

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION 2010-2011 (Grades 7-12)

Grandview Park Baptist School

Article VII 36.14 (1) Physical Exam. Every year each student shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon or osteopath, qualified chiropractor, physician's assistant, or advanced registered nurse practitioner to the effect that the student has been examined and may safely engage in athletic competition.

The certificate of physical examination is valid for the purpose of this rule for one calendar year. A grace period not to exceed thirty days is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (please print)

Student Name: _____ Male ___ Female ___ Date of Birth: _____ Grade: _____
Home Address: _____ Phone: _____
Parent's Name: _____ Family Physician: _____
Date: _____

Signature of student

HEALTH HISTORY (Student Athlete or Parent/Guardian to fill out #1-30 before exam. Parent/Guardian is required to sign on back of form after examination.)

Has this student had any?	<u>YES</u>	<u>NO</u>
1. Chronic or recurrent illness? Please list: _____	_____	_____
2. Hospitalizations? Please list: _____	_____	_____
3. Surgery, other than tonsillectomy? _____	_____	_____
4. Missing organ (eye, kidney, testicle)? _____	_____	_____
5. Allergy to medications, insects, foods, seasonal? _____ Please list allergies: _____	_____	_____
6. Problems with heart or blood pressure? _____	_____	_____
7. Chest pain with exercise / racing or skipping heart beats?	_____	_____
8. Dizziness or fainting with exercise?	_____	_____
9. Frequent headaches, convulsions, dizziness or fainting? _____	_____	_____
10. Concussion or unconsciousness?	_____	_____
11. Heat exhaustion, heat stroke, or other heat problems? _____	_____	_____
12. Any illness lasting over a week? _____	_____	_____
13. Rheumatic fever/mononucleosis? _____	_____	_____
14. Asthma?	_____	_____
15. Epilepsy or other seizures?	_____	_____
16. Diabetes?	_____	_____
17. Eyeglasses or contact lenses?	_____	_____
18. Dental braces, bridges, or plates?	_____	_____
19. Hearing aid?	_____	_____
20. Scoliosis? Use of protective equipment or braces?	_____	_____
21. ADD/ADHD?	_____	_____
Is there any history of?		
22. Injuries requiring medical treatment? Neck injury ___ Knee injury ___ Knee surgery ___ Ankle injury ___ Head injury ___ Broken bones (fractures) ___ Other serious joint injury ___	_____	_____
Further history of?		
23. Is there any history of family or genetic disease? _____	_____	_____
24. Has a family member died suddenly at less than 40 yrs. of age of causes other than an accident? _____	_____	_____
25. Has a family member had a heart attack at less than 55 years of age? _____	_____	_____
26. Is student uncomfortably short of breath after running 1/2 mile (2 times around the track) w/o stopping? _____	_____	_____
27. List all medications student is presently taking and what condition the medication is for (including inhalers): _____		
28. What is most and the least student has weighed in the past year? Most _____ Least _____		
29. Date of last tetanus (lockjaw) shot: _____		
30. WOMEN: How old were you when you had your first menstrual period? _____		

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION (grades 7-12)

(To be filled out by **Licensed Professional**).

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Student Name: _____ Height: _____ Weight: _____ Pulse _____

Blood Pressure: _____ Hemoglobin: _____ UA (optional) _____

	Normal	Abnormal Findings	Initials
Eyes			
Ears, Nose & Throat			
Mouth & Teeth			
Neck			
Cardiovascular			
Chest & Lungs			
Abdomen			
Skin			
Genitals-Hernia			
Musculoskeletal: ROM, strength, etc.			
Neurological			

Comments: RE: Abnormal findings: _____

PARTICIPATION RECOMMENDATIONS:

_____ **Full and Unlimited Participation**

_____ **Limited Participation** – may not participate in the following (checked):

- | | | | | |
|------------------|------------------|---------------------|------------------------------------|-------------|
| _____ Baseball | _____ Basketball | _____ Cross Country | _____ Football | _____ Golf |
| _____ Soccer | _____ Softball | _____ Swimming | _____ Tennis | _____ Track |
| _____ Volleyball | _____ Wrestling | _____ Free Weights | _____ Selectorized Weight Training | |

_____ Clearance pending documented follow up of: _____

_____ No athletic participation

 Licensed Professional's Name (printed)

 Date

 Licensed Professional's Signature

 Phone

Parents or Guardian Permission and Release:

I hereby give my consent for the above student to engage in approved athletic activities as a representative of Grandview Park Baptist School, except those indicated above by the licensed professional. I also give my permission for the team physical, athletic trainer, or other qualified personnel to give first aid treatment to this student at athletic events in case of injury.

