

August 16, 2017

ATHLETIC PHYSICAL RELEASE FORM

1. **PHYSICALS-** On Tuesday, August 22nd St. Joseph High School will provide free physicals for our athletes at the Family Activity Center (gym) on campus. ALL athletes (grades 7 through 12) who plan on participating in ANY sports during the 2017-2018 school year must have a physical. Students must report to the gym at the appropriate times. All students in grades 7-9 must be at the gym by 5:45 and all students in grades 10-12 must be at the gym by 6:15.
2. Please COMPLETE AND SIGN all of the Health Screening Form and the Emergency Action Information Sheet and have **STUDENTS BRING WITH THEM TO THE GYM on the night of the physicals.**
3. **INSURANCE-** Insurance is required for participation in school athletics. It is the responsibility of the parent to secure insurance for their child. Parents may also purchase insurance or additional insurance offered through the school. Please see Coach Bruich for these forms. **MAKE SURE YOU FILL OUT THE INSURANCE INFORMATION IN THIS PACKET!**

Our screening conducted by our physicians has been a good start for physical evaluation. We encourage you, however, to have a complete physical for your child by your family doctor if there is ever any evidence of need or especially for youngsters just starting a physical activity program.

By my signature, I agree to hold harmless of neglect any physician volunteering for St. Joseph School, any adult chaperone, staff member, the school, or the parish in case an accident occurs while my child is a participant in St. Joseph athletics.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent/Guardian

Diane Wolfe, Principal

Brent Bruich, Athletic Director

**EMERGENCY ACTION INFORMATION SHEET**

DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

NAME OF HEALTH INSURANCE CO. \_\_\_\_\_

POLICY NO. \_\_\_\_\_

## NOTIFY IN CASE OF EMERGENCY

EMERGENCY CONTACT #1: \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT #2: \_\_\_\_\_ PHONE \_\_\_\_\_

## PAST MEDICAL HISTORY

*(past or current cardiac, pulmonary, or orthopedic conditions, current medications and dosages and any known allergies)*


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## CONSENT TO GIVE Over The Counter MEDICATIONS (Ibuprofen, Tylenol, Pepto Bismal, etc..)

I give my consent for the Athletic Staff of St. Joseph Schools to administer over-the-counter medications to my child as needed and by the directions given on the product label of the desired medication. I agree to release and hold harmless St. Joseph Schools and any of their staff members or agents from lawsuit, claim, expense, demand, or action, etc. against them for assisting my child with needed over-the-counter medication.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or legal guardian

***This form is CONFIDENTIAL and for EMERGENCIES!!!! It will be taken to away games and kept on file at home games for the safety of your child.***

## 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
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, 4+/ Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>		
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>		
Lungs		
Abdomen		
Genitourinary (males only)*		
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>		
Neurologic*		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 \*Consider GU exam if in private setting. Having third party present is recommended.  
 \*Consider 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





## Arkansas Activities Association Concussion Fact Sheet for Athletes and Parents

### WHAT IS A CONCUSSION

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding”, “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION

#### Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory Problems
- Confusion
- Does not “feel right”

#### Observed by the Parent / Guardian, Coach, or Teammate

- 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 after hit or fall
- Appears dazed or stunned

### WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

#### Athlete

- TELL YOUR COACH IMMEDIATELY
- Inform parents
- Seek medical attention
- Give your self time to recover

#### Parent / Guardian

- Seek medical attention
- Keep your child out of play
- Discuss play to return to play with coach
- Address academic needs

### WHERE CAN I FIND OUT MORE INFORMATION?

- Center for Disease Control [www.cdc.gov/concussion/HeadUp/youth.html](http://www.cdc.gov/concussion/HeadUp/youth.html)
- NFHS Free Concussion Course <http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

### RETURN TO PLAY GUIDELINES

1. Remove immediately from activity when signs/symptoms are present.
2. Release from medical professional required for return (Neuropsychologist, MD, DO, Nurse Practitioner, Certified Athletic Trainer, or Physician Assistant)
3. Follow school district’s return to play guidelines and protocol

### SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached AAA Concussion in Sports Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity.

\_\_\_\_\_  
Athlete’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date