



PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.
2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
 - The signature must be hand-written. No signature stamps will be accepted.
 - The signature and license number must be affixed on page three (3).
 - The parent signatures must be affixed to the form on pages two (2) and five (5).
 - The student-athlete signature must be affixed to pages two (2) and five (5).
4. Distribution
 - History Form retained by Physician/Healthcare Provider
 - Examination Form and Consent and Release Form signed and returned to member school.

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

| | Not at all | Several Days | Over half the days | Nearly every day |
|---|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | Yes | No | HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) | Yes | No |
|--|-----|----|--|-----|----|
| 1. Do you have any concerns that you would like to discuss with your provider? | | | 9. Do you get light-headed or feel shorter of breath than your friends during exercise? | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | | 10. Have you ever had a seizure? | | |
| 3. Do you have any ongoing medical issues or recent illness? | | | HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No | 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? | | |
| 4. Have you ever passed out or nearly passed out during or after exercise? | | | 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)? | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | | | | |
| 7. Has a doctor ever told you that you have any heart problems? | | | | | |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. | | | | | |

| BONE AND JOINT QUESTIONS | Yes | No |
|--|-----|----|
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? | | |
| 15. Do you have a bone, muscle, ligament, or joint injury that bothers you? | | |
| MEDICAL QUESTIONS | Yes | No |
| 16. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | |
| 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)? | | |
| 20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | |
| 21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? | | |
| 22. Have you ever become ill while exercising in the heat? | | |
| 23. Do you or does someone in your family have sickle cell trait or disease? | | |
| 24. Have you ever had or do you have any problems with your eyes or vision? | | |

| MEDICAL QUESTIONS (CONTINUED) | Yes | No |
|--|-----|----|
| 25. Do you worry about your weight? | | |
| 26. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 27. Are you on a special diet or do you avoid certain types of food and food groups? | | |
| 28. Have you ever had an eating disorder? | | |
| FEMALES ONLY | Yes | No |
| 29. Have you ever had a menstrual period? | | |
| 30. How old were you when you had your first menstrual period? | | |
| 31. When was your most recent menstrual period? | | |
| 32. How many periods have you had in the past 12 months? | | |

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ NHSAA Member School _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the last 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or use any other appearance/performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?



2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

| EXAMINATION | | | | | |
|---|--------------|---|-----------------------------|--------|-------------------|
| Height _____ | Weight _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| BP _____ / _____ (_____ / _____) | Pulse _____ | Vision R 20/ _____ L 20/ _____ Corrected? Y N | | | |
| MEDICAL | NORMAL | ABNORMAL FINDINGS | | | |
| Appearance | | | | | |
| • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | | | |
| Eyes/ears/nose/throat | | | | | |
| • Pupils equal | | | | | |
| • Hearing | | | | | |
| Lymphnodes | | | | | |
| Heart | | | | | |
| • Murmurs (auscultation standing, supine, +/- Valsalva) | | | | | |
| • Location of point of maximal impulse (PMI) | | | | | |
| Pulses | | | | | |
| • Simultaneous femoral and radial pulses | | | | | |
| Lungs | | | | | |
| Abdomen | | | | | |
| Genitourinary (males only) | | | | | |
| Skin | | | | | |
| • MSV, lesions suggestive of MRSA, tinea corporis | | | | | |
| Neurologic | | | | | |
| MUSCULOSKELETAL | | | | | |
| | NORMAL | ABNORMAL FINDINGS | | NORMAL | ABNORMAL FINDINGS |
| Neck | | | Knee | | |
| Back | | | Leg/ankle | | |
| Shoulder/arm | | | Foot/toes | | |
| Elbow/forearm | | | Functional | | |
| Wrist/hand/fingers | | | • Duck-walk, single leg hop | | |
| Hip/thigh | | | | | |

Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared Pending further evaluation For any sports

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
 - ... unless you are entering the ninth grade for the first time.
 - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - ... unless you are entering the ninth grade for the first time.
 - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (next page or on the back) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, illness and even death, is a possible result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____
Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participation in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
Unified Sports: Unified Flag Football, Unified Track & Field
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, illness and even death, is a possible result of such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**

- The student has adequate family insurance coverage. The student does not have insurance
- The student has football insurance through school.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____
Printed: _____

Date: _____ Parent/Guardian Signature: (X) _____
Printed: _____

STUDENT/PARENT PARTICIPATION FORM

(To be executed by Parent or Legal Guardian and Student Athlete)

A student shall not be permitted to practice or compete in interscholastic athletics for Western Middle/High School until he/she has completed the information below. This information is important and must be on file in the office of the Athletic Director.

