

GUTHRIE HIGH SCHOOL

200 Crooks Drive
Guthrie, Oklahoma 73044

(405) 282-5906
FAX (405) 282-8823

"Home of Champions"

DR. MIKE SIMPSON
SUPERINTENDENT

CHRIS LEGRANDE
PRINCIPAL

BRET STONE
ASSISTANT PRINCIPAL

DUSTIN THROCKMORTON
ASSISTANT PRINCIPAL

JON CHAPPELL
ATHLETIC DIRECTOR

ORIGINAL

MAKE SURE All forms
ARE filled out front & back

Dear Parents,

On May 9th between 8:30am-4:00pm, Mercy Primary Care is offering free athletic physicals for your convenience. Guthrie Public Schools is offering free bus transportation during school hours. Students can use their normal travel home. All forms must be completed and returned prior to leaving for the Mercy Clinic.

****All forms must have parents signatures****

Jon Chappell
Athletic Director
"GO BLUEJAYS"

Mercy Primary Care-Guthrie Division
2919 S. Division
Guthrie, Ok 73044

** Please Sign for Permission to Transport your child(bus)

Parent Signature _____

PLEASE fill out All sheets and sign.

Parent & Student

G P S

GUTHRIE PUBLIC SCHOOLS
Athletics Medical Information Form

School Year _____ Grade _____

Student's Name _____

Parents' Name(s) _____

Address _____ Home Phone _____

Work Number _____ Cell Number _____

Work Number _____ Cell Number _____

Emergency Contact _____

Activity/Activities _____

The policy of the Guthrie School System requires that all athletes be covered by health and accident insurance in order to participate in competitive athletics. If you have health and accident insurance, please give us that information. For those who do not have insurance, a special policy is available with several options.

I have hospitalization & medical insurance.

Insurance Co. _____ Policy # _____

Policy Holder _____

I want the school insurance. See the Athletic Director for information.

I do not want the school insurance, and I will provide medical coverage for my son/daughter.

My child is presently taking the following medication: (please do not leave blank - write no or none if applicable)

My child has no particular reaction to food, medication, or environment unless explained as follows: (please do not leave blank - write no or none if applicable)

Parent / Legal Guardian Signature _____

_____ Date

Student Signature _____

_____ Date

Activity Student Drug Testing

The Guthrie Board of Education, in an effort to protect the health and safety of its extracurricular activities' students from illegal and/or performance-enhancing drug use and abuse, thereby setting an example for all other students of the Guthrie School District, has adopted the following policy for drug testing of activity students.

Purpose and Intent

Although the Board of Education, administration, and staff desire that every student in the Guthrie School District refrain from using or possessing illegal drugs, district officials realize that their power to restrict the possession or use of illegal and performance-enhancing drugs is limited. Therefore, this policy governs only performance-enhancing and illegal drug use by students participating in extracurricular activities. This policy supplements and complements all others policies, rules, and regulations of the Guthrie Public School District regarding possession or use of illegal drugs.

The sanctions imposed for violations of this policy will be limitations solely upon the privilege of any student determined to be in violation of this policy to participate in extracurricular activities. No suspensions from school or academic sanctions will be imposed for violations of this policy. Students will not be subject to grade reductions or a change in academic standing.

Participation in school-sponsored extracurricular activities at the Guthrie School District is a privilege. Students who participate in these activities are respected by the student body and are representing the school district and the community. Accordingly, students in extracurricular activities carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, sportsmanship, and training, which includes avoiding the use or possession of illegal drugs.

The purposes of this policy are:

1. To educate students of the serious physical, mental and emotional harm caused by illegal and performance-enhancing drug use.
2. To alert students with possible substance abuse problems to the potential harms that drug use poses for their physical, mental, and emotional well-being and offer them the privilege of competition as an incentive to stop using such substances.
3. Ensure that students adhere to a training program that bars the intake of illegal and performance-enhancing drugs.
4. To prevent injury, illness, and harm for students that may arise as a result of illegal and performance-enhancing drug use.
5. To offer students practices, competition, and school activities free of the effects of illegal and performance-enhancing drug use.

