

Richmond County School System Interscholastic CONTRACT for Parents and Student-Athletes

- 1. I understand that each participating student in athletics, extracurricular, co-curricular and interscholastic activities is expected to maintain at least a 75 average in order to remain eligible. I also understand that progress reports will be done every three (3) weeks and I must sign the report and return to the school. I also understand that if my child does not maintain academic achievement, that he/she will be removed from participation until such grades have improved and academic expectations and requirements have been met.
- 2. I understand that my child is expected to attend all practices, rehearsals, meetings and events, to arrive promptly and to remain throughout the scheduled hours. I also agree to provide a written excuse for missed practices and pick up my child after practices, rehearsals, meetings and events have ended.
- 3. I understand that my child is to cooperate and conduct him or herself with Administrators, teachers, coaches, spectators, officials, and team members in a manner showing respect to all persons.
- 4. I understand that my child must adhere to all school policies and policies of the Richmond County Board of Education.
- 5. I understand that my child must maintain the highest standards of honesty and integrity while representing the school and the school system of Richmond County.
- 6. I understand that my child is to respect and care for all equipment and supplies issued by the Richmond County School System. I also understand that I am held financially responsible for any theft, damage or loss of any of the equipment or supplies issued to my child by the Richmond County School System.

The privilege of representing a school rest in consideration of the County Board of Ed extracurricular, co-curricular, and intersch that my child will attend school regularly, a respectful of others. This contract is for the	lucation of Richmo olastic activities a maintain high aca	ond County offering a nd selecting my child demic standards, and	thletics, as a member	r, I promise
This contract becomes effective this	day of		20	
Signature of parent or guardian				

Signature of student

PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION

Dear Parent(s) or Guardian(s):

The school's athletic program is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury which may range in severity from minor to long-term catastrophic, including paralysis and death.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, participate in all required physicals, report all physical problems to the coach or athletic trainer, follow a proper conditioning program and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport.

It is the policy of the Richmond County Board of Education that all athletic participants, other than football, provide either proof of insurance, purchase the student accident insurance policy that is sanctioned by the board, or sign a military waiver, provided by the school for military dependents. Participants in football must either provide proof of insurance, sign a military waiver, or purchase the football policy carried by the student accident insurance company. The school's athletic program is not authorized to extend public funds for injuries; thus, it will be the responsibility of the parent or guardian to pay any costs for any injury, which is not covered by insurance.

(PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS TO SHOW THAT THE STATEMENT HAS BEEN

READ, U	NDERSTOOD AND APPROVED)
	I consent to have my son/daughter represent his/her school in approved athletic activities except those activities excluded by the examining doctor.
	I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all events in school approved vehicles. Parents/Guardians wishing to have their son/daughter with them returning from an event must make written arrangements with the coach.
	in the event of an emergency requiring medical attention, I understand every attempt will be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.
	l agree not to hold the school or anyone acting on its behalf responsible for any injury occuring to my son/daughter in the proper course of such athletic activities or travel.
	I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and death.
Date:	Signature:(Parent/Legal Guardian)
Date:	Signature:(Parent/Legal Guardian)

Name: Birthdate: Grade: [Sex: [M] [F] 11 THE PERSON OF THE PERSON OF THE PERSON OF Address: File of the second person and the resource and T Home Phone # : . dimen his Name of Parent/Guardian: POST OFFICE OF STATES OF STATES terretal la disensión de la estata contenta de la tribita describação de la cidade de la completa que tras de c Address if different from above: erikan di kasa sa madagi ja**ri**ma THE SECOND OF THE PROPERTY OF FOLICE COLUMN POST SECTION OF THE SECOND SECTION OF THE SECOND SECOND SECTION OF THE SECOND (國語) 1995年 1985年 1986年 1986年 1987年 医检查检查检查 化自己的 医皮肤性病 医皮肤性缺乏的 医皮肤的 (Father) Home Phone #: (Mother) CARRON POLICE CONTROL POPPER MY TRANSLED SPORTER CONTROL ana an an di daharan paraba hisbalah bi bala da Jewa Business Phone #: (Mother). PERSON OTHER THAN PARENT/GUARDIAN TO CONTACT IN CASE OF EMERGENCY: ting the true ton, with it in a control years that will be substituted Name: Relation: Address: NEST WARE SOM SECTION DESIGNATION THE STANDARD CONTRACTOR OF THE PROPERTY OF THE Phone #: (H) __ (B) ____ FAMILY PHYSICIAN/INFORMATION: 1 SERVICE SERVICES OF THE SERVIC Physician Name: __ Chipping in it also a proper appears against Address/Location: Eligitation for the property of the property o (Emergency). INSURANCE COMPANY INFORMATION: Primary: _ Secondary: . Policy #: . The second of th · 我是一个的一个时间,在这个事情的一点是一点的复数。这样的意思的感觉。 the following the pro-

AWARENESS OF FOOTBALL RISK

The coaches in our football program are well qualified, professional people who emphasize the proper fundamentals related to playing the game of football. Regardless of this fact, being a contact sport, injuries will occur. It is the purpose of this handout to not only inform the player and the parent of this, but also to make them aware of the safety precautions that must be adhered to in order to either prevent or to minimize injuries.

