



PERRY COMMUNITY SCHOOLS STUDENT ACTIVITIES DEPARTMENT

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Grade: _____

First Name: _____

Last Name: _____

TO: Parents/Guardians of Students Interested in Interscholastic Activities
SUBJECT: Physical and Consent Forms

The following packet includes the Physical and Consent forms for students participating in all activities. This packet must be completed, signed and turned in to the Student Activities Office at the High School **before your student may practice or participate in an athletic event or school sponsored activity.**

It is very important that this physical form is complete when turned in. Make sure there are no blank signature lines. Omitted signatures will delay participation. If you have any questions, please contact the Student Activities Office at 465-8338.

It is the policy of the Perry Community School District to provide equal educational and employment opportunities, and not to illegally discriminate on the basis of the gender, race, national origin, religion, creed, age, marital status, or disability in its programs and activities. Questions or concerns should be addressed to: Mr. Clark Wicks, Superintendent (515) 465-4656.

CONSENT FOR MEDICAL TREATMENT

Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.

Perry Community School District has contracted with 21st Century Rehab, P.C. to provide medical coverage for your son or daughter's athletic teams.

As the parent(s) or legal guardian(s) of the below named student, I (we), hereby grant permission for any and all medical and/or dental attention to be administered to the below named student. This permission includes but is not limited to, the administration of first aid; emergency medical treatment and/or transport by EMS personnel; general, emergency, and/or acute medical care; medication; medical diagnostic tests; blood products; and the administration of anesthesia and/or surgery under the recommendations of qualified medical personnel, EXCEPT for the following: Limited as follows: _____
Permission is also granted to execute on behalf of the student any admission or consent needed to obtain such treatment. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. *This written authorization is granted only after a reasonable effort has been made to contact me (us).*

In addition, I hereby waive on behalf of myself (ourselves) and the below named student any liability of 21st Century Rehab, PC, the Perry School District or any of its agents or employees, arising out of such medical treatment.

STUDENT'S NAME: _____ **DATE OF BIRTH:** ___/___/___

ADDRESS: _____

PARENT(S)/LEGAL GUARDIAN(S)* NAME(S): _____
Address: _____

Phone #s: Home _____ Work _____
Cell _____ Other _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Relationship to Student: Parent Step Parent Legal Guardian Other: _____

Phone #s: Home _____ Work _____
Cell _____ Other _____

We have received the information provided on the concussion fact sheet titled, "**HEADS UP: CONCUSSION** in High School Sports."

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgment below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

Student's Signature Date

Student's Printed Name

Parent's/Guardian's Signature Date

Student's School

**ATHLETIC PRE-PARTICIPATION
PHYSICAL EXAMINATION**

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate *signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic*, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)

Name _____ Male ____ Female _____ Date of Birth _____ Grade _____
Home Address _____ Phone # _____
Parent's/Guardian's Name _____ Date ____
Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. *A parent or guardian is required to sign the end of this form after the physical examination is completed.*)

- | Yes | No | Has this student had any? | Yes | No | Has this student had any? |
|------------|-----------|---|------------|-----------|----------------------------------|
| 1. _____ | _____ | Chronic or recurrent illness or injury? | 16. _____ | _____ | Asthma? |
| 2. _____ | _____ | Any illness lasting more than one (1) week? | 17. _____ | _____ | Epilepsy or other seizures? |
| 3. _____ | _____ | Rheumatic fever, mononucleosis? | 18. _____ | _____ | Diabetes? |
| 4. _____ | _____ | Hospitalizations (Overnight or longer)? | 19. _____ | _____ | Eyeglasses or contact lenses? |
| 5. _____ | _____ | Surgery, other than tonsillectomy? | 20. _____ | _____ | Dental braces, bridges, plates? |
| 6. _____ | _____ | Missing organs (eye, kidney, testicle)? | | | |
| 7. _____ | _____ | Allergy to medications, insects, food? | | | |
| 8. _____ | _____ | Seasonal allergies (hay fever)? | | | |

