### **GWINNETT COUNTY CONSENT and INSURANCE FORM**

#### PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

<u>WARNING</u>: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE**, **PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC**, **INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, you acknowledge that you have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (we) hereby give consent for \_\_\_\_\_\_ to:

(1) Compete in athletics at \_\_\_\_\_\_ High School of the Gwinnett County School District in Georgia High School Association approved sports.

(2) To accompany any school team of which the student is a member on any of its local or out-of-town trips;

(3) and, I hereby verify that the information on both sides of this form is correct and understand that any

false information may result in my son/daughter being declared ineligible.

The student is domiciled at the above address located in the	High
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School District.

Have you attended this Gwinnett County school for at least one full school year? Yes \_\_\_\_\_ No \_\_\_\_\_

You live with (name of parent/parents/guardian)

Date of birth \_\_\_\_\_ Telephone

Date entered 9th grade \_\_\_\_\_ Your grade level this year

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

### SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)

#### **INSURANCE INFORMATION**

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the \_\_\_\_\_\_\_\_\_\_ school year, then sign below.

<u>My</u> son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics (including, but not limited to, varsity and junior varsity football).

Company providing insurance: \_\_\_\_\_

Name of insured:

Policy#:\_\_\_\_\_

I wish to purchase the Benefit Plan provided by the Gwinnett County School System. (A signed copy of this Benefit Plan should be stapled to this form.)

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)

### **AUTHORIZATION**

\_\_\_\_\_

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, \_\_\_\_\_\_, may compete in high school athletics in Gwinnett County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child, \_\_\_\_\_\_, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.

SIGNATURE(S) Date	) OF	PARENT(S)	OR	GUARDIAN(S)
Relation to Student:	Mother	Father	Other _	