By rule, the helmet is not to be used a "ram". It is not possible to play the game safely or correctly without making some contact with the helmet when properly blocking and tackling, but proper technique would be for the initial contact to be made with the shoulder. In addition, the head should never be bent downward when making contact. If the head is bent downward on contact or if the contact is on the top of the helmet serious injury could possibly occur, including dislocation, nerve damage, paralysis or even death.

Rules also prohibit a player from blocking below the waist outside a two yard by four yard area next to the football. This was an important rule change that was made to help minimize the number of serious knee and ankle injuries.

It is important also that the uniform, especially the helmet and shoulder pads properly fits. All players should have some basic knowledge of the correct fitting of the the uniform. Shoulder pads that are too small will leave the shoulder point vulnerable to bruises or separation. If they are too tight in the neck area, a pinched nerve could result. Shoulder pads that are too large will leave the neck area poorly protected and will slide on the shoulders, making them vulnerable to bruises and separations.

Helmets must fit snugly at the contact points: front, back, and top of the head. The helmet must be safety "NOCSAE" branded and a warning sticker must be on it. On contact a helmet too tight could produce a headache. One too loose could produce headaches, concussion, a face injury such as a broken nose or cheek bone or a serious neck injury. No player should practice until, both he and the coach are satisfied with the proper fit of the helmet.

This handout does not cover all potential injury possibilities in playing football, but it is an effort to make both the players and the parents aware of the fact that proper techniques adhering to the rules of the game and properly fitting equipment are vital to each player's safety and enjoyment of the game.

We understand the information presented and are aware of the risks involved in playing football. We also understand that the player must accept a major role in the prevention of serious injuries by adhering to rules, by using proper technique and by using only properly fitted equipment.

Signature of Athlete
Signature of Parent or Guardian

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam					
Name					
Sex Age Grade Sch	School Sport(s)				
Medicines and Allergies: Please list all of the prescription and over	r-the-co	ounter m	edicines and supplements (herbal and nutritional) that you are currently	taking	
Do you have any allergies? ☐ Yes ☐ No If yes, please ide ☐ Medicines ☐ Pollens			ergy below. ☐ Food ☐ Stinging Insects		
Explain "Yes" answers below, Circle questions you don't know the ar GENERAL QUESTIONS	Television Radio	o. No	MEDICAL QUESTIONS	Yes	. No
Has a doctor ever denied or restricted your participation in sports for any reason?	-Yes	es nu re	26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	16211	#- PV 33
Do you have any ongoing medical conditions? If so, please identify below: Asthma			Have you ever used an inhaler or taken asthma medicine? Is there anyone in your family who has asthma?		
Other: 3. Have you ever spent the night in the hospital?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
Have you ever had surgery?			30. Do you have groin pain or a painful bulge or hemia in the groin area?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			32. Do you have any rashes, pressure sores, or other skin problems? 33. Have you had a herpes or MRSA skin infection?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34. Have you ever had a head injury or concussion?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Has a doctor ever told you that you have any heart problems? If so, check all that apply:			36. Do you have a history of seizure disorder?		
☐ High blood pressure ☐ A heart murmur			37. Do you have headaches with exercise?		
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			39. Have you ever been unable to move your arms or legs after being hit or falling?		
Do you get lightheaded or feel more short of breath than expected during exercise?			40. Have you ever become ill while exercising in the heat? 41. Do you get frequent muscle cramps when exercising?		
11. Have you ever had an unexplained seizure?			42. Do you or someone in your family have sickle cell trait or disease?		-
12. Do you get more tired or short of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?		
during exercise? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	44. Have you had any eye injuries?		
13. Has any family member or relative died of heart problems or had an	1		45. Do you wear glasses or contact lenses?		
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			46. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you worry about your weight?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			48. Are you trying to or has anyone recommended that you gain or lose weight?		
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			49. Are you on a special diet or do you avoid certain types of foods?		
15. Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever had an eating disorder?		<u> </u>
implanted defibrillator?			51. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY	G-SAGARI.	0.1910/09194
 Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 			52. Have you ever had a menstrual period?		
BONE AND JOINT QUESTIONS	Yes	No	53. How old were you when you had your first menstrual period?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			54. How many periods have you had in the last 12 months?		
18. Have you ever had any broken or fractured bones or dislocated joints?			Explain "yes" answers here		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?					
20. Have you ever had a stress fracture?			-		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)					
22. Do you regularly use a brace, orthotics, or other assistive device?					
23. Do you 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 any history of juvenile arthritis or connective tissue disease?					
I hereby state that, to the best of my knowledge, my answers to		•	·		
Signature of athlete Signature of	f parent/g	uardian _	Date		

