

**INSTRUCTIONS FOR COMPLETING THE
VHSL ATHLETIC PARTICIPATION / PARENTAL CONSENT / PHYSICAL EXAMINATION FORM
(Revised April 2007)**

FAILURE TO READ THIS MAY RESULT IN A DELAY IN PARTICIPATION

The VHSL physical form is required for participation in a high school sport.

1. All four (4) pages of the form must be filled out completely.
2. All questions must be answered.
3. Parent/Guardian and student must sign in all required places.
4. Failure to comply with 1, 2, or 3 will result in a delay in your participation.

PART I – Athletic Participation

(To be completed and signed by the student)

Your Student I.D. # may be found on your class schedule or report card.

Semester count – each year of school is broken down into two semesters.

9th Grade / Freshmen – are in semester 1 (1st / 2nd quarter) or semester 2 (3rd / 4th quarter)

10th Grade / Sophomores – are in semester 3 (1st / 2nd quarter) or semester 4 (3rd / 4th quarter)

11th Grade / Juniors - are in semester 5 (1st / 2nd quarter) or semester 6 (3rd / 4th quarter)

12th Grade / Seniors – are in semester 7 (1st / 2nd quarter) or semester 8 (3rd / 4th quarter)

Credit subjects = classes taken for credit towards graduation

Student Signature – student must read eligibility rules on page 1 and sign

PART II – Medical History

(To be completed and signed by a parent/guardian AND the student)

Answer each question with a check mark and add additional information where necessary.

#53 DATE OF LAST TETANUS IMMUNIZATION – only the exact month, day and year is acceptable.

Parent/Guardian and Student Signatures – both parent and student must sign!

PART III – Physical Examination / must be obtained after May 1 for the upcoming school year

(To be completed by the doctor or licensed Nurse Practitioner who performs the exam)

Before leaving the doctor's office, review the form for the following:

Doctor must check ✓ recommended level of participation.

Doctor must sign and date the form.

Doctor's office must apply a stamp with the Practice Name, Address and Phone Number.

NOTE for families using Kaiser Permanente: A Verification of Treatment statement from Kaiser will NOT be accepted in place of the Physical Examination page of the VHSL form. You must plan ahead for the additional time it takes Kaiser to complete this form.

PART IV – Acknowledgement of Risk and Insurance Statement

(Students may not participate in any sport without health insurance coverage)

Name of Insurance carrier, policy number and name of policy holder must be filled in.

Student Insurance is available at low cost for those who do not have insurance. If you would like to buy

Student Insurance, pick up a form in the Activities Office. You may pay online or by check/money order. Write the name of the insurance carrier, the date and amount paid on the VHSL form.

PART V – Emergency Permission Form

(To be completed by parent or guardian)

Answer every question. If not applicable, write "N/A".

The Tetanus shot date must be the exact month, day and year.

You must give a phone number for emergency contact during daytime and evening hours.

The Parent/Guardian must sign IN TWO (2) PLACES.

**IF YOU HAVE QUESTIONS, WE WOULD LIKE TO HELP
CALL THE ACTIVITIES OFFICE AT 703-228-5389 or -5388**



PART II - - MEDICAL HISTORY

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.					
MEDICAL HISTORY OF STUDENT & FAMILY			MEDICAL HISTORY OF STUDENT & FAMILY		
	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or non prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35. Date of last head injury or concussion: Date: _____		
5. Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever had a numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection			42. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
			43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	44. Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death)	<input type="checkbox"/>	<input type="checkbox"/>	47. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	48. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	49. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	50. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	51. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	52. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	53. What is the date of your last Tetanus immunization? Date: _____		
			FEMALES ONLY		
22. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	54. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	55. Age when you had your first menstrual period? _____		
24. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	56. How many periods have you had in the last 12 months? _____		
25. Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	57. Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: 		
27. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>			
28. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>			
29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			
30. Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>			
31. Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>			

Parent/Guardian Signature: _____ Athlete's Signature: _____



PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME: _____ SCHOOL: _____

HEIGHT: _____	WEIGHT: _____	SEX: _____	AGE: _____	DOB: _____	
*Tanner Stage or Maturation Index: (males only) _____			BP: _____		
*Percent Body Fat: _____			Pulse: *(rest) _____		
*Audiotape _____			*(Exercise) _____		
*Vision: Corrected (L) _____ (R) _____ (Both) _____			*(Recovery) _____		
Uncorrected (L) _____ (R) _____ (Both) _____			*FEV or Peak Flow (rest) _____		
			*(Exercise) _____		
			*(Recovery) _____		
	N	ABNORMAL		N	ABNORMAL
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsych Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

***WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

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

- CLEARED WITHOUT RESTRICTIONS**
- Cleared **AFTER** further evaluation or treatment for: _____
- Cleared for **Limited participation** (check and explain "reason" for all that apply):
 - Not cleared for (specific sports) _____
 - Cleared only for (specific sports) _____
 Reason(s): _____
- NOT CLEARED FOR PARTICIPATION:** _____
Reason(s): _____
- Other Recommendations: _____
 - Recommend close monitoring during early conditioning because of weight/fitness/other
 - Recommend restrictions or monitoring of weight loss or gain
 - Other _____
 Reason(s): _____

Physician Signature: _____ * M.D. Date of Examination** _____
 *(MD, DO, LNP, PA)

Date Signed: _____

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____



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.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

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, publication or video.

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 _____

Parent/Guardian Signature



ATHLETIC PARTICIPATION AGREEMENT

Acknowledgment and Assumption of Risk: We, the student athlete and parents or guardians who have signed the form below if the student athlete is under the age of eighteen (18), consent to the student athlete's athletic participation and transport through Arlington Public Schools. We agree to follow the rules and instructions of the student athlete's school, the coaching staff, athletic trainers and the Virginia High School League (VHSL) and to abide by their administrative decisions. We agree to and understand the many risks involved in athletic participation. We understand that injuries requiring medical attention, serious injuries, permanent disability or death can result from such participation. Further, because athletic participation involves shared facilities, equipment and physical contact, student athletes are at increased risk for exposure to communicable diseases and skin infections. I choose to voluntarily accept all such risks. With the full understanding of the risks involved, we agree and accept all responsibility for the student athlete's safety, health and welfare while participating in athletics.

Skin infections and communicable diseases: Risks for exposure to these conditions can be minimized by good hygiene, showering, daily washing of athletic clothing and not sharing personal use items.

Consent to release health information: We hereby authorize the use or disclosure of the student athlete's personally identifiable health information (PHI) should, in the opinion of APS staff, treatment for illness or injury become necessary. We understand that it is the parent or guardian's sole responsibility to provide health insurance and/or to assume financial responsibility for any medical bills arising from any accident, illness or injury to the student athlete, including any ambulance fee. We understand that we have the right to withdraw this consent to release medical information at anytime upon written notice to the Athletic Director at the school.

Proper Use and Fitting of Equipment: Athletic participation may require the use of equipment, pads, helmets, life vests and other safety equipment. We understand that the proper and consistent use of such equipment is mandatory. We further agree to follow manufacturer instructions and all appropriate training and rules regarding safe conduct and proper equipment use and fitting during athletic participation. We further understand that the use of such equipment does not avoid or necessarily diminish the risk of injury, including paralysis, disability or death.

If using a helmet, the student athlete agrees not to use this helmet to ram, spear or butt an opposing player or teammate. This is violation of the rules and can result in injury, paralysis or death to you or others. Football players must exercise good tackle, blocking, contact and other skills.

Good Sportsmanship Pledge: We acknowledge that as parents, guardians or as a student athlete that we each are role models. We will remember that school athletics is an extension of the APS learning environment, offering learning experiences for all students. We must show respect for all players, coaches, other student athletes, referees/umpires and spectators. We understand the spirit of fair play and the good

sportsmanship expected by APS, our conference and VHSL. We hereby accept our individual responsibilities to be a model of good sportsmanship.

Transportation for Athletic Events: APS makes every effort to provide transportation to its student athletes. If transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent or adult drivers should be aware that they may be held responsible for property damage or any injuries to any individuals they are transporting. All drivers must certify that any private vehicle used is covered by at least the Virginia State required insurance coverage and must hold a valid drivers license. We agree and understand that APS is not responsible for, nor accepts any liability for, transportation provided by private vehicle. APS does not insure any operator of a private vehicle, even if such vehicle is used to transport persons or equipment to or from a school-sanctioned event.

This form should be signed by both parents or guardians. In the event that the signature of one of the parents or guardians cannot be provided in time for the student athlete to tryout or participate, the signing parent certifies that he or she is signing on behalf of both parents and/or guardians and gives permission for the student athlete to tryout and participate in the APS athletic program.

BY SIGNING BELOW, I STATE THAT THIS AGREEMENT HAS BEEN CAREFULLY READ AND UNDERSTOOD BY ME. I ACKNOWLEDGE ITS TERMS AND AGREE TO BE BOUND BY THEM.

Student Athlete

Date

Parent or legal guardian

Date

Parent or legal guardian

Date