\_\_\_\_\_

Signature of Athlete\_

### **Preparticipation Physical Evaluation**

Name         Sex         Age         Date of birth           Grade         School         Sport(s)           Address	Date of Exar	n											
Address	Name						_Sex	x	A	ge	Date of birth		
Personal Physician         In case of emergency, contact:         Name	Grade	School					 Sp	ort(s)_					
In case of emergency, contact:         Name       Relationship       Phone (H)       Phone (W)         Explain "Yes" answers below.       Yes No       Xes No         Explain "Yes" answers below.       Yes No       Xes No         I. Has a doctor ever denied or restricted your participation in sports for any reason?       25. Is there anyone in your family who has asthmm?       25. Is there anyone in your family who has asthmm?       26. Is there anyone in your family who has asthmm?       27. Were you born without or aken asthma medicine?       27. Were you born without or aken asthma medicine?       27. Were you born without or aken asthma medicine?       28. Is have you ever or laken asthma medicine?       28. Is have you ever or laken asthma medicine?       28. Have you used a ninhaier or taken asthma medicine?       28. Have you used a ninhaier or taken asthma medicine?       28. Have you user any other signal in somonucleosis (mono) within the last month?         29. D you have an resources?       28. Have you user had a herpes skin infection?       29. D you have any reashes, pressure sores, or other skin problems?         30. Have you ever had a discomfort, pain, or pressure in your chest diving exercise?       29. Have you ever had a herpes skin infection?         31. Have you ever had a lower ow or unamy or deal aded in proor concussion?       29. Have you ever had a herpes skin infection?         42. Have you ever had a lower ow or unamy or deal aded in the or ordered at test for your herms?       3. Have you ever had a herpes skin infection? <tr< td=""><td>Address</td><td></td><td></td><td></td><td></td><td></td><td> </td><td></td><td></td><td></td><td>Phone</td><td></td><td></td></tr<>	Address						 				Phone		
Name         Relationship         Phone (H)         Phone(W)           Excluse         median         File         Median         Median         Median           Excluse         gestions you don't know the answers to.         Yes         No         24. Do you cough, wheeze, or have difficulty breathing during or after exercise?         Image: Second Seco	Personal Phy	ysician					 						
Explain "Yes" answers below.         Explain "Yes" answers below.         Explain "Yes" answers below.         I. Has a doctor ever denied or restricted your participation in sports for any reason?         2. Do you kave an onging medical condition (ike diabetes or asthma)?         2. Do you kave an onging medical condition (ike diabetes or asthma)?         3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?         3. Are you currently taking any prescription or stinging insects?         5. Have you ever pased out or nearly passed out DURING exercise?         5. Have you ever pased out or nearly passed out DURING exercise?         6. Have you ever pased out or nearly passed out or nearl	In case of e	mergency,	conta	ct:									
Circle questions you don't know the answers to.       Yes       No         1. Has a doctor ever denied or restricted your participation in sports for any reason?       24. Do you cough, wheeze, or have difficulty breathing during or after exercise?       1         2. Do you have an ongoing medical condition (like diabetes or asthma)?       26. Is there anyone in your family who has asthma?       1         3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?       2       2. Have you bear used an inhaler or taken asthma medicine?       2         2. Do you have allergies to medicines, pollens, foods, or stinging insects?       2       3. Have you wear passed out or nearly passed out DURING exercise?       29. Do you have any rashes, pressure sores, or other skin problems?       2         3. Have you ever passed out or nearly passed out DURING exercise?       31. Have you ever had a herpes skin infection?       2         4. Have you ever had discomfort, pain, or pressure in your cheat during exercise?       33. Have you ever had a seizure?       3         3. Have you ever had as beat during exercise?       33. Have you ever had a seizure?       3         4. Has a doctor ever told you that you have (check all that apply): (check all that apply): (check all that apply): (dro example: ECC, echecardiogram)       3       Have you ever had seizure?       3         3. Have you ever rhad unimpheses, tingling, or weakness?       3       Have you ever had a neadity or someone in your family has sickle c	Name			F	Relations	hip	 	Pho	one (H)_		Phone(W)		
1. Has a doctor ever denied or restricted your participation in sports for any reason?       24. Do you cough, wheeze, or have difficulty breathing during or after earyone in your family who has asthma?         2. Do you courrently taking any prescription or nonprescription (weer-the-counter) medicines or pills?       26. Have you ever used an inhaler or taken asthma medicine?         2. Do you have allergies to medicines, pollens, foods, or stinging insects?       27. Were you born without or are you missing a kidney, an eye, a testice, or any other organ?         3. Have you ever passed out or nearly passed out DURING exercise?       29. Do you have any rashes, pressure sores, or other skin problems?         3. Have you ever had discomfort, pain, or pressure in your cheat during exercise?       30. Have you ever had a brege skin infection?         7. Have you ever roted a test for your haar? (check all that apply):       A heart infection         14. Has a doctor ever orded a test for your hear?       30. Have you ever had seizure?         3. Have you ever had discomfort, pain, or pressure in your family member or relative died of neart infection       31. Have you ever had a seizure?         3. Have you ever ordered a test for your hear?       31. Have you ever had seizure?         3. Have you ever ordered a test for your hear?       31. Have you ever mad weekses: fingling, or weakness in your arms or legs after being hit or falling?         10. Has a doctor ever ordered a test for your hear?       31. Have you ever mad your momony consolence?         3. Have you ever rodered a test for your hear? <td></td> <td></td> <td></td> <td></td> <td>answers</td> <td>s to.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>					answers	s to.							
Back       Back       Shin       Toes       49. How many periods have you had in the last 12 months?         20. Have you ever had a stress fracture?       Explain "Yes" answers here:       Explain "Yes" answers here:         21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?       Image: Comparison of the last 12 months?         22. Do you regularly use a brace or assistive device?       Image: Comparison of the last you have asthma or allergies?       Image: Comparison of the last here:	<ol> <li>Has a doc in sports f</li> <li>Do you ha (like diabe</li> <li>Are you c nonpresci</li> <li>Do you ha stinging ir</li> <li>Have you DURING</li> <li>Have you AFTER ef</li> <li>Have you your chess</li> <li>Does you</li> <li>Has a doc (check all High b High c</li> <li>Has a doc (for exam</li> <li>Has a nyo</li> <li>Does any</li> <li>Has a doc (for exam</li> <li>Has a doc (for exam</li> <li>Has a doc (for exam</li> <li>Has a nyo</li> <li>Does any</li> <li>Have you (for exam</li> <li>Have you (for exam</li> <li>Have you (for exam</li> <li>Have you</li> <li>Arey you</li> <li>Have you</li> <li>Mar, CT, therapy, a</li> <li>Head</li> <li>Neck</li> <li>Upper</li> <li>Lower</li> <li>Back</li> <li>Do you re</li> <li>Has a doc</li> </ol>	tor ever denie for any reason ave an ongoin etes or asthma urrently taking ription (over-th ave allergies to nsects? ever passed exercise? ever passed exercise? ever had disc tr heart race of that apply): lood pressure holesterol ctor ever told y that apply): lood pressure holesterol ctor ever orden ple: ECG, eci ne in your fa amily member one in your fa ever had an i tear, or tendini r game? If ye had any brok d joints? If ye had any brok d joints? If ye had a bone o surgery, injec a brace, a casi Shoulder Hip ever had a st been told tha or atlantoaxial gularly use a ctor ever told y	ed or res ? g medic: a)? g any pre- be-count o medici out or ne comfort, ise? r skip be you that red a tes hocardic nily died mily hav r or relat death be mily hav r or relat death be pro f no f	al condi escriptio er) med ines, po early pa early pa pain, or eats duri you hav mass duri you hav mass duri you hav mass duri you hav mass duri you hav for no a eats duri for no a eats duri you hav for no a eats duri for no a eats duri you hav for no a eats duri you hav for no a eats duri you hav for no a eats duri for no a eats duri a for no a eats duri for no a eats duri for no a eats duri for no a eats duri a for no a eats duri for no a eats coused for eats for poor for no a eats coused for eats for for no a eats coused for eats for for no a eats for you for no a eats coused for eats for for no a eats for you for no a eats for you for no a eats for eats for for no a eats for you for no a eats for for o for no a eats for for no for no a eats for for no for no a eats for for no for no fo	your partici tion n or icines or p llens, foods ssed out ssed out pressure i ng exercise eart murmu eart infection ur heart? pparent re rt problem of heart e 50? n syndrom pital? ain, muscle you to mis d area belo cones or t required o ion, physic If yes, circl Forearm Calif/ Shin ave you have ty?	pation ills? s, or n e? ur on ason? ? e or ss a ow: e below: Hand/ Fingers Ankle d		d 25. k 26. H 27. V 28. H 29. D 30. H 32. H 33. H 34. D 33. H 35. H 34. D 33. H 35. H 36. H 37. V 38. H 39. H 40. D 41. D 43. A 43. A 44. O 45. D 46. D 47. H 48. H 49. H	luring or a sthere and as there and as there and ave you of Vere you have you we have you we have you we have you have y	fter exerci yone in yo ever used born witho esticle, or had infecti ast month ye any ras ms? had a herp ever had a been hit in r memory? ever had a ver headac ever had a ver headac ever had a ver headac ever been being hit of cising in the mps or bee or told you sickle cell had any pr ar glasses ar protecti ld? ppy with y ing to gair e recomm abits? it or carefu ye any cor h a doctor LY ever had a ere you wh periods h	ise? our family who has asthma? an inhaler or taken asthma medicir out or are you missing a kidney, any other organ? ious mononucleosis (mono) 1? shes, pressure sores, or other pes skin infection? a head injury or concussion? a head and been confused ? a seizure? ches with exercise? numbness, tingling, or weakness after being hit or falling? unable to move your arms or or falling? the heat, do you have severe ecome ill? u that you or someone in your I trait or sickle cell disease? roblems with your eyes or vision? s or contact lenses? ive eyewear, such as goggles or your weight? n or lose weight? n or lose weight? nended you change your weight ully control what you eat? ncerns that you would like to rr? a menstrual period? hen you had your first menstrual period? hen you had in the last 12 months?	ne?	

#### \_Signature of Parent/Guardian\_

Date
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## **Preparticipation Physical Evaluation**

# PHYSICAL EXAMINATION FORM

Name			Date of Birth					
Height	Weight	% Body Fat (optional)	PulseBP_	/ (/,/)				
Vision R 20/	L 20/	Corrected: Y N	Pupils: Equal	Unequal				

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
	1		
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only. +Having a third party present is recommended for the genitourinary examination.

Notes: \_\_\_

Name of physician (print/type)	Date
Address	Phone
Signature of physician	, MD or DO

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repa	articipation Physical Evaluatio	n			CLEARANCE FOR
Nam	ne	Sex	Age	Date of birth	
	Cleared without restriction Cleared, with recommendations for fu	irther evaluation or tre	eatment for:		
Reco	Not Cleared for □ All sports □ C				
	RGENCY INFORMATION				
	gies				
Nam	ne of physician (print/type)				Date
Addr	ress			Phone_	
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ера	articipation Physical Evaluatio	n			CLEARANCE FOR
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Reco	Not Cleared for  All sports  C commendations:				
EME	RGENCY INFORMATION				
Aller	gies				
Othe	er Information				
Nam	ne of physician (print/type)			I	Date
Addr	ress			Phone _	
Sign	ature of physician				, MD or DC

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