■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date o	of Exam	·				
Name				Date of birth		
Sex	Age	Grade	School			
	ype of disability					
	late of disability					
	Classification (if available)					
		sease, accident/trauma, other)				
	ist the sports you are inter					
					Yes	No -
		e, assistive device, or prosthet				
		e or assistive device for sports				
		essure sores, or any other skin	problems?			
9. D	o you have a hearing loss?	P Do you use a hearing aid?				
10. D	lo you have a visual impair	ment?				
11. D	o you use any special devi	ces for bowel or bladder funct	ion?			
12. D	o you have burning or disc	comfort when urinating?				
13, H	lave you had autonomic dy	sreflexia?				
14. H	lave you ever been diagnos	sed with a heat-related (hypert	hermia) or cold-related (hypothermia) illin	ess?		
15, D	o you have muscle spastic	ity?				
16. D	lo you have frequent seizur	es that cannot be controlled by	y medication?			
Explai	n "yes" answers here				· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·			
Please	indicate If you have eve	r had any of the following.				
			enthichte des Literatures (1900) en la company de la compa		Yes	No
	toaxial instability	ASSESSMENT CONTRACTOR NOT THE TAXABLE CONTRACTOR OF THE	- 1 To 14 () - 1 of 10 county to information and the first county of	(在1957年) 1957年 (1955年) 1956年 (1955年) 1957年 (1957年) (1957年) (1957年) (1957年) (1957年) (1957年) (1957年) (1957年) (1957年	an Philippi Control	
	evaluation for atlantoaxial	instability				
	cated joints (more than one	 ' 			+	
	bleeding	·			+	
	red spleen				1	
Hepat						-
	penia or osteoporosis				+	
	ulty controlling bowel					
	ulty controlling bladder	11111-1-11			-	
	mess or tingling in arms or	hande			-	
	eness or tingling in legs or t				+	
	ness in arms or hands					
	ness in legs or feet					
	nt change in coordination					-
	nt change in ability to walk				+	
	bifida			·		
	allergy				-	
Lutox	ancigy					
Explair	n "yes" answers here					
				,,,,	· · · · · · · · · · · · · · · · · · ·	
		of my knowledge, my answe	rs to the above questions are complete	and correct,		
Signatur	re of athlete		Signature of parent/guardian		Date	

