are confirmed. Test results shall be kept separate from the student's other educational records and shall be disclosed only to school staff designated by the Superintendent or designee as responsible for program implementation. The district shall not release test results to law enforcement authorities.*

The first positive test violation will result in denial of participation for twenty (20) school days; a second violation will result in denial of participation for six (6) calendar months; a third violation will result in permanent disqualification at the school. No disciplinary or punitive action shall be taken against any student who tests positive, other than removing him/her from participation in extracurricular activities. Students who test positive shall be encouraged to participate in an assistance program and may be tested again after two weeks. A student who has been removed from participation in extracurricular activities may appeal that decision to the Superintendent or designee and then to the Board. Any student suspended from athletics because of confirmed drug use shall be retested before beginning the next sports season in which he/she is eligible to participate.

Students and parents/guardians shall receive a copy of the district's policy and procedures on drug testing.

The Superintendent or designee shall provide training to principals, coaches and staff advisors regarding the district's drug testing program.

**GENERAL AUTHORIZATION FORM
INVOLUNTARY RANDOM DRUG TESTING**

My parent/guardian and I authorize the Williams Unified School District to conduct a urinalysis, which I will provide to test for alcohol and other drug use. My parent/guardian and I also authorize the release of test findings concerning the results of such a test to the Superintendent or the Superintendent's designees as well as the issuance of a copy of the test to my parent/guardian.

My signature and the signature of my parent/guardian and I herein shall be deemed written consent pursuant to the Family Educational Right and Privacy Act for the release of the above information.

Student's Signature

Date

Parent/Guardian Signature

Date

Phone #

Please list all prescription medications that your student is presently taking and the reason why:

Medication	Reason
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

INTERSCHOLASTIC ATHLETIC & EXTRA-CURRICULAR ACTIVITIES RULES & REGULATIONS

1. **ATTENDANCE**
Students must attend ALL classes to participate in any extra-curricular activity or practice for the school day. Only doctor's appointments will be honored for an absence the day of an activity/game. All appointments must be verified through doctor's documentation. The activities director, athletic director, and/or principal will evaluate emergency situations.
2. **ABSENCES FROM PRACTICE**
There will be no excused absences from practices, games and/or activities unless pre-approved by coaches and/or advisors.
3. **CONDUCT/DRESS CODE**
Students represent the school, community, family and themselves and especially the team/organization of which they are members. Students are to dress neatly and be clean at all times. Dress regulations will be at coaches/advisors discretion.
4. **PERSONAL BELONGINGS/LOCKER ROOM**
Students are responsible for personal belongings; students must not share locker combinations. It is the student's, coaches and advisor's responsibilities to keep areas clean and leave them in good condition.
5. **EQUIPMENT/UNIFORMS/MATERIALS**
Coaches/advisors will alert students regarding the use of equipment/uniforms/materials. Students are responsible for equipment/uniforms/materials. Students will be fined for lost and/or damaged equipment/uniforms/materials.
6. **TRAVEL**
Students will travel to and from all games/activities in school provided transportation. The student may be released to their parent/guardian following a game/activity only if the parent/guardian completes and signs a district transportation release form.
7. **PHYSICAL EXAMINATION**
Every high school student who participates in a CIF sport/cheerleading must have a physical examination completed and on file BEFORE entering practices and/or competition. A student needs only one physical per school year.
8. **INSURANCE**
Every student who participates in any school sport/activity MUST be covered by a private insurance policy, a state or federal program, or purchase the coverage offered through the district.
9. **PARTICIPATION IN ANY OTHER ORGANIZED RECREATION**
No athlete shall participate in any other organized recreation or athletic program while participating on a high school team.
10. **GRIEVANCES/QUESTIONS**
Any grievance/question/problem with regard to a sport/practice/activity/event should be discussed with the coach of a sport, an advisor of an activity before or after practice or by appointment. Further grievance may be heard by a review board (Coaches, athletic director, activities director, advisor, team captain, class/club/organization president and/or principal).
11. **ELIGIBILITY**
High School: To be eligible for extra-curricular activities, a student must maintain a 2.00 G.P.A. The eligibility list will be determined at the 1st quarter, 1st semester, and 3rd quarter. The 2nd semester and summer school grades will determine eligibility for the 1st quarter of the fall semester. Students who fall below a 2.0 G.P.A. at any given quarter may sign a waiver to continue to participate in their sport/activity. Once on a waiver, the student must maintain a 2.0 G.P.A. thereafter, or they will be denied participation. Students are only allowed one waiver during their enrollment at Williams High and it must be approved by the parent/guardian, principal, and athletic director.
Junior High: In order to be eligible for participation, students must maintain a minimum 2.0 grade-point average and receive no "F" grades for the previous grading period.
12. **TOBACCO/ALCOHOL/DRUGS/STEROIDS**
Participants will avoid the use or possession of tobacco, alcohol, drugs, and steroids. Students violating this rule will be dealt with according to the discipline matrix and board policy.
13. **VIOLATION**
Any violation of the above rules may result in the loss of a letter/award and/or disciplinary action by the coach, advisor, principal, or review board.

