To be completed for

|--|

NSAA activities.	Student and Parent Consent Form	
School Year: 2020 Member School:		
Name of Student:		
Date of Birth: P	ace of Birth:	
The undersigned(s) are the Student and treferred to as "Parent".	he parent(s), guardian(s), or person(s) in charge of the a	bove named Student and are collectively
The Parent and Student hereby: (1) Understand and agree that participation	n in NSAA sponsored activities is voluntary on the part of	the Student and is a privilege;
dangers associated with athletic participa such injury can range from minor cuts, be tendons, or muscles, to catastrophic injur	s Consent Form the NSAA has provided to the Parent ation; (b) participation in any athletic activity may involveruises, sprains, and muscle strains to more serious injurities to the head, neck and spinal cord, and on rare occasion the best coaching, the use of the best protective equipment.	e injury of some type; (c) the severity of es to the body's bones, joints, ligaments ons, injuries so severe as to result in total
(3) Consent and agree to participation participation in NSAA sponsored activitie	of the Student in NSAA activities subject to all NSAs, and the activities rules of the NSAA member school for	A by-laws and rules interpretations for which the Student is participating; and,
by the NSAA, of information regarding photograph, date of and place of birth, management of the participation in officially recognized active received, statistics regarding performance and any other information related to the Streeorded, audio taped, or recorded by any	re by the Member School at which the Student is enrolled to the Student, including the student's name, address, to ajor fields of study, dates of attendance, grade level, enrolled to study, weight and height of as a member of at e, records or documentation related to eligibility for NSA tudent's participation in NSAA sponsored activities; and, other means while participating in NSAA activities and corecordings, and waive any claims of ownership or other solary of such photographs or recordings.	elephone listing, electronic mail address llment status (e.g., full-time or part-time) chletic teams, degrees, honors and awards AA sponsored activities, medical records (b) the Student being photographed, video contests, consent to and waive any privacy
participation in NSAA activities. This inc	d sports injury personnel to evaluate and treat any injury of cludes all reasonable and necessary preventive care, treatment the student to a medical facility if necessary. Such license AA.	ent and rehabilitation for these injuries.
of such services. We give permission to a and consultants to release and discuss all a	ed to pay for professional medical and/or related services; any and all of the Student's health care providers and the Necords and information about the Student including otherwas been requested and may be used for the purpose of deteor emergency.	ISAA and its employees, staff, agents, wise confidential medical information and
I acknowledge that I have read paragrap potential risk of injury inherent in particip	ohs (1) through (6) above, understand and agree to the ation in athletic activities.	terms thereof, including the warning or
Name of Student [Print Name]	Student Signature	Date
through (6) above, understand and agree	ropriate choice] (Parent) (Guardian). (I)(We) acknowled to the terms thereof, including the warning of potential ning in paragraph (2) above and understanding the potential insert student name] to paragraph (3) above and understanding the potential insert student name] to paragraph (3) above and understanding the potential insert student name] to paragraph (4) above and understanding the potential insert student name (5) above and understanding the potential insert student name (6) above and understanding the potential insert student name (6) above and understanding the potential insert student name (7) above and understanding the potential insert student name (7) above and understanding the potential insert student name (7) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and understanding the potential insert student name (8) above and (8)	risk of injury inherent in participation in

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross Country	Soccer	Volleyball
Music	Unified Bowling	Softball	Wrestling	Debate	Journalism

Parent [Print Name]
Revised July 2018

Parent Signature

Date

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note; This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

imé			Date of birth		<u>.</u>
x Age Grade Sch	ool		Sport(s)		
			dicines and supplements (herbal and nutritional) that you are currently		
addition and the control of the cont			the same and the s	шинд	
		· · · · · · · · · · · · · · · · · · ·			
	كالكان الأشاهات	ista in		<u> </u>	
Do you have any allergies? □ Yes □ No It yes, please ide □ Medicines □ Pollens	ntiry spe		rgy below. I Food I Stinging Insects		
plain "Yes" answers below. Circle questions you don't know the an	oueneo f				
plant "Yes" answers below, cittae quesuois you don't know the an			[Medical guiestions	- 	702
Has a doctor ever denied or restricted your participation in sports for	100	45.33 A	26. Do you cough, wheeze, or have difficulty breathing during or		Sing
any reason?			after exercise?		
2. Do you have any ongoing medical conditions? It so, please identify below: Asthma: Anemia: Diabetes: Infections			Have you ever used an inhaler or taken asthma medicine? Is there anyone in your family who has asthma?		
Other: Attentia L. Attentia L. Diametos L. Interaciós			29. Were you born without or are you missing a kidney, an eye, a testicle		
3. Have you ever spent the night in the hospital?			(males), your spieen, or any other organ?		
4. Have you ever had surgery?	200000000000000000000000000000000000000	Law Consess	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
HEATTHEALTH QUESTIONS ABOUT YOU TEST TO SEE THE	Yes	No	31. Have you had injectious mononucleosis (mono) within the last month?		ļ
 Have you ever passed out or nearly passed out DURING or AFTER exercise? 	. :		Do you have any rashes, pressure sores, or other skin problems? Have you had a herpes or MRSA skin intection?		ļ
6. Have you ever had discomfort, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?		ļ
chest during exercise?	P		35. Have you ever had a bit or blow to the head that caused confusion.	terrent yes	* *****
7. Does your heart ever race or skip beats (triegular beats) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so,		 	prolonged headache, or memory problems?		
o, has a ductor eyer told you that you have any heart providing it so; check all that apply:		{	36. Do you have a history of setzure disorder?		
☐ High blood pressure ☐ A heart murmur			37. Do you have headaches with exercise? 38. Have you ever had numbness, tingling, or weakness in your arms or		 -
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:		1 1	lege after being hit or falling?	ļ ·	
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG,			39. Have you ever been unable to move your arms or legs after being hit		
echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected	1	-	or failing? 40. Have you ever become ill while exercising in the heat?	 	-
duting exercise?			41. Do you get frequent muscle cramps when exercising?		
11, Have you ever had an unexplained selzure?			42. Do you or someone in your family have sickle cell trait or disease?		
12. Do you get more tired or short of breath more quickly than your triends		1 1	43. Have you had any problems with your eyes or vision?	2 Jan 1 Jan 1	7
during exercise? MEART (HEACTH QUESTIONS ABOUT YOUR FAMILY SEE 1995)	NY.3	₩o.	44. Have you had any eye injuries?		
13. Has any family member or relative died of heart problems or had an	1 48 24	5 C 5 KC + 3/3/36	45. Do you wear glasses of contact lenses?	-	ļ
unexpected or unexplained audden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	1		46. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you worry about your weight?	-	1
14. Does anyone in your family have hypertrophic cardionyopathy, Marian		-	48. Are you trying to or has anyone recommended that you gain or	 	
syndrome, armythmogenic right ventricular cardiomyopathy, long QT		1 1	lose weight?	<u> </u>	L
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		1	49. Are you on a special diet or do you avoid certain types of toods?		
15. Does anyone in your family have a heart problem, pacemaker, or	†	- 	50. Have you ever had an eating disorder?		1_
Implanted defibriliator?	1	<u> </u>	51. Do you have any concerns that you would like to discuss with a doctor?	-	1,000
16. Has anyone in your family had unexplained fainting, unexplained setzures, or near drowning?	1		52. Have you ever had a menstrual period?		
Constructing services	AYes	N Ro X	53. How old were you when you had your first menstrual period?	1	<u> </u>
17. Have you ever had an injury to a bone, muscle, ligament, or tendon	, sectors.		54. How many periods have you had in the last 12 months?	1	1,11
that caused you to miss a practice or a game?	· · · · · ·	-	Explain "yes" answers here		
Have you ever had any broken or fractured bones or dislocated joints? Have you ever had an injury that required x-rays, MRI, CT scan,	-				<u> </u>
injections, therapy, a brace, a cast, or crutches?			ye security six and the security securi		
20. Have you ever had a stress fracture?					
 Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 					
22. Do you regularly use a brace, orthotics, or other assistive device?	+	-		¥	
23. Do you have a bone, muscle, or joint injury that bothers you?		-			
24. Do any of your joints become painful, swollen, feel warm, or look red?	1				
25. Do you have any history of juvenile arthritis or connective tissue disease.					
hereby state that, to the best of my knowledge, my answers to		ove miles	tions are complete and correct.		
opelure of athlete Signature					
			age of Sports Medicine, American Medical Society for Sports Medicine, American		
ociety for Sports Medicine, and American Osteopathic Academy of Sports Me	dicine. P	ermission	is granted to reprint for noncommercial, educational purposes with acknowledge	tient.	
I hereby give permission for the release of the attached student me participation in athletics and activities.	dical h	istory an	d the results of the actual physical examination to the school for the p	urposes	of
Parent or Legal Guardian Signature			Date		

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

ex	Age	Grade	School	Sport(s)		
i. Type of	disability		THE REPORT OF THE PARTY			700
2. Date of						
	cation (if available)					
		sease, accident/trauma, other)				
	sports you are inter					100
					2. (B.)	. No .
		e, assistive device, or prostheti				
		ce or assistive device for sports			1.50 m / 1 11 12 24	
		essure sores, or any other skin		विभिन्न । "प्रेक्टिक्ने प्रोप्ती के प्रकार एक्टिक्ने प्रिक्टे के ब्रोह्म	All in Property of Astronomy	
		? Do you use a hearing aid?				
In. Do vou	have a visual impali	rment?	tanta di Paragina.		e de la	V
		ices for bowel or bladder functi	on?	ela la la composición de la composición	No. 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		comfort when urinating?	Name of the state			gg st.
		ysreflexia?				
			hermia) or cold-related (hypothe	mla) Illness?		
			Andrew Land		* 1.41 Agrees; 14 1.45 (a);	
		ires that cannot be controlled by		1. (A)	10 Name of the second	
	s" answers here		Secretary of the second		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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		ing. Panggan Aganggangan Nakabatan Agan Ag				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
lease indi	ate if you have ev	er had any of the following.	$\Psi_{g} \Delta_{G} \circ f \circ dx = g$, $g_{e,g}$.		see for Relative Section in the	
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	ation for atlantoaxia					
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	ontrolling bowel	रिक्त हिंदा का अक्र पति हो अक्रूबर के देश हैं				veloci a i
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	or tingling in arms i	or hands				
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	in arms or hands			A CHARLES OF LOVE A SAME AND A CONTROL OF LAND		
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i hereby st	ate that, to the bes	t of my knowledge, my answ	ers to the above questions are	complete and correct.		

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name	<u> </u>			Date of birth	
Do you drink alcohol or use an Have you ever taken anabolic s Have you ever taken any suppl Do you wear a seat belt, use a Consider reviewing questions on	der a lot of pressure? , depressed, or anxious? or residence? chewing tobacco, sauff, or dip? ou use chewing tobacco, snuff, or dip? y other drugs? steroids or used any other performance lements to help you gain or lose welgh	e supplement? It or improve your performance?			
EXAMINATION					
Height	Weight	☐ Male ☐ F	emale		25.22
BP / (/) Pulse	Vision R 20/	L 20)/ Corrected	
	s, high-arched palate, pectus excavatu myopia, MVP, aortic insufficiency)	m, arachnodactyly,	NORMAL	ABNORMAL FU	IDINGS
Eyes/ears/nose/throat • Pupils equal • Hearing					:
Lymph nodes					
Heart* • Murmurs (auscultation standing • Location of point of maximal im	pulse (PMI)				
Pulses • Simultaneous femoral and radia Lungs			*	ar en litter fell fregerindstyr. Opening fylgerin i ekselter egn y	
Abdomen					Maring to Community of the case of the cas
Genitourinary (males only)	現の実験を表現のおうまである。 あいま		ana da baraga dib		"Miliana justa kilikati
Skin HSV, lesions suggestive of MRS/	A, tinea corporis				And the late worked to be a second of
Neurologic ^c					Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A
MUSCULOSKELETAL SECTION Neck	To the second of				
Back				······································	
Shoulder/arm					
Elbow/forearm					
Wrist/hand/fingers					
Hip/thigh	· · · · · · · · · · · · · · · · · · ·		•		DY (bounded and a gr
Knee		· · · · · · · · · · · · · · · · · · ·		· · · ·	
Leg/ankle Foot/toes				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Functional		······································		·····	
Duck-walk, single leg hop					
*Consider GU exam if in private setting. Ha *Consider cognitive evaluation or baseline	neuropsychiatric testing if a history of signifi-				
☐ Cleared for all sports without res ☐ Cleared for all sports without res	striction with recommendations for fur	ther evaluation or treatment for			
☐ Not cleared					:
☐ Pending further ev	aluation				
□ For any sports					
☐ For certain sports					
participate in the sport(s) as outli	d student and completed the prepar ined above. A copy of the physical e een cleared for participation, the ph ints/guardians).	xam is on record in my office	and can be made avai	liable to the school at the reques	of the narente if condi-

Phone

, MD or DO

Address _

Signature of physician

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

		Age	Date of blrth	
☐ Cleared for all sports without restriction			* 4 * * * * * * * * * * * * * * * * * *	
Cleared for all sports without restriction with recommendations for further	er evaluation or treatment fo	or		ing in the second
				<u> </u>
☐ Not cleared		÷		
☐ Pending further evaluation				
☐ For any sports	er.		Francisco (Francisco) Companyor (Francisco)	Tanka espaina esta en la compania de la compania d La compania de la co
☐ 'For certain sports'				<u> </u>
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Recommendations				
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<i>t</i> :	·			<u> Andre Grand I.</u>
the physician may rescind the clearance until the problem is re (and parents/guardians).				n na kina kitabih sa mata sa m
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