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Height Weight Vis MEDICAL Appearance Martan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, acrtic insufficiency) Eyes/ears/nose/throat Pupils equal Hearing Lymph nodes Hearta Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMi) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) Skin HSV, lesions suggestive of MRSA, finea corporis Neurologic MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/foes Functional Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	ale	
Height Weight BP / (/) Pulse Vis MEDICAL Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, acrtic insufficiency) Eyes/ears/nose/throat • Pupils equal • Hearing Lymph nodes Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMi) Pulses • Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only)* Skin • HSV, lesions suggestive of MRSA, tinea corporis Neurologic MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional	ele	L 20/ Corrected Y N L ABNORMAL FINDINGS
Height Weight Vis MEDICAL: Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat Pupils equal Hearing Lymph nodes Heart's Murmurs (auscultation standing, supine, +/- Valsatva) Location of point of maximal impulse (PMi) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) Skin HiSV, lesions suggestive of MRSA, tinea corporis Neurologic MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hij/Thigh Knee Leg/ankle Foot/foes Functional Duck-walk, single leg hop *Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. *Consider Cd exam if in private setting, Having third party present is recommended. *Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.	ele	L 20/ Corrected Y N L ABNORMAL FINDINGS
BP / (/) Pulse Vis MEDICAL Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > helight, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat Pupils equal Hearing Lymph nodes Heart's Murmurs (auscultation standing, supine, +/- Valsatva) Location of point of maximal impulse (PMi) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic MUSCULOSKELETAL Mack Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/fligh Knee Leg/ankle Footfloes Functional Duck-walk, single leg hop **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG	on R 20/	L ABNORMAL FINDINGS
MEDICAL Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat Pupils equal Hearing Lymph nodes Hearta Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMi) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.	NORMAL	L ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat Pupils equal Hearing Lymph nodes Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMi) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EGG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider Cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion. Cleared for all sports without restriction		
Lymph nodes Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMi) Pulses • Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only)* Skin • HSV, lesions suggestive of MRSA, tinea corporis Neurologic* MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional • Duck-walk, single leg hop **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider EOG and the properties of the propertie		
Heart* Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMi) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only)* Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic* MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop *Consider EDG, 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.		
Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMi) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic* MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider COgnitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.		
Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) ^b Skin * HSV, lesions suggestive of MRSA, tinea corporis Neurologic * MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional * Duck-walk, single leg hop **Consider GU exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting, Having third party present is recommended. **Consider Gu exam if in private setting if a history of significant concussion.		
Lungs Abdomen Genitourinary (males only) ^b Skin + HSV, lesions suggestive of MRSA, tinea corporis Neurologic * MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/foes Functional • Duck-walk, single leg hop **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG and the control of the cardiology for abnormal cardiac history or exam. **Consider ECG and the control of the cardiology for abnormal cardiac history or exam. **Consider ECG and the cardiology for abnormal cardiac history or exam. **Consider ECG and the cardiology for abnormal cardiac history or exam. **Consider ECG and the cardiology for abnormal cardiac history or exam. **Consider ECG and the cardiology fo		
Abdomen Genitourinary (males only)* Skin • HSV, lesions suggestive of MRSA, tinea corports Neurologic * MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional • Duck-walk, single leg hop **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider CGD, echocardiogram, and referral to	· · · · · · · · · · · · · · · · · · ·	
Genitourinary (males only)* Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic* MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider COgnitive evaluation or baseline neuropsychiatric testing If a history of significant concussion.		
Skin HSV, lesions suggestive of MRSA, tinea corporis Neurologic* MUSCULOSKELETAL Neck Back Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop Consider EGG, 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.		
HSV, lesions suggestive of MRSA, tinea corporis Neurologic * MUSCULOSKELETAL Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional * Duck-walk, single leg hop Consider EGG, 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		
Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/foes Functional • Duck-walk, single leg hop 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.		
Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/foes Functional • Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider ECG exam if in private setting. Having third party present is recommended. Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.		
Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop 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.		
Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional Duck-walk, single leg hop 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.		
Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional • Duck-walk, single leg hop **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		
Hip/thigh Knee Leg/ankle Foot/toes Functional • Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider EU exam if in private setting. Having third party present is recommended. Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.		
Knee Leg/ankle Foot/toes Functional • Duck-walk, single leg hop **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		
Leg/ankle Foot/toes Functional • Duck-walk, single leg hop *Consider EGG, enhocardiogram, 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.		
Foot/foes Functional Duck-walk, single leg hop Consider ECB, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. Consider GU exam in private setting, Having third party present is recommended. Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.		
Functional Duck-walk, single leg hop 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		
Duck-walk, single leg hop 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		
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		
	tment for	
□ Not cleared		
☐ Pending further evaluation		
☐ For any sports		
☐ For certain sports		
Reason		
Recommendations		
have examined the above-named student and completed the preparticipation physical participate in the sport(s) as outlined above. A copy of the physical exam is on record in tions arise after the athlete has been cleared for participation, the physician may rescind explained to the athlete (and parents/guardians).	ny office and can be	ne made available to the school at the request of the parents. If cond the problem is resolved and the potential consequences are compl
Name of physician (print/type)		Date
Address		
Signature of physician		Phone

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name		Sex 🗆 M 🗀 F Age	Date of birth
□ Cleared	for all sports without restriction		
□ Cleared	for all sports without restriction with recommend	ations for further evaluation or treatment for	
□ Not clea	ared		
	☐ Pending further evaluation		
	☐ For any sports		
	☐ For certain sports		
Recommen			
and can b the physic	e made available to the school at the req	te in the sport(s) as outlined above. A copy of the uest of the parents. If conditions arise after the a problem is resolved and the potential consequen	thlete has been cleared for participation.
Name of phy	ysician (print/type)		Date
Signature of	f physician		, MD or D0
EMERGE	NCY INFORMATION		
Allergies _	- All - Control		
Other inform	nation		
			· · · · · · · · · · · · · · · · · · ·

