ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

For School Year _____

Part I-ATHLETIC PARTICIPATION

(To be filled in signed by the student)

Male_____
Female_____

PRINT CLEARLY

Name_____ Student I.D#_____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parnent_____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

INDIVIDUALIZED ELIGIBILITY RULES

ELIGIBILITY

A student may not participate in a sport if he/she turns fifteen (15) on or before September 1 of the current school year. A student may not participate in junior varsity basketball if the student is fourteen (14) years of age on or before September 1 of the current school year. Eighth graders may NOT participate on middle school B (Junior Varsity) teams. Sixth grade students are allowed to participate in middle school varsity sports when, in the opinion of the coach, athletic coordinator, and principal, the student is mature enough and has the skills necessary to compete at the A (Varsity) level.

PARTICIPATION

A student may participate in only one school team during a given sports season and may change teams before the first competition. They may not change teams once the regular season begins. Any exception to this must be approved by the school's athletic coordinator and principal in the case of extenuating circumstances. Once a middle school student participates with a high school team, they forego the privilege to participate with the middle school team in that sport.

ACADEMIC ELIGIBILITY

A student must pass a minimum of five classes and fail no more than one class for the nine-week grading period. The student shall be declared ineligible for the next grading period. This rule applies to practice as well as game participation. Ineligible students who become eligible after team selections may not join a team.

MEDICAL EXAMINATION/PARENTAL PERMISSION

In all interscholastic activities, each participant must have a valid physical examination by a Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant and have permission from parent/guardian before the participant may engage in any sport. An Emergency Care Card shall be completed by each participant and signed by the participant's parent/guardian. The cards shall be readily available to coaches at practices and games.

SELECTION OF TEAM

Team selection should include as many participants as possible. Each student trying out will receive a letter from their school specifying length of practice, criteria for squad selection, equipment needed, and a schedule of games. All squad selections will be implemented in a positive and objective manner. There will be three designated days for tryouts for all athletic teams.

INSURANCE

All students participating in the athletic program should have insurance coverage for accidents. The accident insurance policy made available by the Prince William County Public Schools covers all athletic activities,

https://www.pwcs.edu/departments/risk_management/student_accident_insurance.

Student Signature: _____ **Date:** _____

Providing false information result in ineligibility for 365 Days.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.
Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY	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 conditions? If so, please identify: □ Asthma □ Anemia □ Diabetes □ Infections □ Other: _____	□	□
4. Are you currently taking any medications or supplements on a daily basis?	□	□
5. Do you have allergies to any medications?	□	□
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	□	□
7. Have you ever spent the night in the hospital? If yes, why? _____	□	□
8. Have you ever had surgery?	□	□
HEART HEALTH QUESTIONS ABOUT YOU	**YES**	**NO**
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?	□	□
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	□	□
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	□	□
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	□	□
13. Has a doctor ever told you that you have any heart problems, including: □ High blood pressure □ A heart murmur □ High cholesterol □ A heart infection □ Kawasaki Disease □ Other _____	□	□
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	□	□
15. Have you ever had a seizure?	□	□
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**YES**	**NO**
16. Does anyone in your family have a heart problem?	□	□
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	□	□
18. 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)?	□	□
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	□	□
BONE AND JOINT QUESTIONS	**YES**	**NO**
20. 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?	□	□
21. Do you currently have a bone, muscle, or joint injury that bothers you?	□	□
MEDICAL QUESTIONS	**YES**	**NO**
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?	□	□
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	□	□

MEDICAL QUESTIONS CONTINUED	YES	NO
24. Have you had mononucleosis (mono) within the last month?	□	□
25. Are you missing a kidney, eye, testicle, spleen, or other internal organ?	□	□
26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	□	□
27. Have you ever become ill while exercising in the heat?	□	□
28. When exercising in the heat, do you have severe muscle cramps?	□	□
29. Do you have headaches with exercise?	□	□
30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	□	□
31. Do you or does someone in your family have sickle cell trait or disease?	□	□
32. Have you had any other blood disorders?	□	□
33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	□	□
34. Have you had, or do you have any problems with your eyes or vision?	□	□
35. Do you wear glasses or contacts?	□	□
36. Do you wear protective eyewear like goggles or a face shield?	□	□
37. Do you worry about your weight?	□	□
38. Are you trying to or has anyone recommended that you gain or lose weight?	□	□
39. Do you limit or carefully control what you eat?	□	□
40. Have you ever had an eating disorder?	□	□
41. Are you on a special diet or do you avoid certain types of foods or food groups?		
42. Allergies to food or stinging insects?	□	□
43. Have you ever had a COVID-19 diagnosis? Date:	□	□
44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____		

FEMALES ONLY	YES	NO
45. Have you ever had a menstrual period?	□	□
46. Age when you had your first menstrual period: _____		
47. Number of periods in the last 12 months: _____		
48. When was your most recent menstrual period? _____		

EXPLAIN "YES" ANSWERS BELOW

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List medications and nutritional supplements you are currently taking here:

→ **Parent/Guardian Signature** _____ **Date:**_____ → **Student Signature:**_____

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after *May 1* of the preceding school year and is good through June 30 of the current school year)**

NAME_____ **DATE OF BIRTH** _____ **SCHOOL** _____

Height	Weight	□ Male	□ Female	
BP /	Resting pulse	Vision R 20/ L 20/	Corrected □ Yes	□ No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e., Double leg squat, single leg squat, box drop, or step drop test)		
Emergency medications required on-site: □ Inhaler □ Epinephrine □ Glucagon □ Other:		
COMMENTS:		

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

□ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**

□ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:**

_____

□ **MEDICALLY ELIGIBLE <u>ONLY</u> FOR THE FOLLOWING SPORTS:** _____

Reason:_____

□ **<u>NOT</u> MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** _____

□ **<u>NOT</u> MEDICALLY ELIGIBLE FOR ANY SPORTS**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ **PRACTITIONER SIGNATURE:** _____ **(MD, DO, NP or PA) + DATE**:** _____

EXAMINER'S NAME AND DEGREE (PRINT):_____ PHONE NUMBER:_____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant <u>licensed to practice in the United States</u> will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed 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, football, soccer, softball, 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 meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes ___ no ___); has athletic participation insurance coverage through the school (yes ___ no ___); is insured by our family policy with:
Name of medical insurance 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.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282.

PART V- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME:_____GRADE:_____AGE:_____DOB:_____

MIDDLE SCHOOL:_____CITY: _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency:**

_____

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: _____

_____

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN?_____LIST THE EMERGENCY MEDICATION: _____
IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION?_____ IF SO, WHAT? _____
DOES THE STUDENT WEAR CONTACT LENSES?_____DATE OF LAST Tdap OR Td (TETANUS) SHOT: _____

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_____Middle School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.
DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ SIGNATURE OF PARENT/GUARDIAN:_____**DATE:** _____

RELATIONSHIP TO STUDENT: _____

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

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.