Illegal and performance-enhancing drug use of any kind is incompatible with the physical, mental, and emotional demands placed upon participants in extracurricular activities and upon the positive image these students project to other students and to the community on behalf of the Guthrie School District. For the safety, health and well-being of students in extracurricular activities, the Guthrie School District has adopted this policy for use by all participants in extracurricular activities in grades 7- 12.

Definitions

1. **“Extracurricular Activity Student”** means a member of any junior high school or high school Guthrie School District sponsored extracurricular team or program which participates in competition.
2. **“Drug use test”** means a scientifically substantiated method to test for the presence of illegal or performance-enhancing drugs or the metabolites thereof in a urine test.
3. **“Random selection basis”** means a mechanism for selecting activity students for drug testing that:
 - A. Results in an equal probability that any activity student from a group of activity students subject to the selection mechanism will be selected, and
 - B. Does not give the school district discretion to waive the selection of any activity student selected under the mechanism.
4. **“Illegal drugs”** means any substance which an individual may not sell, possess, use, distribute, or purchase under either Federal or Oklahoma law. “Illegal drugs” include, but is not limited to, all scheduled drugs as defined by the Oklahoma Uniform Controlled Dangerous Substance Act, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose. “Illegal drugs” shall also include alcohol.
5. **“Performance-enhancing drugs”** include anabolic steroids and any other natural or synthetic substance used to increase muscle mass, strength, endurance, speed, or other athletic ability. The term “performance-enhancing drugs” does not include dietary or nutritional supplements such as vitamins, minerals, and proteins that can be lawfully purchased in over-the-counter transactions.
6. **“Positive”**, when referring to a drug use test administered under this policy, means a toxicological test result which is considered to demonstrate the presence of an illegal or a performance-enhancing drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.
7. **“Reasonable suspicion”** means a suspicion of illegal or performance-enhancing drug use based on specific observations made by coaches/administrators/sponsors of the appearance, speech, or behavior of an activity student; the reasonable inferences that are drawn from those observations; and/or information of illegal or performance-enhancing drug use by an activity student supplied to school officials by other students, staff members, or patrons.

Procedures

Each extracurricular activity student shall be provided with a copy of the “Activity Student Drug Testing Consent Form” which shall be read, signed, and dated by the student, parent or custodial guardian and coach/sponsor before such student shall be eligible to practice or participate in any extracurricular activities. The consent requires the activity student to provide a urine sample: (a) when the activity student is selected by the random selection basis; or (b) at any time when there is reasonable suspicion to test for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in extracurricular activities involving competition unless the student has returned the properly signed “Activity Student Drug Testing Consent Form.”

Prior to the commencement of drug testing each year an orientation session will be held with each activity student to educate them of the sample collection process, privacy arrangements, drug testing procedures, and other areas which may help to reassure the activity student and help avoid embarrassment or uncomfortable feelings about the drug testing process.

Each extracurricular activity student shall receive a copy of the Activity Student Drug Testing Policy. The head coach or relevant sponsor shall be responsible for explaining the policy to all prospective students, and for preparing an educational presentation to acquaint the student with the harmful consequences of drug and alcohol use and abuse.

Drug use testing for activity students will be chosen on a random selection basis monthly from a list of all activity students who are involved in off-season or in-season activities. The Guthrie School District will determine a monthly number of student names to be drawn at random to provide a urine sample for drug use testing for illegal drugs or performance-enhancing drugs [no more than 10% of the eligible students].

In addition to the drug use tests required above, any activity student may be required at any time to submit to a test for illegal or performance-enhancing drugs, or the metabolites thereof when an administrator, coach, or relevant sponsor has reasonable suspicion of illegal or performance-enhancing drug use by that particular student.

