



NMAA 2020-2021 PREPARTICIPATION EXAMINATION WAIVER FORM

*As a result of the COVID-19 pandemic, the following form may be used to waive the annual preparticipation examination requirement for returning student-athletes. This form will only be accepted for the 2020-2021 school year.

NAME (Last, First, MI): _____ AGE: _____ GRADE: _____ DATE OF BIRTH: ___/___/___
 SCHOOL: _____ SPORTS: _____
 ADDRESS: _____
 HOME PHONE: _____ CELL PHONE: _____ OTHER(S): _____

Check YES or NO boxes for each question.

Date of Last Sports Physical YES NO
 1. Did you receive a preparticipation examination (sports physical) on or after April 1, 2019?

Medical Risk Questions

- 2. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?
- 3. In the last year, have you passed out or nearly passed out *during or after* exercise?
- 4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?
- 5. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?
- 6. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained death before age 35 (including an unexplained drowning or unexplained car accident)?
- 7. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?
- 8. Have you tested positive for COVID-19?
- 9. Has anyone in your immediate family tested positive for COVID-19?
- 10. Have you been in close contact with anyone who has tested positive for COVID-19?

Parents or Legal Guardians: Please note any health concerns, medications, allergies that may be important for the athletic/activities director and/or coaches to know.

"I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities. Additionally, I am aware that there is an inherent risk of injury and/or illness associated with participation in athletic activity and grant permission for my child to participate in NMAA activities during the current COVID-19 pandemic."

 Parent or Legal Guardian Signature Date

 Student Signature Date

For School Use Only

School Personnel Review

1. Question 1: NO – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf
 2. Question 2-4: YES – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf
 3. Questions 5-10: YES – Student requires written clearance from an approved HCP.

NOTES:

CLEARED FOR SPORTS: YES NO

NEW MEXICO ACTIVITIES ASSOCIATION

6600 PALOMAS AVE. NE
ALBUQUERQUE, NM 87109
PHONE: 505-923-3110
FAX: 505-923-3114



CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances, it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the New Mexico Activities Association (NMAA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/NMAA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, medical/osteopathic physician, physician assistant or nurse practitioner licensed by the state of New Mexico (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by New Mexico law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

"I, _____ the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/NMAA may employ or designate QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by New Mexico law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/NMAA."

Date: _____ **Signature:** _____