ELIGIBILITY:

1. In order to be an active participant in athletics students must be passing the required number of courses set by the middle school and High School must pass required courses set by the IHSAA..
2. Attendance: In order to participate a student must be in attendance by 9:00 AM on days of events (This includes practice). Exceptions may be granted by the principal for special circumstances. Students leaving during the day due to illness or discipline will not attend events held that evening.
3. Illness-Injury: If you are absent 5 or more consecutive school days due to an illness or injury you must present to your coach written verification from a licensed physician stating that you may participate again.

SECTION 1: ATHLETE'S APPLICATION AND PERSONAL INFORMATION

Name _____ Male ___ Female ___ Grade _____ Age _____

Name of Parent/Guardian _____ Student's Date of Birth _____

Address of Parent/Guardian _____ Phone _____

SECTION 2: STUDENT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

According to the I.H.S.A.A. policy Rule 8, section C-8-1, contestants conduct, in and out of school, shall be such as (1) not to reflect discredit upon their school or the Association, or (2) not to create a disruptive influence on the discipline, good order, moral or educational environment in the school.

NOTE: It is recognized that principals, by the administrative authority vested in them by their school corporation, may exclude such contestants from representing their school.

ATHLETIC RULES: These rules apply on or off school grounds 365 days a year/24 hours a day. Rule violations will accumulate from year to year through grades 6 through 8.

A. The use, transmission, or possession of a) alcoholic beverages, b) drugs not prescribed by a licensed physician for the student's personal use c) tobacco products; d) the arrest, and/or conviction of a felony or any misdemeanor which is derogatory to the proper conduct of an athlete; e) stealing from any school, business, residence or student. Any violation of these rules, confirmed by school personnel or police report shall result in the following:

First Occurrence:

Letters a and b: 50% of the athletic contests of the sport in which the student athlete is involved, which may carry over under the provisions of section "E", but may be reduced to 30% if the student successfully completes a drug or alcohol program at a licensed drug or alcohol center.

Letters c, d, and e: 30% of the athletic contest of the sport in which the student athlete is involved, which may carry over under the provisions of section "E".

Second Occurrence:

Letters a and b: 100% of the athletic contests of the sport in which the athlete is involved, which may carry over under provisions of section "E", but may be reduced to 50% if the student athlete successfully completes a drug or alcohol program at a licensed drug or alcohol center.

Letters c, d, and e: 50% of the athletic contests of the sport in which the athlete is involved, which may carry over under the provisions of section "E".

Third Occurrence:

One calendar year suspension from athletic participation from the date of suspension.

If an athlete has had a violation of rules a, b, c, d, or e and commits a second violation of any of those rules, the second occurrence penalty will be imposed.

A third violation of any rule or combination of any three rules will result in a one calendar year suspension from all sports.

B. All athletic suspensions will be based on the athletic schedules.

C. Participation in practice during the period of suspension will be up to the individual coach involved.

D. If requested by the Athletic Director or Principal, athletes shall submit to a drug/alcohol test. The parents of any athlete recommended for testing will be contacted by the Athletic Director or the Principal to discuss the problem prior to any test. Failure to submit to testing will constitute a violation of Rule A.

E. An athlete's suspension will carry over to the next sport that he/she participates in. For example: If an athlete has 30% suspension during football and only has one game left, then 10% of this suspension will be served in football and their 20% would be served in the next sport in which the student participates.

SECTION 3: PARENT PERMISSION

I hereby give my consent for the above student to represent his/her school in interscholastic athletics and for him/her to accompany the team on athletic trips.

I give my permission for the student to participate in organized Western athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe as to result in total disability, paralysis or even death.

SECTION 4: INSURANCE

All participants in interscholastic sports activities must have health and accident insurance in order to take part in the athletic programs of Western High School. Compliance with this requirement is determined by the following

(a) If participant has medical insurance company, list

company: _____ and policy number: _____

(b) Participant has secured health and accident coverage under the school plan. _____yes _____no

I assume any expenses for liability not covered by the above insurance program/or medical coverage for injury received by the above named student while participating in organized athletics and accept full responsibility for medical and hospital expenses and other related expenses incurred by my child/ward.

The undersigned shall be responsible for furnishing the athletic department of Western High School with any changes in the above information.

