

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, hyperlaxity, 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) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
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.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider 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

EMERGENCY TREATMENT AUTHORIZATION

Cass High School, White, GA

School Year _____

Athlete's name _____ Grade _____ Date of Birth _____

I, _____, hereby approve emergency treatment by the Certified Athletic Trainer, hospital, and/or physician for my child, _____. I will assume financial responsibility for the bills incurred if no insurance is listed below.

Primary Insurance Company Name _____

Policy Number _____ Group Number _____

Insurance Company Phone Number _____

Any allergies or allergic to any medications: _____

On any medications: _____

A History of serious injuries or illnesses: _____

I allow the Certified Athletic Trainer to give my child over the counter medication (Tylenol, Ibuprofen, TUMS) as needed following the directions of the bottle.

Sign _____

Please state any special instructions to follow in case of any emergency: _____

Name of child's primary physician and telephone number _____

Alternate family/friend to contact in case of emergency:

Name _____ Name _____

Phone # _____ Phone# _____

"UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING (DOCUMENT) AND THAT THE FACTS STATED IN IT ARE TRUE"

Parent Signature _____ Home Phone # _____

Address _____ Cell/Work # _____

STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.
- c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years – beginning with the 2013-2014 school year.
- d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

SIGNED: _____
(Student)

(Parent or Guardian)

Student Name: _____
(Print)

DATE: _____



**Cass High School
Student Athlete
Policies & Code of Conduct**



These rules are set up in the best interest of the athlete and total program. It is the objective of this program to build character and values which will be carried throughout life and which will carry over into all aspects of life. With these thoughts in mind, strong guidelines must be observed so that these values can be taught.

1. In order to practice or participate in any contest a student must attend at least four periods of school on the day of the event. No student shall participate, without administrative approval, if they miss the last four periods of the school day. Work-release students must be present for all their academic periods.
Note: Doctor's appointments, dental appointments, etc. should be approved in advance by the attendance office, administration, or athletic director.
Example: A student who is ill but improved enough to get to school before the beginning of the last two academic periods may participate. A student who is so ill that he/she must leave school during the day may not participate.
2. No student shall attend a practice or contest while assigned in school or out of school suspension. A student who is assigned ISS may resume participation on the day he/she completes their ISS term. A student who is serving OSS may not resume participation until he/she has attended a full day of school following the suspension.
Note: students should satisfy all requirements for a missed practice before participating in a contest. Head coaches should use discretion if a student serves ISS but misses no practice time. Also, no student shall participate in any weekend activities if an ISS term extends across a weekend.
3. Without prior administrative approval, no student shall practice or participate in any contest while there exist school related discipline charges (of a serious nature) or non-school related legal charges pending against said student.
4. Any student who voluntarily quits a team or has been dismissed from a sport, is ineligible to begin participating in another sport until the previous sport has concluded its entire season and playoffs. An exception to this policy may be made if both coaches involved and the athletic director grant approval.
5. Each coach/sponsor shall provide his/her participants with written guidelines for absenteeism from practice and/or contests.
6. Each program/activity shall document attendance for all practices and contests.
7. All students who are participating in a particular sport should attend a mandatory meeting with their parents before the start of the season.
8. All students are required to ride to and from all athletic events with the team unless there are unusual circumstances. Each circumstance will be addressed on an individual basis. Coaches/Sponsors will provide a schedule that lists departure and approximate arrival times for each away contest.
9. All students participating in an extracurricular activity will be given a copy of team rules, expectations, and lettering policies before the start of the season. A signed copy of these rules should be returned to the coach.
10. Participation in interscholastic/extracurricular activities in public schools is a privilege. Students participating in these activities are school leaders who are looked up to and emulated by other students. They are role models who represent their school and more importantly, depict its character. A minimum requirement of all students for participation is good citizenship. Students are expected to abide by all school and team rules, policies, and regulations and comply with all state laws.
11. With leadership comes additional responsibility and student participants must adhere to high standards of conduct. When students violate these high standards, the school district may withdraw the privilege to participate in interscholastic/extracurricular activities.
12. School officials may suspend a student from participation in extracurricular activities who has been charged with and/or found guilty of a misdemeanor or felony involving violence, weapons, alcohol, and/or substance abuse until disposition of the charges. The student must report the incident to the coach/sponsor. The coach/sponsor will present the facts, as known, to the school administration who will determine eligibility for participation.

Thank you for your cooperation. Working together we will have a successful athletic program.

Signed: Student _____

Date _____

Signed: Parent _____

Date _____



Expectations of Parents



Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each role, we are able to communicate the benefits of extracurricular activities to children. As parents, it is important for you to be active in your child's athletic experience and help to foster a positive relationship between your student-athlete and their coaches, teammates, fans, officials, and opponents. Parents should be supportive of the coaching staff and team goals in order to help create better members of the community.

Parental Sportsmanship

Parents are expected to demonstrate good sportsmanship at all times. As a spectator, parents should be supportive of all athletes and cheer positively at all times. Parents should not engage in negative attacks on players, parents, coaches, or officials at any time.