Any drug use test will be administered by or at the direction of a professional laboratory chosen by the Guthrie School District. The professional laboratory shall be required to use scientifically validated toxicological testing methods, have detailed written specifications to assure chain of custody of the specimens, and proper laboratory control and scientific testing.

All aspects of the drug use testing program, including the taking of specimens, will be conducted so as to safeguard the personal and privacy rights of the student to the maximum degree possible. The test specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure.

The monitor shall give each student a form on which the student may list any medications legally prescribed for the student he or she has taken in the preceding thirty (30) days. The parent or legal guardian shall be able to confirm the medication list submitted by their child during the twenty-four (24) hours following any drug test. The medication list shall be submitted to the lab in a sealed and confidential envelope and shall not be viewed by district employees.

An initial positive test result will be subject to confirmation by a second and different test of the same specimen. A specimen shall not be reported positive unless the second test is positive for the presence of an illegal or performance-enhancing drug or the metabolites thereof. The unused portion of a specimen that tested positive shall be preserved by the laboratory for a period of six (6) months or the end of the school year, whichever is shorter. Student records will be retained until the end of the school year.

Costs

The district will provide the financial mechanism to centrally fund the costs of random drug testing for activity students. Students who test positive will be responsible for paying the costs of required follow-up drug testing.

Confidentiality

The laboratory will notify the relevant principal of any positive test. To keep the positive test results confidential, the relevant principal will only notify the student, district athletic director, head coach, relevant sponsor, and the parent or custodial guardian of the student of the results. The relevant principal, district athletic director, or assistant athletic director will schedule a conference with the student and parent or guardian and explain the student's opportunity to submit additional information to the relevant principal, district athletic director, or assistant athletic director or to the lab. The Guthrie School District will rely on the opinion of the laboratory which performed the test in determining whether the positive test result was produced by something other than consumption of an illegal or performance-enhancing drug.

Test results will be kept in files separate from the student's other educational records, shall be disclosed only to those school personnel who have a need to know, and will not be turned over to any law enforcement authorities.

Appeal

An activity student who has been determined to be in violation of this policy shall have the right to appeal the decision to the superintendent or his/her designee(s). Such request for a review must be submitted to the superintendent in writing within five (5) calendar day of notice of the positive test. A student requesting a review will remain eligible to participate in any extracurricular activities until the review is completed. The superintendent or his/her designee(s) shall then determine whether the original finding was justified. No further review of the superintendent's decision will be provided and his/her decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of the superintendent which shall be final and non-appealable.

Consequences

Any activity student who tests positive in a drug test under this policy shall be subject to the following restrictions:

1. First Offense:

The parent/guardian will be contacted immediately and a private conference will be scheduled to present the test results to the parent/guardian. A meeting will then be set up with the student, parent/guardian, assistant athletic director, district athletic director or relevant principal concerning the positive drug test. The student may not participate in any meetings, practices, scrimmages or competitions until they have completed three (3) hours of counseling furnished by the school. Additionally, the student must voluntarily submit to a second drug test to be administered within two (2) weeks in accordance with testing provisions of this policy.

If parent/guardian and student agree to these provisions, the student will continue to participate in the activity after the counseling is completed. Should the parent/student not agree to these provisions, the consequences listed in this policy for the second offense will be imposed.

2. Second Offense (retest):

Suspension from participation in all activities covered under this policy will consist of fourteen (14) calendar days and successful completion of six (6) hours of substance abuse education/counseling provided by the school. The student may not participate in any meetings, practices, scrimmages or competitions, during this period. The student will be randomly tested monthly for the remainder of the school year. The time and date will be unknown to the student and determined by the relevant principal, district athletic, or assistant athletic director.

3. Third Offense (in the same school year):

Complete suspension from participation in all extracurricular activities including all meetings, practices, and competitions for the remainder of the school year, or eighty-eight (88) school days (1 semester) whichever is the longer.