My signature attests that I have read, understand, and concur with the information on this form and in the student handbook, and that I am the parent or legal guardian of the above named student/

Date: _____ Signature of Parent/Guardian _____

I have read and understand the information on this form and agree to the terms thereof

Signature of Student _____

WESTERN MIDDLE/HIGH SCHOOL

Consent Form for Drug Testing

I have read a copy of the Western School Corporation Drug Testing Policy and understand the policy. This policy is available on the Corporation website and available in the High school and Athletic offices.

We desire that _____ (student) be permitted to participate in any one or combination of the following activities:

- Drive a car to school, from school, or during school
- Athletics, including cheerleading, mount men and mascot
- Marching band including flag corps
- Westernettes

And agree to participate in this voluntary drug testing program at Western Middle/High School, and hereby voluntarily agree to be randomly tested.

We accept the method of obtaining urine samples, testing of such specimen, and all other aspects of the program as explained in the policy. We agree that the above named student will cooperate in furnishing urine specimens whenever requested within the specifications of this policy.

We further consent to the disclosure of sampling, testing, and results as explained in this policy.

This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures in the program.

Student Signature

Custodial Parent or Guardian Signature

_____,
Date

Year

CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (Current and Potential): _____

School: _____ Grade: _____

IC 20-34-7 requires schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

This law requires that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

Parent/Guardian - please read the Concussion Fact Sheet for Parents and ensure that your student athlete has received and read the Concussion Fact Sheet for Students. After reading these fact sheets, please ensure that you and your student athlete sign this form and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read the Concussion Fact Sheet for Students. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above-named student, have received and read the Concussion Fact Sheet for Parents. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Parent or Guardian)

(Date)

**STUDENT ATHLETE CONSENT FOR TREATMENT
AND
AUTHORIZATION TO RELEASE HEALTH INFORMATION FORMS**

DATE: _____

This document contains (1) a consent for Community Health Network, Inc. (Community) to provide medical treatment to student athlete in the event of an injury or illness during School's athletic programs; (2) a HIPAA Authorization Form to allow release of minimally necessary health information; (3) a FERPA Authorization Form to allow release of information required for the school's athletic programs, (4) an acknowledgement of receipt of Community's Notice of Privacy Practices as required by HIPAA; and (5) an Emergency Medical and Contact Information Form.

It is important that you read and complete each section, including **signing each section/form**. **A student athlete who is 18 years old or older, must sign for him/herself. Parent/guardian may not sign for a student athlete who is 18 years old or older. Failure to follow these instructions may result in exclusion of the student athlete from the School's athletic programs.** Please read each part carefully and make sure that you have had any questions answered before signing below.

CONSENT FOR TREATMENT

By signing below, I acknowledge and hereby consent to Community providing first aid or medical treatment for _____ (NAME of student athlete) in the event of an injury or an illness while participating in School's athletic programs; and that Community will attempt to contact the student athlete's parent/guardian. If a parent/guardian cannot be reached, Community will provide appropriate medical treatment believed to be in the best interest of the student athlete. I acknowledge and agree to provide the School with a completed Emergency Contact Information Sheet.

Signature of Student Athlete (if 18 years old or older) or Parent/Guardian: _____

Printed: _____

Relationship to student (if not signed by student athlete): _____

HIPAA AUTHORIZATION

By signing below, I hereby authorize Community, including its employees and agents, to disclose minimally necessary protected health information (PHI) of _____ (NAME of student athlete) as follows: Community may disclose 1) records of physical examinations performed to determine student athlete's eligibility to participate in School sponsored activities; 2) records of therapeutic evaluations; 3) records and reports of diagnosis and treatment of injuries or illness experienced by the student athlete while engaged in School sponsored activities, including but not limited to athletic program practice sessions, training and competition; and 4) other records as necessary to determine Student Athlete's physical fitness to participate in school sponsored activities.

I hereby authorize minimally necessary PHI to be disclosed for the purposes described above to the following School personnel ("School Personnel"): 1) principal or assistant principal, athletic director, coaches, teachers, school nurses or other members of the School's administrative staff or their designees, and 2) emergency medical personnel, hospitals or any other health care professional or provider who

evaluates, diagnoses or treats an injury, illness or other condition incurred by the Student Athlete while participating in a school sponsored activity, as necessary to:

- Evaluate the Student Athlete’s eligibility to participate in School sponsored activities, including but not limited to interscholastic or intramural sports programs, physical education classes or other classroom activities;
- Document the sports medicine services provided by Community and evaluate program outcomes;
- Resolve grievances; and
- Evaluate treatment alternatives.