 Typed or printed name of Parent or Guardian

 Signature of Parent or Guardian

 Address

 Phone

 Date

FOR THE PARENTS/GUARDIANS: By signing below, I state that I have read and understand the following:

1. I hereby give my permission to an authorized school official to obtain medical attention for my child in case of injury or illness.
2. I give consent for my child to engage in state association approved athletic activities as a representative of his/her school. In consenting to give permission for my child to participate, I understand that sports participation can involve many RISKS OF INJURY. I understand that dangers and risks of playing or practicing to play in athletics include, but are not to, death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system and serious injury or impairment to other aspects of my child's body, general health, and well-being. I also understand that the dangers and risk of playing or practicing to play may result not only in serious injury but in a serious impairment of my child's abilities to earn a living, to engage in other business, social, and recreational activities and generally enjoy life. The terms above serve as a voluntary release and assumption of risk for the heirs, estate, executor, administrator, assignees, and for all members of the family of my child/ward.
3. I am aware that there is a school policy that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school, and health rules that forbid the use of alcohol, tobacco, and drugs. I fully understand that my son/daughter may be suspended or dropped from an activity for failure to abide by these rules and regulations. I have read the policies as outlined on page 4 of this document.
4. **INSURANCE** All participants in athletics must have some type of family health/accident insurance coverage or must purchase an alternate school policy. Persons not purchasing school insurance should understand that there is no school insurance to provide protection to their child during any phase of his/her participation in athletics. Insurance information is available in the school office.
 - A. _____ My child is covered by a family health/accident insurance plan.
 - B. _____ I will purchase the alternate health/accident policy offered by Grandview Park Baptist School through Student Assurance Insurance.

Signature: Parent/Guardian

Date

FOR THE STUDENTS: This form is to be returned to the school office as soon as practice begins.

Person to contact if parent/guardian cannot be located:

Name: _____ Work phone: _____ Cell phone: _____

AGREEMENT TO OBEY INSTRUCTIONS AND ASSUMPTION OF RISK

I am aware that playing or practicing to play in athletics can be dangerous involving MANY RISKS OF INJURY. I understand that dangers and risks of playing or practicing to play in athletics include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal aspects of the musculoskeletal system and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of playing or future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. Because of such dangers, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc. and I agree to obey such instructions.

The terms above shall serve as a voluntary release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I am aware that there is a school policy that contains certain regulations for academic eligibility, attendance in school, behavior both in and out of school, and health rules that forbid the use of alcohol, tobacco, and drugs. I fully understand that my son/daughter may be suspended or dropped from an activity for failure to abide by these rules and regulations. I have read the policies as outlined on page 4 of this document.

I have read and understand the instructions, assumption of risk, and school policy.

Signature of student: _____ Date: _____

This form has been developed with the assistance of the committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association and the Iowa High School Athletic Union.

► **Taken from the Sports Policy of Grandview Park Baptist School** (A full copy of the Sport Policy is provided in your registration packet)

Purpose: The Athletic Department of Grandview Park Baptist School is designed to assist parents with the athletic development of their children. The athletic department is a ministry of Grandview Park Baptist Church. By promoting athletic competition (team sports), it is our desire to produce athletes who exhibit physical fitness, an understanding of the rules of play, a positive, productive athletic activity, while demonstrating a Christ-like attitude. I Corinthians 10:36.

As representatives of the school, players are expected to attend their home churches regularly and to have a personal devotional life.

They are expected to support the school authorities both in public and in private.

Any player whom the coaching staff, and school administration, feel is not representing the school in a positive way, will be removed from the team, either permanently or temporarily as the situation may warrant. (...to be conformed to the image of His Son..., Romans 8:29).

Our coaches' primary goal is the personal growth and well being of their players. We trust that parents will support the coach in this training endeavor.

► **Taken from the Parent Student Handbook, page 14, Extracurricular Eligibility.**

To be eligible at quarter, a student:

1. Having passed all classes (no "F's" at quarter)
2. Have at least a 1.66 GPA.
3. Have accumulated less than thirty (30) demerits. **(Revised 6/2004)**
4. STUDENTS MUST ATTEND ALL CLASSES IN ORDER TO PRACTICE OR PARTICIPATE IN AN EXTRACURRICULAR ACTIVITY THAT DAY. THE ONLY EXCEPTIONS ARE, A MEDICAL APPOINTMENT, DEATH IN THE FAMILY, OR A SPECIAL EXCUSE FROM THE PRINCIPAL.
5. Student must be enrolled and attend 5 classes to participate in extra-curricular activities.

The following guidelines must also be followed to be eligible to participate in athletics:

1. No student will be allowed to participate in an athletic practice without having a physical form on file with the school nurse.
2. No student will be allowed to participate in practice without having a hospitalization and major medical insurance carrier on file in the school office.
3. No student will be allowed to participate in an athletic practice if the eligibility requirements are not met.
4. No student who has outstanding after school detentions to serve will be able to participate in any extra-curricular activities until the detentions are served.