

2019-20 SCOTUS SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name: _____ Age: _____ Grade 2019-20: _____ Date: _____
 Address: _____ Home Phone: _____
 Parent Cell: _____ Student Cell: _____
 Date of Birth: _____ Sex: *Male:* _____ *Female:* _____
 Sports: _____
 Physician: _____ School: _____

This history should be completed by the athlete and parent before the examination.

	Yes	No		Yes	No
Have you ever had an illness that:			Have you ever:		
• Required you to stay in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	• Been dizzy or passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
• Lasted longer than a week?	<input type="checkbox"/>	<input type="checkbox"/>	• Been unconscious or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
• Caused you to miss 3 days of practice or competition?	<input type="checkbox"/>	<input type="checkbox"/>	• Are you able to run ½ mile without stopping (2 times around the track)?	<input type="checkbox"/>	<input type="checkbox"/>
• Is related to allergies (hay fever, asthma, insect stings)?	<input type="checkbox"/>	<input type="checkbox"/>	Do you:		
• Required an operation?	<input type="checkbox"/>	<input type="checkbox"/>	• Wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
• Is chronic (asthma, diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	• Wear dental bridges or braces?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an injury that:			• Have you ever had a heart murmur, high blood pressure, or a heart abnormality?	<input type="checkbox"/>	<input type="checkbox"/>
• Required you to go to an emergency room or go see a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	• Do you have any allergies to medicines?	<input type="checkbox"/>	<input type="checkbox"/>
• Required you to stay in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	• Are you missing a kidney or testicle?	<input type="checkbox"/>	<input type="checkbox"/>
• Required x-rays?	<input type="checkbox"/>	<input type="checkbox"/>	When was your last:		
• Caused you to miss 3 days of practice or competition?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus booster? _____		
• Required an operation?	<input type="checkbox"/>	<input type="checkbox"/>	Measles-Mumps-Rubella booster? _____		
Do you take any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Are you worried about any problems or conditions at this time?	<input type="checkbox"/>	<input type="checkbox"/>
if so, list them and what they're for: _____			If so, explain: _____		
Have any members of your family under the age of 50 had a heart attack, heart problem, or died unexpectedly?				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Athlete: _____ Date: _____
 Signature of Parent: _____ Date: _____

Comments – RE: Abnormal Findings

7th Grade PHYSICAL EXAMINATION RECORD

Station 2	Normal	Result	Initials
Height	_____	_____	_____
Weight	_____	_____	_____
Pulse	_____	_____	_____
Blood Pressure	_____	_____	_____

Station 3	Vision Screen			
Right	_____/_____	Corrected: _____	Uncorrected: _____	
Left	_____/_____	Corrected: _____	Uncorrected: _____	

Station 4	Normal	Abnormal Findings	Initials
Eyes	_____	_____	_____
Ears, Nose, Throat	_____	_____	_____
Mouth & Teeth	_____	_____	_____
Neck	_____	_____	_____

Physical Maturity (Tanner State) *circle one* 1 2 3 4 5

Station 5	Normal	Abnormal Findings	Initials
Cardiovascular	_____	_____	_____
Chest & Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia – Hernia (Male)	_____	_____	_____

Station 6	Normal	Abnormal Findings	Initials
Musculoskeletal Exam	_____	_____	_____
a. neck	_____	_____	_____
b. spine	_____	_____	_____
c. shoulders	_____	_____	_____
d. arms/hands	_____	_____	_____
e. hips	_____	_____	_____
f. thighs	_____	_____	_____
g. knees	_____	_____	_____
h. ankles	_____	_____	_____
i. feet	_____	_____	_____
Neuromuscular	_____	_____	_____

PARTICIPATION RECOMMENDATIONS

_____ 1. NO ATHLETIC PARTICIPATION
 _____ 2. LIMITED PARTICIPATION, Specific exclusions: _____
 _____ 3. FULL UNLIMITED PARTICIPATION
 _____ 4. CLEARANCE WITHHELD UNTIL: _____

Physician Signature: _____
 Date/Year: _____ Phone Number: _____

To be completed for students participating in any NSAA activities.

Student and Parent Consent Form



School Year: 20____-20____
Member School: _____
Name of Student: _____
Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

Name of Student [Print Name]

Student Signature

Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross Country	Soccer	Volleyball
Music	Unified Bowling	Softball	Wrestling	Debate	Journalism

Parent [Print Name]
Revised July 2018

Parent Signature

Date