

NAME: _____
(LAST) (FIRST) (MIDDLE)

GRADE ENTERING: 7th 8th 9th 10th 11th 12th GENDER: Male Female

SCHOOL: AHS LFC CMS EMS FMS STUDENT ID # _____

SPORT(S):

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | | | |

Allen ISD Athletics will only accept physicals that are administered and date no earlier than May 1st of the calendar year that fall sports begin.

ALLEN INDEPENDENT SCHOOL DISTRICT



STUDENT – ATHLETIC INFORMATION PACKET

(ALLEN ISD EQUIPMENT ACKNOWLEDGEMENT – ATHLETIC INSURANCE – CONCUSSION GUIDELINES - STEROID/SUPPLEMENT STATEMENT, UIL ACKNOWLEDGEMENT OF RULES, PRE-PARTICIPATION PHYSICAL EVALUATION, UIL STEROID AGREEMENT)

ATHLETIC INSURANCE ACKNOWLEDGEMENT

ALLEN I.S.D. provides student accident insurance coverage free of charge for students who participate in U.I.L. activities. This coverage acts as a supplement (secondary) to any coverage that you may have. The individual's insurance coverage is primary. Once your primary insurance has paid, then the remaining expenses, up to the maximum benefits allowed, maybe paid by the supplement policy. If the individual does not have primary insurance coverage, the school insurance will only pay the maximum benefits allowed. Allen ISD also provides catastrophic insurance for injuries whose claims exceed more than \$25,000 dollars. **It is the responsibility of the parent/guardian and student to notify the AISD Athletic Director and /or the AISD Athletic Trainer regarding any and all medical services for injuries incurred during school related activities.** Claims for the AISD insurance must be submitted within 90 days and treatment must commence within 90 days from the date of injury. **There is no guarantee that all medical expenses will be covered. The Parent/Guardian is responsible for any remaining expenses left uncovered or unpaid.**
A primary coverage policy option maybe purchased through GM-Southwest. www.gm-southwest.com

EQUIPMENT ACKNOWLEDGEMENT

When used properly protective sports equipment is designed to help protect athletes from initial injury or further injury. However, no equipment is 100% effective in preventing all injuries. If not used as intended, equipment may not prevent injuries and can even lead to injury (including catastrophic injury).

Types of equipment could include but not limited to:

Helmets – In all sports that are applicable

Body Area Padding – football, volleyball, baseball, softball, soccer

This includes such pads as soft pads for joints, chest protectors, shin guards, etc.

Injury Braces – Braces and Splints designed to protect specific injuries

Mouth Guards – In all sports that are applicable

Some equipment comes labeled with warning statements. One such label is on football helmets. It reads as follows:

Warning:

Do not use this helmet to butt, ram, or spear an opposing player. This is a violation of the football rules, and can result in severe head, brain, or neck injury; paralysis or death to you; and possible injury to your opponent.

There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram, or spear

NO HELMET CAN PREVENT ALL SUCH INJURIES.

AISD STEROID / SUPPLEMENT STATEMENT

The Allen Independent School District does not promote nor endorse the use of dietary supplements (some of which are illegal) by student athletes. This includes supplements ranging from energy drinks to body building steroids.

The following statement is posted in all areas where student athletes would meet including locker rooms, team rooms, gyms, weight rooms and training room etc...

“Anabolic steroids are for medical use only. State law prohibits possessing, dispensing, delivering, or administering an anabolic steroid in any manner not allowed by state law. State law provides that bodybuilding, muscle enhancement, or the increase of muscle bulk or strength through the use of an anabolic steroid or human growth hormone by a person who is in good health is not a valid medical purpose. Only a medical doctor may prescribe an anabolic steroid or human growth hormone for a person. A violation of state law concerning anabolic steroids or human growth hormones is a criminal offense punishable by confinement in jail or imprisonment in the institutional division of the Texas Department of Criminal Justice.”

YEARLY PHYSICALS

The Allen Independent School District's policy requires that every student participating in athletics in AISD have a physical examination every year. This policy supersedes the UIL policy of every two years. Physicals for the upcoming year may not be dated prior to May 1st of the previous school year. All physicals must be completed on a UIL approved form. **Physicals completed on a non-approved UIL form will not be accepted.** This packet must be filled out completely and turned into the school before the student is cleared to participate in any athletic event (practice/game).

UIL PARENT INFORMATION MANUAL:

This manual covers health and safety issues and your responsibility as a parent/ guardian. You can access the manual at the UIL website: www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf

By signing below you acknowledge that you have read and understand the AISD statement and policies regarding athletic insurance, equipment and steroids / supplements.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____



UIL Acknowledgment of Rules

This form must be signed yearly by both the student and the parent/guardian and be on file before the student may participate in any practice session, scrimmage, or game. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file with the school. **THIS FORM MAY NOT BE ALTERED.**

Student's Name _____ Grade Entering: _____

Street address: _____

City: _____ State: TX Zip: _____

Home Phone: _____ Parent Cell Phone: _____

PARENT OR GUARDIAN PERMIT:

- I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.
- It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.
- I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.
- The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.
- If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent of such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever of account of such care and treatment of said student.
- **I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**
- The UIL Parent Information Manual is located at www.uiltexas.org/files/athletics/manuals/parent-information-manual.pdf
- Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatments for your student.