STUDENT/PARENT CONCUSSION AWARENESS FORM

STODENT/FARE	NI CONCUSSION AWARENESS FORM
SCHOOL:	
DANGERS OF CONCUSSION	
concussion concussion is a brain injury to concussion occurs when the brain is result of a blow to the head or body.	we received a great deal of attention and a state law has been scent athletes are particularly vulnerable to the effects of ore than a minor "ding" to the head, it is now understood that a in death, or changes in brain function (either short-term or long hat results in a temporary disruption of normal brain function. A violently rocked back and forth or twisted inside the skull as a Continued participation in any sport following a concussion can oms, as well as increased risk for further injury to the brain, and
regularly. This form must be signed by	area is crucial – that is the reason for this document. Refer to it y a parent or guardian of each student who wishes to participate o be returned to the school, and one retained at home.
COMMON SIGNS AND SYMPTOMS OF CO	NCUSSION
 Headache, dizziness, poor balance, r 	moves clumsily, reduced energy level/tiredness
Nausea or vomitingBlurred vision, sensitivity to light and	nounds.
	entrating, slowed thought processes, confused about surroundings or game
assignments	and an additional transfer processes, confused about surrounings of game
 Unexplained changes in behavior and Loss of consciousness (NOTE: This 	d personality does not occur in all concussion episodes.)
rules published by the National Federation symptoms, or behaviors consistent with a and shall not return to play until an appropoccurred. (NOTE: An appropriate health another licensed individual under the superssistant, or certified athletic trainer who had not also athlete is allowed to return to a diagnosed, OR (b) cannot be ruled	POLICY: In accordance with Georgia law and national playing of State High School Associations, any athlete who exhibits signs, concussion shall be immediately removed from the practice or contest oriate health care professional has determined that no concussion has care professional may include, licensed physician (MD/DO) or ervision of a licensed physician, such as a nurse practitioner, physician has received training in concussion evaluation and management. In a game or a practice on the same day that a concussion (a) has been out.
professional prior to resuming part	ticipation in any future practice or contest. The formulation of a all be a part of the medical clearance.
 c) It is mandatory that every coach in 	each GHSA sport participate in a free, online course on concussion IS and available at www.nfhslearn.com at least every two years —
d) Each school will be responsible for	monitoring the participation of its coaches in the concussion p a record of those who participate.
	DERSTAND THE FACTS PRESENTED IN IT.
IGNED:	
(Student)	(Parent or Guardian)

DATE:

White - Coach Yellow - Parent

STUDENT/PARENT CONCL	JSSION AWARENESS FORM
SCHOOL:	
DANGERS OF CONCUSSION	
term). A concussion is a brain injury that results in concussion occurs when the brain is violently rock result of a blow to the head or body. Continued pa	are particularly vulnerable to the effects of nor "ding" to the head, it is now understood that a changes in brain function (either short-term or long a temporary disruption of normal brain function. A ed back and forth or twisted inside the skull as a
Player and parental education in this area is crucia regularly. This form must be signed by a parent or in GHSA athletics. One copy needs to be returned	al – that is the reason for this document. Refer to it guardian of each student who wishes to participate I to the school, and one retained at home.
COMMON SIGNS AND SYMPTOMS OF CONCUSSION	
 Headache, dizziness, poor balance, moves clumsily, 	reduced energy level/tiredness
Nausea or vomitingBlurred vision, sensitivity to light and sounds	
	d thought processes, confused about surroundings or game
assignments	a modern processes, consused about surroundings or game
 Unexplained changes in behavior and personality 	
 Loss of consciousness (NOTE: This does not occur 	in all concussion episodes.)
nd shall not return to play until an appropriate health ca courred. (NOTE: An appropriate health care profession nother licensed individual under the supervision of a lic ssistant, or certified athletic trainer who has received tra	a School Associations, any athlete who exhibits signs, all be immediately removed from the practice or contesture professional has determined that no concussion has hal may include, licensed physician (MD/DO) or sensed physician, such as a nurse practitioner, physician
b) Any athlete diagnosed with a concussion shall be	closed medically by an appropriate books are
professional prior to resuming participation in an	ry future practice or contest. The formulation of a
gradual return to play protocol shall be a part of	the medical clearance.
 c) It is mandatory that every coach in each GHSA sp 	oort participate in a free, online course on concussion
management prepared by the NFHS and available	e at <u>www.nfhslearn.com</u> at least every two years –
beginning with the 2013-2014 school year.	
d) Each school will be responsible for monitoring th	e participation of its coaches in the concussion
management course, and shall keep a record of t	•
HAVE READ THIS FORM AND I UNDERSTAND I	"HE FACTS PRESENTED IN IT.
IGNED:	
(Student)	(Parent or Guardian)

DATE:

Yellow - Parent White - Coach