Routing
1 _____
2 _____
3 _____

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 and signed by the student)

Male_____
Female_____

PRINT CLEARLY

Name_____Current Grade: _____
(Last) (First) (Middle Initial)

Home Address_____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth_____Place of Birth_____

INDIVIDUAL VISAA ELIGIBILITY RULES*

(*Apply only to varsity athletes grades 8-12 competing in LIS/VISAA championship events)

A student who does not satisfy the rules set forth in this Article V is **NOT** allowed to participate in any regular season competition between VISAA member schools or any VISAA championship event (defined as a VISAA Event).

- **Academic Requirement:** The student must be a regular bona fide student in good standing of the school that he or she represents and must be enrolled and in attendance at the VISAA school that he or she represents at least 30 days prior to the date of the commencement of the VISAA championship in which he or she proposes to participate to be eligible for such VISAA championship. For the purposes hereof, the term "regular bona fide student" shall mean a full-time student taking an average of four (4) hours of classroom instruction per day or at least five (5) academic classes per semester/grade reporting period and is working toward graduation requirements at the school he or she represents. For the purposes hereof, the term "school" shall mean a private, preparatory, parochial or other nonpublic school that is accredited by the accrediting agency approved by the VCPE and that does not derive its financial support from state or local taxes.
- **Age Requirement:** The student shall not have reached the age of 19 on or before August 1 of the school year in which he or she wishes to compete.
- **Grade Level Requirement:** Students in grades 8-12 are eligible for VISAA Events. Students below the 8th grade level are ineligible for VISAA Events.
- **Conference Requirement:** Any student or school team ruled ineligible by a VISAA recognized conference is considered ineligible for VISAA Events. A conference's determination of eligibility under its rules is not appealable to the Appeals Committee of the Executive Committee or the Executive Committee.
- **Senior Status Requirement:** Attending academic classes while classified as a senior at any school marks the student's last year of eligibility for VISAA Events. A student who has been classified as a senior at any school, who then transfers to another VISAA member school, is eligible for VISAA Events during that transfer year only. The student may not gain additional eligibility thereafter. Post-graduates are ineligible for VISAA Events.
- **Reclassification of a student:** A school that reclassifies a student to repeat a grade must do so for non-athletic reasons and in compliance with all conference requirements as applicable. A change in grade status at any time must be reflected in all school records and publications as soon as practicable following the date of reclassification.
- **Non-Conference School Participation:** Schools not participating in a VISAA approved conference may apply to participate in VISAA championship events if they participate in at least 50% of their athletic contests with VISAA member schools. Non-conference schools must comply with all VISAA tournament dates and times and VISAA eligibility requirements.
- **Multisport Participation:** In order for a student to participate in more than one school sport in a season, the student must be a regular member of both teams participating in practice for both sports and participating in at least two scheduled contests for both teams during the regular season.
- **Gender:** If a school maintains separate teams in the same sport for girls and boys during the school year, regardless of sports season, girls may not compete on boys' teams, and boys may not compete on the girls' teams. If a school maintains only a boys' team in a sport, girls may compete on the boys' team. Boys may not participate on a girls' team in any sport other than cheerleading and crew. In the sports of crew, as permitted by the U.S. Rowing Rules, a male coxswain may compete in events for girls, and a female coxswain may compete in events for boys. Notwithstanding the foregoing, if the Executive Committee determines the boys' opportunities for participation in athletics have been limited in the past, boys may not participate on a girls' team, unless the sport involved is a contact sport.

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by you Conference and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your administration for interpretations and exceptions provided under VISAA rules**. Meeting the intent and spirit of VISAA standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any school or VISAA athletic program, publication or video.

LOCAL SCHOOLS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Parent Signature: _____Student Signature:_____Date: _____

Providing false information will result in ineligibility for one year.

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 completed 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. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you currently have an ongoing medical condition? If so, Please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:	☐	☐
3. Have you ever spent the night in the hospital?	☐	☐
4. Have you ever had surgery?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	☐	☐
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
7. Does your heart race or skip beats during exercise?	☐	☐
8. Has a doctor ever told you that you have (check all that apply): ☐High Blood Pressure ☐A heart murmur ☐High cholesterol ☐A heart infection ☐Kawasaki disease ☐Other:	☐	☐
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	☐	☐
10. Do you get lightheaded or feel more short of breath than expected during exercise?	☐	☐
11. Have you ever had an unexplained seizure?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	☐	☐
13. Does anyone in your family have a heart problem?	☐	☐
14. Does anyone in your family have a pacemaker or implanted defibrillator?	☐	☐
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	☐	☐
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	☐	☐
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	☐	☐
18. Have you had any broken or fractured bones or dislocated joints?	☐	☐
19. 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?	☐	☐
20. 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?	☐	☐
21. Have you ever had a stress fracture of a bone?	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐
23. Do you currently have a bone, muscle, or joint injury that bothers you?	☐	☐
24. Do any of your joints become painful, swollen, feel warm, or look red?	☐	☐
25. Do you have a history of juvenile arthritis or connective tissue disease?	☐	☐
MEDICAL QUESTIONS	**Yes**	**No**
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)	☐	☐
28. Were you born without or are you missing a kidney, an eye, spleen or any other organ?	☐	☐