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules*).
- have observed all provisions of Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more that six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball and Volleyball camps where school personnel work with their won students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not allow their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when the students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL. I have read the regulations cited above and agree to follow the rules.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

NAME: _____

Grade Entering: _____

CONCUSSION ACKNOWLEDGEMENT FORM

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician’s assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district’s Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student’s parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician’s professional judgment, it is safe for the student to return to play; and
- (4) the student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician’s written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician’s written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

Parent/Guardian Signature

Date

Student Signature

The Allen ISD Concussion Return to Play Guidelines is located on the Athletic Trainer’s web page, www.allenisd.org

Parent and Student Agreement/Acknowledgement Form - Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

Student Acknowledgement and Agreement

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand and agree that the results that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Parent Acknowledgement and Agreement

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student’s high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Parent/Guardian Signature

Date

Student Signature

Relationship to student



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised June 2013

Name of Student: _____

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- **Conditions present at birth**
 - ***Inherited (passed on from parents/relatives) conditions of the heart muscle:***
 - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
 - ***Inherited conditions of the electrical system:***
 - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
 - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.
 - ***NonInherited (not passed on from the family, but still present at birth) conditions:***
 - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
 - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
 - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
 - ◆ **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
 - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
 - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised June 2013

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- American Heart Association (www.heart.org)
- AugustHeart (www.augustheart.org)
- Championship Hearts Foundation (www.championshipheartsfoundation.org)
- Cypress ECG Project (www.cypressecgproject.org)
- Parent Heart Watch (www.parentheartwatch.com)

Parent/Guardian Signature

Date

Parent/Guardian Name (Print)

Student Signature

Date

Student Name (Print)

PRE-PARTICIPATION MEDICAL HISTORY/PHYSICAL EXAM – REQUIRED ANNUALLY

Student's Name _____ Grade _____ Male Female Gender _____ Age _____ Date of Birth _____

STUDENT- PARENT GUARDIAN SECTION

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any conditions which would make it hazardous to participate in an athletic event.

*Explain "Yes" answers in the box below**. Circle questions you don't know the answers to. Any "yes" answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation, which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches.*

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1 Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Have you been hospitalized overnight in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many times _____ When was the last concussion _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| How severe was each one? (Explain below) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Are you under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Have you become ill for exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Have you ever gotten unexpectedly short of breath with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below. | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Elbow Hip Neck Forearm Thigh Back Wrist Knee | | |
| Chest Hand Shin/Calf Shoulder Finger Ankle Upper Arm Foot | | |
| 16 Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| Females only | | |
| 19 When was your first menstrual period? _____ | | |
| When was your most recent menstrual period? _____ | | |
| How much time do you usually have from start of one period to the start of another? _____ | | |
| How many periods have you had in the last year? _____ | | |
| What is the longest time between periods in the last year? _____ | | |

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury. I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

MEDICAL EXAMINER SECTION

As a minimum requirement this PHYSICAL EXAMINATION FORM must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It must be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM in the left column. *Allen ISD policy requires an annual physical exam.

Height: _____ Weight: _____ Pulse: _____
 BP: _____ / _____ (_____ / _____ : _____ / _____)
 Vision: R -20/ _____ L-20/ _____ Corrected: Y / N
 Pupils: Equal / Unequal %Body Fat (optional): _____

MEDICAL	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

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

CLEARANCE *Station-based examination only
 Cleared _____
 Cleared after completing evaluation/rehabilitation for: _____
 Not cleared for: _____ Reason: _____
 Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Date of Examination: _____
 Name (print/type): _____
 Address: _____
 Phone Number: _____
 Physician's Signature: _____

This form must be on file prior to participation in any practice, scrimmage or contest before, during, or after school.

Parent/Guardian sign (required): **X** _____ Student sign (required): **X** _____ Date: _____

FOR SCHOOL USE ONLY: This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

ALLEN ISD Athlete Emergency Information

(Please Print Except for Signatures)

Parent / Guardian Consent to Treatment of Student-Athlete

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

I, _____, the undersigned parent / guardian of _____
Name of Parent Name of Student
a minor, do hereby authorize any Allen ISD athletic trainer, coach, or school representative on my behalf to consent to any medical treatment deemed necessary by any licensed physician / surgeon in the event of illness or injury to the above named minor.

If, in the judgment of any representative of the school, the above named student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the athletic trainer or school representative upon completion of treatment.

These authorizations shall remain effective until the end of the 2013 / 2014 school year.

X _____
PARENT/GUARDIAN SIGNATURE DATE

Athlete Emergency Care/Contact Information

(Please Print Except for Signatures)

Athlete Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian: (Father) _____ (Mother) _____

Father's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: TX Zip: _____

Name of person living **close by** who can be contacted in case of emergency:

Name: _____ Relation: _____ Phone: _____

PRIVATE (PRIMARY) INSURANCE

Insurance Company Name: _____ Pre-Authorization Phone # _____

Insurance Company Address: _____

City: _____ State: _____ Zip Code: _____

Name of Insured: _____

Group #: _____ Policy #: _____ Other #: _____

HEALTH HISTORY

Asthma: Yes No Diabetes: Yes No Seizures: Yes No

Other Medical Conditions: _____

Known Allergies (drug, food, insect, etc) _____

Medications Currently Taking (inhaler, insulin, etc): _____