4. Refusal to Submit to Drug Use Test

A participating student who refuses to submit to a drug use test authorized under this policy shall not be eligible to participate in any activities covered under this policy including all meetings, practices, and competitions for the remainder of the school year. Additionally, such student shall not be considered for any activity honors or awards given by the school.

Guthrie Public Schools is committed to cooperating with parents/guardians in an effort to help students avoid illegal and performance-enhancing drug use. The Guthrie Public School District believes accountability is a powerful tool to help some students avoid using drugs and that early detection and intervention can save lives.

ACTIVITY STUDENT DRUG TESTING CONSENT FORM

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities at the Guthrie School District is a privilege. Activity students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Guthrie School District. For the safety, health, and well-being of the students of the Guthrie School District, the district has adopted the attached Activity Student Drug Testing Policy and the Activity Student Drug Testing Consent Form for use by all participating students at the junior high and high school levels.

Participation in Extracurricular Activities

Each activity student shall be provided with a copy of the Activity Student Drug Testing Policy and Activity Student Drug Testing Consent Form which shall be read, signed, and dated by the student, parent/guardian and coach before such student shall be eligible to practice or participate in any activities. The consent shall be to provide a urine sample: (a) as chosen by the random selection basis; or (b) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drug. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Activity Student Drug Testing Consent Form.

My signature below indicates that I understand and agree with the above statements concerning participation in extracurricular activities.

Student's Last Name _____ First Name _____ Middle initial _____

I further understand after having read the "Activity Student Drug Testing Policy" and "Activity Student Drug Testing Consent Form" that, out of care for my safety and health, the Guthrie School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drug. As a member of a Guthrie extracurricular activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drug may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drug any time while I am involved in in-season or off- season activities. I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in this policy.

Signature of Student _____ Date _____

ACTIVITY STUDENT DRUG TESTING CONSENT FORM (Continued)

We have read and understand the Guthrie School District's "Activity Student Drug Testing Policy" and "Activity Student Drug Testing Consent Form." We desire that the student named above participate in the extracurricular program of the Guthrie School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program. We agree to assume financial responsibility for any follow-up drug testing if a positive result occurs.

Signature of Parent or Custodial Guardian

Date

Signature of Coach/Sponsor

Activity/Team/Organization

Signature of Coach/Sponsor

Activity/Team/Organization

Signature of Coach/Sponsor

Activity/Team/Organization

Signature of Coach/Sponsor

Activity/Team/Organization



Oklahoma State Department of Health
Creating a State of Health



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs

Guthrie Public Schools
(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

Signature of Student-Athlete Print Student-Athlete's Name Date

Signature of Parent/Guardian Print Parent/Guardian's Name Date

This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.



Oklahoma State Department of Health
Creating a State of Health



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- a racing heart;
- dizziness;
- chest pains; or
- extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Concussion and Head Injury Acknowledgement

Guthrie High School

In compliance with Oklahoma 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 Guthrie High School related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student—athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

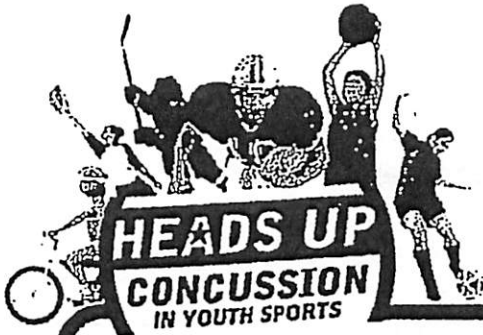
Guthrie Public School athletics and I, _____
(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by Guthrie Public School related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

X _____
SIGNATURE OF STUDENT—ATHLETE DATE

X _____
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.



A 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 can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

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

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.



Mercy Clinic Registration Form

Date of Appointment: _____

PATIENT DEMOGRAPHICS

Name: _____ SS# _____

Sex: Male Female Birth Date: _____ Aliases: _____

Permanent Address

Address: _____

Home Phone: _____

Work Phone: _____

City: _____

Mobile Phone: _____

State: _____ Zip: _____

E-Mail: _____

Language: _____

Interpreter Needed: Yes No

Marital Status: _____

Preferred Pharmacy for Patient

Pharmacy Name: _____ Phone: _____

Pharmacy Address, if Known: _____ Fax: _____

PATIENT EMPLOYMENT

Employer: _____

Employment Status: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Country: _____

Fax: _____

EMERGENCY CONTACT INFORMATION

Contact 1

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Mobile Phone: _____

Relationship to Patient: _____

City: _____

Legal Guardian Yes No

State: _____ Zip: _____

Country: _____

Contact 2

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Mobile Phone: _____

Relationship to Patient: _____

City: _____

Legal Guardian Yes No

State: _____ Zip: _____

Country: _____

INSURANCE COVERAGE INFORMATION

Who is financially responsible for this patient's account?

Self Employer Spouse Father Mother Other

Responsible Party Information:

Name: _____ Date of Birth: _____ SS# _____

Address: _____

Primary Insurance Coverage:

Who is the subscriber for the coverage? _____

Address: _____

Date of Birth: _____ SS# _____

Employer: _____

Insurance Coverage Name: _____

Group # _____ Subscriber # _____ Member ID # _____

Secondary Insurance Coverage:

Who is the subscriber for the coverage? _____

Address: _____

Date of Birth: _____ SS# _____

Employer: _____

Insurance Coverage Name: _____

Group # _____ Subscriber # _____ Member ID # _____

*Parents fill this out.

Parent of Student. -> 19.

Updated April 2017

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.

- 1. Have you had a medical illness or injury since your last check up or sports physical? YES NO
2. Do you have an ongoing or chronic illness? YES NO
3. Have you ever been hospitalized overnight? YES NO
4. Have you ever had surgery? YES NO
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? YES NO
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? YES NO
7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? YES NO
8. Have you ever had a rash or hives develop during or after exercise? YES NO
9. Have you ever passed out during or after exercise? YES NO
10. Have you ever been dizzy during or after exercise? YES NO
11. Have you ever had chest pain during or after exercise? YES NO
12. Do you get tired more quickly than your friends do during exercise? YES NO
13. Have you ever had racing of your heart or skipped heartbeats? YES NO
14. Have you had high blood pressure or high cholesterol? YES NO
15. Have you ever been told you have a heart murmur? YES NO
16. Has any family member or relative died of heart problems or of sudden death before age 50? YES NO
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO
18. Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO
20. Have you ever had a head injury or concussion? YES NO
21. Have you ever been knocked out, become unconscious, or lost your memory? YES NO
22. Have you ever had a seizure? YES NO
23. Do you have frequent or severe headaches? YES NO
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO
25. Have you ever become ill from exercising in the heat? YES NO
26. Do you cough, wheeze, or have trouble breathing during or after activity? YES NO
27. Do you have asthma? YES NO
28. Do you have seasonal allergies that require medical treatment? YES NO
29. Do you or does someone in your family have sickle cell trait or disease? YES NO
30. 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)? YES NO
31. Have you had any problems with your eyes or vision? YES NO
32. Do you wear glasses, contacts, or protective eyewear? YES NO
33. Have you ever had a sprain, strain, or swelling after injury? YES NO
34. Have you broken or fractured any bones or dislocated any joints? YES NO
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO
36. If yes, check appropriate box and explain below.
37. Do you want to weigh more or less than you do now? YES NO
38. Do you lose weight regularly to meet weight requirements for your sport? YES NO
39. Do you feel stressed out? YES NO
40. 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, athletic 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 _____ Signature of Athlete _____ Date _____

Doctor -

Updated April 2017

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name X _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

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			

MUSCULOSKELETAL	Normal	-	Abnormal Findings
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 _____