MEDICAL QUESTIONS (cont)	Yes	No
29. Do you have groin pain or a painful bulge or hernia in the groin area?	☐	☐
30. Have you had mononucleosis (mono) within the last month?	☐	☐
31. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
32. Have you ever had a herpes or MRSA skin infection?	☐	☐
33. Are you currently taking any medication on daily basis?	☐*	☐
34. Have you ever had a head injury or concussion? If so, date of last injury:	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Do you have headaches with exercise?	☐	☐
37. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
38. When exercising in heat, do you have severe muscle cramps or become ill?	☐	☐
39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
40. Have you had any other blood disorders?	☐	☐
41. Have you had any problems with your eyes or vision?	☐	☐
42. Do you wear glasses or contact lenses?	☐	☐
43. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
44. Do you worry about your weight?	☐	☐
45. Are you trying to or has any professional recommended that you try to gain or lose weight?	☐	☐
46. Do you limit or carefully control what you eat?	☐	☐
47. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date:		
49.Do you have an allergy to medicine, food or stinging insects?	☐	☐
FEMALES ONLY 50. Have you ever had a menstrual period?	☐	☐
51. Age when you had your first menstrual period? _____		
52. How many periods have you had in the last 12 months?_____		

EXPLAIN "YES" ANSWERS BELOW:

#____ » _____

#____ » _____

#____ » _____

#____ » _____

#____ » _____

*List medications and nutritional supplements you are currently taking here:

☼▶ ▶ **Parent/Guardian Signature:**_____ **Date:**_____ **Athlete's 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 30th** of the current school year)**

NAME_____ **Date of Birth**_____ **School** _____

Date of EXAMINATION:			
Height	Weight	☐ Male ☐ Female	
BP /	Resting Pulse	Vision R 20/ L 20/	Corrected ☐ Yes ☐ No

MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

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.

☐ **CLEARED WITHOUT RESTRICTIONS**

☐ **CLEARED WITH FOLLOWING NOTATION:** _____

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

_____

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

☐ Not cleared for (specific sports)_____ Until Date:_____

Reason(s): _____

☐ **NOT CLEARED FOR PARTICIPATION Reason** _____

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.

Physician Signature:_____ (+MD, DO, LNP, PA) . Date** _____
Circle one

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

Address:_____ City_____ State _____ Zip _____

+ **Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted**

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: basketball, cross country, field hockey, golf, lacrosse, sailing, soccer, softball, squash, swimming/diving, tennis, track & field, volleyball, waterman, 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 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 participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or heath 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.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any school or VISAA athletic program, publication or video.

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME_____**GRADE**_____**AGE**_____**DOB**_____

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 student presently taking any other medication? _____If so, what type? _____

Does 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_____to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Cell phone _____

☼►►**Signature of parent or guardian**_____Date_____

Relationship to student_____

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

I certify all 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

Part VI: Concussion & Return to Play Policy

(Attached to Physical Form)

State law mandates that school divisions provide information to parents and students concerning the risk of concussion, its consequences, and procedures for returning to participation after an incident. The goals of the "Student-Athlete Protection Act (SB 652)" are to ensure that student-athletes who sustain concussions are properly diagnosed, given adequate time to heal, and are comprehensively supported until they are symptom free.

I. Definition of Concussion

A brain injury that is characterized by an onset of impairment of cognitive and /or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

II. Signs and Symptoms

Signs observed by parents or guardians

- appears dazed or stunned
- is confused about assignment or position
- forgets an instruction
- is unsure of game, score, or opponent
- moves clumsily
- answers questions slowly
- loses consciousness (even briefly)
- shows behavior or personality changes
- can't recall events prior to hit or fall
- can't recall events after hit or fall

Symptoms reported by athlete

- headache or "pressure" in head
- nausea or vomiting
- balance problems or dizziness
- double or blurry vision
- sensitivity to light
- sensitivity to noise
- confusion
- feeling sluggish, hazy, foggy, or groggy
- does not "feel right"
- concentration or memory problems

III. The Gradual Return to Play Progression Program

If an athlete is suspected of having incurred a concussion during practice or play, this policy will be followed:

1. Removal from activity
2. Notification of parent/guardian regarding the incident
3. Doctor's release by a licensed health care provider.
4. The athlete will begin a gradual return to sports implemented by the athletic staff will take a minimum of 5 to 7 days to complete depending on the nature of the sport to resume full game participation, provided symptoms do not return.

IV. Acknowledgement by Parents/Guardians and Student-Athletes

I have reviewed the information concerning concussion and return to play procedures.

_____	_____	_____
Student-Athlete Name PRINTED	Student-Athlete Name SIGNATURE	Date
_____	_____	_____
Parent/Guardian Name PRINTED	Parent/Guardian Name SIGNATURE	Date

It's better to miss one game than the whole season. For more information on concussions, visit:
www.cdc.gov/Concussions