OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

		YES	NO
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
	Do you have an ongoing or chronic illness?	☐	☐
2.	Have you ever been hospitalized overnight?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	☐	☐
	Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
4.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
	Have you ever had a rash or hives develop during or after exercise?	☐	☐
5.	Have you ever passed out during or after exercise?	☐	☐
	Have you ever been dizzy during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
6.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
7.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐

		YES	NO
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
8.	Have you ever become ill from exercising in the heat?	☐	☐
9.	Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
	Do you or does someone in your family have sickle cell trait or disease?	☐	☐
10.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
11.	Have you had any problems with your eyes or vision?	☐	☐
	Do you wear glasses, contacts, or protective eyewear?	☐	☐
12.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐

If yes, check appropriate box and explain below.

☐ **Head**	☐ **Elbow**	☐ **Hip**
☐ **Neck**	☐ **Forearm**	☐ **Thigh**
☐ **Back**	☐ **Wrist**	☐ **Knee**
☐ **Chest**	☐ **Hand**	☐ **Shin/calf**
☐ **Shoulder**	☐ **Finger**	☐ **Ankle**
☐ **Upper arm**		☐ **Foot**

13.	Do you want to weigh more or less than you do now?	☐	☐
	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
14.	Do you feel stressed out?	☐	☐

15. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis _____ Chickenpox _____

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Date _____

Signature of athlete _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____% Pulse _____ BP _____/_____ (_____/_____, _____/_____)
Initial BP Post Exercise 5 Min. Post Ex.

Vision: R 20/_____ L 20/_____ Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		

MUSCULOSKETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

( ) Cleared

( ) Cleared after completing evaluation/rehabilitation for: _____

( ) Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____

Part I – Little Axe Public School Athletic Department
Emergency Medical Authorization

Purpose: For parents/guardians to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

For: _____
Name of Athlete

Address: _____

City/State/Zip: _____

Phone: _____

Parent/Guardian: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

In the event reasonable attempts to contact me _____ (parent/guardian) are unsuccessful, I (We), the undersigned parent/legal guardian of _____ do authorize any hospital, clinic, or licensed physician to treat my/our child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff or the hospital, clinic or office.

Preferred physician: _____ Phone number: _____

Preferred dentist: _____ Phone number: _____

Preferred hospital: _____

In the event the designated preferred practitioner is not available, I/we authorization in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the school's athletic trainer or coach to provide emergency treatment to my/our child prior to his/her admission to any medical facility.

List any restrictions/physical impairments:

_____

List any special medications taken by athlete:

_____

_____ _____

Signature of Parent/Guardian Date

Part II – Little Axe Public School Athletic Department

Refusal of Consent

(Do not complete Part II if you completed Part I)

I (We) _____ (Parent/Guardian) do not, give consent for emergency medical treatment of my/our child in the event of any illness or injury requiring emergency medical treatment. I wish the school authorities to take no action and to do the following:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Parent/Guardian Date

Address:

_____

_____

_____

_____

Phone Number: _____

SCHOOL EMERGENCY INFORMATION FORM

(Please Print All Information)

Student's Name_____ Grade _____

Address_____ Date of Birth _____
Street

_____
City State Zip Home Phone

Natural Mother's Name _____

Mother's Place of Employment _____

Natural Father's Name _____

Father's Place of Employment _____

INSURANCE INFORMATION

Insurance Co. _____ Phone # _____

Policy Holder _____

Employee _____

Plan Number _____

ID Number _____

List the name and phone numbers of at least two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

4050a

CONCUSSIONS AND HEAD INJURIES

The Little Axe Board of Education recognizes that concussions and head injuries are commonly reported injuries in contact sports.

On an annual basis, a **concussion and head injury information sheet** shall be completed and returned to the district by the athlete and the athlete's parents prior to participation in practice or competition. The athletic director shall provide written instructions to all coaches to insure that no athletes are allowed to participate in practice or competition prior to the receipt of a **concussion and head injury information sheet.** Any coach or staff allowing an athlete to participate in practice or competition prior to the receipt of a signed **concussion and head injury information sheet** shall be disciplined and may be terminated from employment.

An athlete who is suspected of sustaining a concussion or head injury during a practice or game shall be removed from participation at that time. Any athlete removed from participation shall not be allowed to participate until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives written clearance to return to participation from that heath care provider.

Reference: 70 O.S. §24-155

THIS POLICY IS REQUIRED BY LAW

LITTLE AXE BOARD OF EDUCATION
12-11-10

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT AND INFORMATION SHEET

In compliance with Oklahoma State Statute Section 24-155 of title 70, this acknowledgement form is to confirm that you have read and understand the **Concussion Fact Sheet** provided to you by Little Axe School District related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Little Axe School District's athletic programs and I, _____, as the parent, have read the information material provided to us by Little axe School District related to concussions and head injuries occurring during participation in athletic programs and understands the content and warnings.

_____

Signature of Student Athlete Date

_____

Signature of Parent Date

This form shall be completed annually prior to the athlete's first practice and/or competition and be kept on file for one (1) year beyond the date of signature in the Athletic Director's office.

ATTACHMENT A: Concussion/Head Injury Fact Sheet Student-Athletes
ATTACHMENT B: Concussion/Head Injury Fact Sheet for Parents

ATTACHMENT A

CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHELTES

WHAT IS A CONCUSSION?

A concussion is a brain injury.
Is caused by a bump or blow to the head;
Can change the way your brain normally works;
Can occur during practice or games in any sport;
Can happen even if you have not been knocked out;
Can be serious even if you have just been "dinged";

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
Sensitivity to light
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

TELL YOUR COACHES OR PARENTS. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
GET A MEDICAL CHECKUP. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
GIVE YOUR BRAIN TIME TO GET BETTER. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Follow your coach's rules for safety and the rules of sport.
Practice good sportsmanship.
Use the proper equipment including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards –IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

FOR MORE INFORMATION VISIT:

www.cdc.gov/traumaticBraininjury/
www.oata.net
www.ossaa.com
www.nfhsliern.com

ATTACHMENT B

CONCUSSION/HEAD INJURY FACT SHEET FOR PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right way.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy or groggy
Concentration or memory problems
Confusion
Does not "feel right"

WHAT ARE THE SIGNS OBSERVED BY PARENTS?

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
Lose consciousness (even briefly)
Shows behavior or personality changes
Cannot recall events prior to the hit or fall
Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

Ensure they follow their coach's rules for safety and the rules of the sport.
Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards – IN ORDER FOR EQUIPMENT TO

PROTECT YOU, it mush be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.) Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

www.cdc.gov/traumaticBraininjury/
www.oata.net
www.ossaa.com
www.nfhslearn.com