

FREE SPORTS PHYSICALS CLINIC



T-SHIRTS AND GIVEAWAYS!

Open to middle school and high school athletes playing all sports in the 2024-2025 school year*

**Students must bring the sports physical form provided by their school SIGNED BY A PARENT/GUARDIAN to receive a physical. Forms will be available at the clinic, but it must be signed by a parent/guardian at the clinic.*

SATURDAY, JUNE 22
8 a.m. to 2 p.m.

CAMC Greenbrier Valley Medical Center
Primary Care
810 Grayson Ave.
Covington, VA 24426

Walk-ins only (no appointment needed)

FOR MORE INFORMATION CALL

(540) 962-8222

PRIMARY CARE



Greenbrier Valley
Medical Center

 **Vandalia Health**

HEADS x UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a type of traumatic 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?

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

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • 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 • Just “not feeling right” or “feeling down” 	<ul style="list-style-type: none"> • 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 mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- 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. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

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 regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and 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 repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:

Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

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

For more information, visit www.cdc.gov/Concussion.

Fact Sheet for Parents & Student Athletes



KEEP THEIR HEART IN THE GAME

This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors That Increase the Risk of SCA

- ✓ Family history of known heart abnormalities or sudden death before age 50
- ✓ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ✓ Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✓ Family members with known structural heart abnormality, repaired or unrepaired
- ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

Potential Indicators That SCA May Occur

- ▶ Fainting or seizure, especially during or right after exercise
- ▶ Fainting repeatedly or with excitement or startle
- ▶ Excessive shortness of breath during exercise
- ▶ Racing or fluttering heart palpitations or irregular heartbeat
- ▶ Repeated dizziness or lightheadedness
- ▶ Chest pain or discomfort with exercise
- ▶ Excessive, unexpected fatigue during or after exercise

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.

Start immediately and use the onsite AED.



CALL



PUSH



SHOCK



KeepTheirHeartInTheGame.org



VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

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ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form 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 _____

PRINT CLEARLY

Name _____ Student ID# _____
(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.

INDIVIDUALIZED 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.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- 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 ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- 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/Parent 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 competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

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. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

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.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.

Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25. Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>	28. When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>		
HEART HEALTH QUESTIONS ABOUT YOU			32. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>		
			38. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>		
			39. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>		
			40. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>		
			41. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>		
			42. Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>		
			43. Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>		
			44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____				
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		YES	NO	
15. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			46. Age when you had your first menstrual period: _____				
16. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	47. Number of periods in the last 12 months: _____				
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	48. When was your most recent menstrual period? _____				
18. 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 polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS BELOW				
			#	>>			
			#	>>			
			#	>>			
			#	>>			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>			
BONE AND JOINT QUESTIONS			#	>>			
20. 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?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>			
21. Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	List medications and nutritional supplements you are currently taking here:				
MEDICAL QUESTIONS							
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>					

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

PART III- PHYSICAL EXAMINATION

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

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/ L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

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

☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**

☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:**

☐ **MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:** _____

Reason: _____

☐ **NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** _____

☐ **NOT MEDICALLY ELIGIBLE FOR ANY SPORTS**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA)+ DATE**: _____

EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed 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, swim/dive, 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 medical/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 medical insurance 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 participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of 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.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282.

PART V- EMERGENCY PERMISSION FORM*

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

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

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: _____

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? _____ LIST THE EMERGENCY MEDICATION: _____

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? _____ IF SO, WHAT? _____

DOES THE STUDENT WEAR CONTACT LENSES? _____ DATE OF LAST Tdap OR Td (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 the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ **SIGNATURE OF PARENT/GUARDIAN:** _____ **DATE:** _____

RELATIONSHIP TO STUDENT: _____

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

→ **I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT:** _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.