I understand that Community has requested this Authorization to disclose PHI so that the school, together with Community, can make certain decisions about the Student's health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA). I also understand that the Student's participation in certain school sponsored activities is conditioned upon my signing this Authorization. I understand that I may revoke this Authorization by sending written notice to the athletic trainer, except that such revocation will not affect action previously taken by Community in reliance on this Authorization. I understand that the PHI released may be subject to re-disclosure by any recipient and no longer protected by federal and/or state privacy laws.

Signature of Student Athlete (if 18 years old or older) or Parent/Guardian: _____

Printed: _____

Relationship to student (if not signed by student athlete): _____

FERPA AUTHORIZATION

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99) is a Federal law that protects the privacy educational records. Education records protected by FERPA may include information shared, collected or used as part of Community’s health care services and treatment provided to the student athlete. As part of the student athlete’s participation in the School’s athletic programs, the School may require certain student records that are covered by FERPA. Therefore, this section indicates the student athlete’s permission to share those records, as minimally necessary required for the student athlete’s participation in the School’s athletic programs. By signing below, I acknowledge and consent to Community sharing appropriate information and necessary with School Personnel concerning the student athlete/me that is relevant to participation in athletic activities.

Signature of Student Athlete (if 18 years old or older) or Parent/Guardian: _____

Printed: _____

Relationship to student (if not signed by student athlete): _____

THIS CONSENT TO TREAT AND AUTHORIZATION TO RELEASE INFORMATION EXPIRES 1 YEAR FROM DATE IT IS SIGNED.

HIPAA NOTICE OF PRIVACY PRACTICES

NOTE: IF STUDENT ATHLETE IS 18 YEARS OR OLDER, HE/SHE MUST SIGN THIS AUTHORIZATION. IF THE STUDENT ATHLETE IS YOUNGER THAN 18, A PARENT OR GUARDIAN MUST SIGN THIS AUTHORIZATION. A STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN CERTAIN SCHOOL SPONSORED ACTIVITIES (INCLUDING BUT NOT LIMITED TO SPORTS PROGRAMS) IF THIS ACKNOWLEDGEMENT IS NOT SIGNED OR IF IT IS REVOKED.

Community's NOTICE OF PRIVACY PRACTICES ("NPP") describes the policies and procedures that are designed to protect the privacy and security of student's personal health information. The student athlete and/or parent/guardian have the right to receive a copy of the Notice of Privacy Practices prior to signing this Consent to Treat and Authorization to Release Information. The current Community NPP will be posted in the School's health clinic and in the athletic training room, and also on Community's website, with copies available upon request by asking the staff of the School health clinic or the athletic trainer.

Signature of Student Athlete (if 18 years old or older) or Parent/Guardian: _____

Printed: _____

Relationship to student (if not signed by student athlete): _____

EMERGENCY MEDICAL CONTACT INFORMATION FORM

Student Athlete Information:

Last Name: _____ First Name: _____ MI: ____
 Date of Birth: _____ Circle one: Male/Female/Non-binary
 Grade this athletic season: _____
 Medical Insurance Company: _____ Policy #: _____
 Name of Policy Holder: _____ Group #: _____
 Physician Name: _____ Physician Phone #: _____
 Preferred Hospital (if any): _____
 Allergies (if any): _____

Current Medications (if any) – please provide:

| <u>Name of Medication</u> | <u>Dose</u> | <u>Frequency Taken</u> |
|---------------------------|-------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please check any of the following conditions currently experienced by the Student Athlete and write in others you would like us to know about:

asthma ____ low blood sugar ____ diabetes ____ fainting spells ____ seizures ____
 sickle cell anemia ____ others: _____

Parent/Guardian Contact Information:

Parent/Guardian #1

Name: _____ Relationship to Student: _____
 Street Address: _____
 City/State: _____ Zip: _____
 Home Phone: _____ Work phone: _____
 Cell Phone: _____ Email Address: _____

Parent/Guardian #2

Name: _____ Relationship to Student: _____
 Street Address: _____
 City/State: _____ Zip: _____
 Home Phone: _____ Work phone: _____
 Cell Phone: _____ Email Address: _____

Emergency Contacts IF Parent/Guardian Cannot Be Reached:

| | Name | Phone #(s) | Relationship to Student |
|----|-------------|-------------------|--------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |