

Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

For School _____
Year _____

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male _____
Female _____

Name _____ Student I.D. # _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade.

Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.)
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters. [This rule also applies to a student who becomes "ungraded" for failure to earn a Literacy Passport.

For this student, the eight consecutive semesters shall be counted continuously beginning with his/her first semester in the ninth grade or the first semester in which he/she becomes classified as "ungraded," whichever comes first.]

- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. **This section does not apply to cheerleaders.** (Check with your principal for clarification.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: _____ Date: _____

Providing false information will result in ineligibility for one year.

PART II -- MEDICAL HISTORY

This form must be completed by parent or guardian prior to time of the physical examination and should be taken with physical examination form for review by the physician during the examination.

| YES | NO | | | Please explain any YES answers |
|-------|-------|-----|--|--------------------------------|
| _____ | _____ | 1. | Have you ever had any of the following? | |
| _____ | _____ | | heart murmur_____ | |
| _____ | _____ | | high blood pressure_____ | |
| _____ | _____ | | other heart problems_____ | |
| _____ | _____ | | broken bones_____ | |
| _____ | _____ | | weak joints - ankles, knees_____ | |
| _____ | _____ | | concussion_____ | |
| _____ | _____ | | operation_____ | |
| _____ | _____ | | seizures or epilepsy_____ | |
| _____ | _____ | 2. | Have you ever fainted or passed out?_____ | |
| _____ | _____ | 3. | Have you ever been knocked out?_____ | |
| _____ | _____ | 4. | Have you ever been hospitalized?_____ | |
| _____ | _____ | 5. | Have you ever had to stop running after ¼ to ½ miles for chest pain or shortness of breath?_____ | |
| _____ | _____ | 6. | A. Have you ever had significant allergies to: | |
| _____ | _____ | | bee stings? On medication- yes___no___ | |
| _____ | _____ | | foods_____ | |
| _____ | _____ | | medicine_____ | |
| _____ | _____ | | others_____ | |
| _____ | _____ | | B. Do you have prescription for use of: | |
| _____ | _____ | | Adrenaline_____ | |
| _____ | _____ | | Inhalers_____ | |
| _____ | _____ | | Other allergy medicine_____ | |
| _____ | _____ | | C: Do you have asthma?_____ | |
| _____ | _____ | 7. | Do you take any medicine regularly?_____ | |
| _____ | _____ | 8. | Have you any illnesses lasting a week or more such as mononucleosis, etc?_____ | |
| _____ | _____ | 9. | Have you had any blood disorders, including sickle cell trait, anemia, etc.?_____ | |
| _____ | _____ | 10. | Has any family member had a heart attack, heart problems or sudden death before the age of 50?_____ | |
| _____ | _____ | 11. | Do you wear contact lenses, eyeglasses or dental appliance?_____ | |
| _____ | _____ | 12. | Do you have any missing or non-functioning organs such as testes, eye, kidney, etc.?_____ | |
| _____ | _____ | 13. | Menstrual History: Have you begun menses yet? _____ | |
| _____ | _____ | 14. | Do you have any other significant health problems?_____ | |
| _____ | _____ | 15. | Hepatitis B Immunization Series?_____ | |
| _____ | _____ | 16. | DATE OF LAST TETANUS IMMUNIZATION?_____ | |

Parent/Guardian Signature: _____

PART III -- PHYSICAL EXAMINATION

(To be completed and signed by examining physician)

NAME _____ SCHOOL _____

HEIGHT _____ WEIGHT _____ SEX _____ AGE _____ GRADE _____

*Tanner Stage or Maturation Index _____

BP _____

*Percent Body Fat _____

*Pulse (rest) _____

(Exercise) _____

(Recovery) _____

*Vision: Corrected (L) _____ (R) _____ Both _____

Uncorrected (L) _____ (R) _____ Both _____

*Audiogram: _____

Cervical spine/neck _____

Back _____

Eyes _____

Shoulders _____

Ears _____

Arm/elbow/wrist/hand _____

Nose _____

Knees/hips _____

Throat _____

Ankles/feet _____

Teeth _____

Skin _____

Lab:

Lymphatic _____

*Urine _____

Lungs _____

*Hemoglobin or HCT _____

Heart _____

and/or Fe Stores _____

Abdomen _____

Genitalia/hernia _____

Peripheral pulses _____

***WHEN MEDICALLY INDICATED**

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

_____ Full Participation

_____ Limited Participation

_____ No Participation

_____ Needs Additional Evaluation

If not full participation give reasons & recommendations: _____

Any recommendations or concerns on such items as:

a. Weight loss or gain or restrictions of weight loss: _____

b. Slow and careful monitoring of conditioning because of being overweight or show an abnormal exercise testing: _____

c. Other _____

Physician Signature _____, M.D.* Date _____

***Doctor of Medicine, Doctor of Osteopathy or Licensed Nurse Practitioner**

Physician Name (print) _____

Address _____

City/Zip Code _____

Telephone Number _____

PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of Company: _____

Policy Number _____ Name of Policy Holder _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

I also give my consent and approval for my child/ward to receive a physical examination, as required in Part III, Physical Examination, of this form, by _____ M.D., D.O. or LNP as recommended by the named student's school administration.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program.

PART V - EMERGENCY PERMISSION FORM*

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ **GRADE** _____ **AGE** _____

HIGH SCHOOL _____ **CITY** _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

Please list any allergies to medications, etc. _____

Has student been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Signature of parent or guardian _____ Date _____

Relationship to student _____

***Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.**

I certify all the above information is correct _____