Student's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Williams Unified School District
P.O. Box 7 – 260 Eleventh Street
Williams CA 95987
530-473-2550

Athlete's Bill of Rights

Enumerates the rights available to a pupil relating to gender equity in athletics.

- a. You have the right to fair and equitable treatment and you shall not be discriminated against based on your sex.
- b. You have the right to be provided with an equitable opportunity to participate in all academic extracurricular activities, including athletics.
- c. You have the right to inquire of the athletic director of your school as to the athletic opportunities offered by the school.
- d. You have the right to apply for athletic scholarships.
- e. You have the right to receive equitable treatment and benefits in the provision of all of the following.
 1. Equipment and supplies
 2. Scheduling of games and practices.
 3. Transportation and daily allowances.
 4. Access to tutoring.
 5. Coaching.
 6. Locker rooms.
 7. Practice and competitive facilities.
 8. Medical and training facilities and services.
 9. Publicity.
- f. You have the right to have access to a gender equity coordinator to answer questions regarding gender equity laws.
- g. You have the right to contact the State Department of Education and the California Interscholastic Federation to access information on gender equity laws.
- h. You have the right to file a confidential discrimination complaint with the United States Office of Civil Rights or the State Department of Education if you believe you have been discriminated against or if you believe you have received unequal treatment on the basis of your sex.
- i. You have the right to pursue civil remedies if you have been discriminated against.
- j. You have the right to be protected against retaliation if you file a discrimination complaint.

Questions: Office of Equal Opportunity 916-445-9174

California Department of Education
1430 N Street
Sacramento, Ca 95814

Last reviewed: Thursday, March 18, 2010

Parent/Guardian Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____

Williams Unified School District
P.O. Box 7 - 260 Eleventh Street
Williams CA 95987
530-473-2550

Parent/Guardian,

Accompanying this letter is a list of rules, which govern field trips, athletic trips, and the use of school grounds by students. Please sign at the bottom of this letter confirming you have read these rules and return this letter to the respective coach.

Thank you for your cooperation.

Sincerely,

Tim Wright
MOT Director
Williams Unified School District

Parent/Guardian Signature

Date

Mailing and Street Address

Phone #

Name of Student

Williams Unified School District
P.O. Box 7 - 260 Eleventh Street
Williams CA 95987
530-473-2550

BUS ACTIVITY TRIP RULES

1. Food will not be consumed on the bus at any time.
2. When athletic trips involve both boys and girls on the same bus, they shall be separated, girls in front of the bus, boys in the rear.
3. At the discretion of the bus driver, students may not be permitted on the bus until a coach/teacher is present. Cleats will not be worn while riding the bus.
4. Any student who receives a citation while riding to a game, activity, or field trip, will be required to have a conference with their parent, the Director of MOT*, Principal, Coach, and the Athletic Director.
5. On any activity trip, medical releases for all students riding the bus shall be in the possession of the supervising coach/teacher. The bus driver will not be responsible.
6. Students will only be permitted to ride home with parents when the coach/teacher is notified in advance in writing on the proper school form by the parent.
7. The coach/teacher will ride with respective players/students as they are responsible for student conduct whether on or off the bus.
8. Unless arrangements are made in advance, the coach/teacher will ride the entire trip.
9. When coach/teacher's plan a meal stop after an athletic contest or during a field trip, the Director of MOT must be notified prior to the trip. No stops will be allowed in Colusa County other than emergencies.
10. If the bus is equipped with seat belts the seat belt must be fastened at all times that the bus is in motion.

*Director of Maintenance, Operations & Transportation

RULES for ATHLETIC/ACTIVITIES PROGRAMS on WILLIAMS JR/SR HIGH SCHOOL CAMPUS

1. No food or drink in the gym.
2. Students are to run on paved surfaces when warming up prior to using the gym.
3. Students are to clean their shoes by using floor mat at gym door.
4. Wet towels for cleaning shoes are not permitted in the gym.
5. All articles of clothing, etc, will be disposed of when left lying around the locker room.
6. Balls are not to be bounced against stucco walls.
7. Vehicles will not be allowed on the asphalt playground west of the Gym without permission.
8. No student vehicles are permitted west of the double gates located on the North side of the high school at anytime.
9. Cleats are to be cleaned before entering the locker rooms.
10. Glass beverage containers are not allowed in the locker rooms.
11. No spitting will be allowed.

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 “din” 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 fuzzi vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Drowsiness• Change in sleep patters | <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:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forget plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in-coordination
- 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

WILLIAMS JR./SR. HIGH SCHOOL
PO BOX 7 260 ELEVENTH STREET
WILLIAMS, CA 95987
530-473-5369 FAX: 530-473-5540

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to 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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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 new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

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 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/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2012

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ 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: _____

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations.

■ 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, e-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-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 equal Hearing 		
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

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations.

■ 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?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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