Interaction with Coaches

Parents should be supportive of coaches at all levels of athletic competition. Parents should interact with coaches in order to create a supportive and nurturing environment for their student-athlete. Parents should work with coaches to help build a positive team experience.

Interaction with Officials

At no time should a parent engage in conversations with an official during an athletic competition. Parents should avoid criticizing the officiating of an athletic contest. Parents who are found harassing officials will be asked to leave the athletic competition without reimbursement and may be banned from future athletic events.

Parent Meetings and Communication

It is recommended for each sport to hold a Parent Meeting at the beginning of the season. This meeting will outline expectations of the coach, rules for the season, and other information pertinent to your child's involvement in athletic participation. This meeting should be attended by parents and athletes alike. Coaches may choose to hold parent meetings at other times of the year to address issues such as fundraising and banquets.

Chain of Command

Coaches work to maximize opportunities for students who participate in sports while maintaining a competitive program. At times, the decision of a coach may come into question by an athlete or parent. When the situation arises, the athlete or parent should initiate a conversation with the athletes' immediate coach. If a resolution cannot be initially reached, the athlete or parent should contact the varsity coach, if the issue is at the non-varsity level or the athletic director if the issue is with the varsity coach. We strongly encourage a resolution be reached by the athlete's immediate level coach before taking the concern to the next level.

Appropriate Concerns to Discuss with Coaches

It is important to understand that there are times when things do not go the way that you or your child wishes. At these times, discussion with the coach is encouraged. There are certain issues that are appropriate to discuss with coaches such as:

- Ways to help your child improve.
- Concerns about your child.
- Academic support and college opportunities.

It is very difficult to accept your child not playing as much as you may hope. Playing time is based upon judgment as to what a coach believes to be the best for all students involved. Play calling, team strategy, and other student athletes are not appropriate for discussions. Keep your comments limited to your child.

24 Hour Rule

This rule applies to parent-coach interaction. If something is bothering you about your child's status on a team, etc. give yourself 24 hours before you contact the coach. Never attempt to contact the coach after a contest, especially a loss. The time away from the situation will give you a chance to search for a perspective that may give you a new way to look at the circumstances. Discussions with the coach will be more meaningful when calmer situations prevail.

I have read and agree to follow the information listed above: _____

Parent Signature and Date

Parental Consent for Athletic Participation

Warning: Although participation is supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students will engage in or out of school., BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CASTROPHIC INCLUDING, PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, you acknowledge that you have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (We) hereby give consent for _____ to:

- 1) Compete in athletics at _____ High School of the Bartow County School System in **Georgia High School Association approved sports:**
Baseball Basketball Golf Volleyball Swimming & Diving Soccer
Cross Country Football Softball Wrestling Tennis Track & Field
Cheerleading Weight Training
- 2) To accompany any school team or sports club of which the student is a member on any of its local or out-of-town trips; and
- 3) I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
- 4) Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.
- 5) Parents should contact Head Coach for information regarding injuries to their son/daughter.
- 6) I understand that transportation may or may not be provided by the Bartow Co. School System. In the event transportation is not provided by the BCSS, transportation will be the student's responsibility. If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her discretion.
- 7) I release and waive, and further agree to indemnity, hold harmless or reimburse the BCSS, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known/unknown, directly/indirectly, from any losses, damages or injuries arising out of, during, or connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

*This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

_____	_____
Signature (S) of Parents (S) or Guadian(S)	Date
_____	_____
Signature of Student-Athlete	Date

GHSA Heat Guidelines

WBGT READING	ACTIVITY GUIDELINES
UNDER 82.0	Normal activities – Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout.
82.0 – 86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully; Provide at least three separate rest breaks each hour of a minimum of four minutes duration each.
87.0 – 89.9	Maximum practice time is two hours! (For football): players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour of a minimum of four minutes each.
90.0 – 92.0	Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice.
OVER 92	NO OUTDOOR WORKOUTS! Cancel exercise; delay practice until a cooler WBGT reading occurs.

GEORGIA HIGH SCHOOL ATHLETIC ASSOCIATION HEAT INDEX MEASUREMENT AND RECORD

GUIDELINES FOR HYDRATION AND REST BREAKS:

1. Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved.
2. For football, helmets should be removed during rest time.
3. The site of the rest time should be a "cooling zone" and not in direct sunlight.
4. When the WBGT reading is over 86:
 - a. Ice towels and spray bottles filled with ice water should be available at the "cooling zone" to aid the cooling process.
 - b. Cold immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness.

DEFINITIONS

1. **PRACTICE:** the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave.
2. **WALK THROUGH:** this period of time shall last no more than one hour, is not considered to be a part of the practice time regulation, and may not involve conditioning or weight-room activities. Players may not wear protective equipment.

PENALTIES: Schools violating the heat policy shall be fined a minimum of \$500.00 and a maximum of \$1,000.00.

Head Coach Signature _____ Date _____

Athlete Signature _____ Date _____