- | Yes | No | Is there a history of? | Yes | No | Is there a history of? |
|------------|-----------|---|------------|-----------|--|
| 9. _____ | _____ | Problems with heart, blood pressure, cholesterol? | 21. _____ | _____ | Injuries requiring medical treatment? |
| 10. _____ | _____ | Racing of your heart or skipped heart beats? | 22. _____ | _____ | Neck injury? |
| 11. _____ | _____ | Chest pain with exercise? | 23. _____ | _____ | Knee injury? |
| 12. _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | 24. _____ | _____ | Knee surgery? |
| 13. _____ | _____ | Dizziness or fainting with exercise? | 25. _____ | _____ | Ankle injury? |
| 14. _____ | _____ | Concussion, unconsciousness, extremity numbness? | 26. _____ | _____ | Broken bones (fractures)? |
| 15. _____ | _____ | Heat exhaustion, heat stroke, or other heat related problems? | 27. _____ | _____ | Other serious joint injuries? |
| | | | 28. _____ | _____ | Use of protective equipment or braces? |

- | Yes | No | Further History: |
|------------|-----------|--|
| 29. _____ | _____ | Is there a history of family or genetic disease? |
| 30. _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? |
| 31. _____ | _____ | Has any family member had a heart attack at less than 55 years of age? |
| 32. _____ | _____ | Are you uncomfortably short of breath after running 2 miles (8 times around a track) without stopping? |
| 33. _____ | _____ | List all medications you are presently taking, including asthma inhalers, and the condition the medication is for: |

- A.
- B.
- C.

34. What is the most and least you have weighed in the past year? Most _____ Least _____
Date of last known tetanus (lockjaw) shot: _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____

Use this space to explain any of the above numbered YES answers or to provide additional information:

PHYSICAL EXAMINATION RECORD (To be completed by a licensed professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.*

Athlete's Name: _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Vision R 20/ _____ L 20/ _____

Comments regarding abnormal findings: _____

	Normal	Abnormal findings	Initials
1. Appearance (esp. Marfan's)	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Mouth & Teeth	_____	_____	_____
4. Neck	_____	_____	_____
4. Lymph Nodes	_____	_____	_____
6. Heart (standing & lying)	_____	_____	_____
7. Pulses (esp. femoral)	_____	_____	_____
8. Chest & Lungs	_____	_____	_____
9. Abdomen	_____	_____	_____
10. Skin	_____	_____	_____
11. Genitals - Hernia	_____	_____	_____
12. Musculoskeletal - ROM, strength,	_____	_____	_____
etc. (See questions 21 - 28)	_____	_____	_____
13. Neurological	_____	_____	_____

ATHLETIC PARTICIPATION RECOMMENDATIONS:

_____ Full and Unlimited Participation

_____ Limited Participation—May NOT participate in the following (checked):

_____ Baseball _____ Basketball _____ Cross Country _____ Football _____ Golf _____ Soccer
 _____ Softball _____ Swimming _____ Tennis _____ Track _____ Volleyball _____ Wrestling

_____ Clearance Pending Documented Follow up of _____

_____ NOT CLEARED FOR ATHLETIC PARTICIPATION

Licensed Professional's Name (Printed)

Date

Licensed Professional's Signature

Phone

_____ ~~Parent's or Guardian's Permission and Release (Sign after the physical examination has been completed.)~~

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Typed or printed Name of Parent or Guardian

Signature of Parent of Guardian

Address (Street/PO Box, City, State, Zip)

Phone Number

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association, and Iowa Girls High School Athletic Union.

**PERRY COMMUNITY SCHOOLS
STUDENT ACTIVITIES PARTICIPATION**

Student Name _____

School Year _____ Grade _____

ACKNOWLEDGEMENT OF RISK BY STUDENT

I, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Perry School District that by participating in athletics, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; concussions, brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in athletics, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in athletics.

ACKNOWLEDGEMENT OF RISK BY PARENTS/GUARDIANS

We/I do acknowledge that we/I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of the Perry School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, concussions, brain damage, paralysis or even death, by participating in athletics. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our consent to his/her participation in athletics. I also understand that medical insurance is not provided by the school district for my child. I further understand that medical insurance and medical expenses are my responsibility.

Student Signature _____

Parent Signature _____

STUDENT ELIGIBILITY: CODE OF CONDUCT

~~I understand that the Board of Education has developed a Student Eligibility: Code of Conduct Policy relevant to the use of alcohol, tobacco, and controlled substances by students involved in activities.~~

I further understand that this policy also includes the question of criminal activity by students.

I understand that a copy of this policy is included on-line and also in the student handbook that my child receives at school.

I understand that athletic competition includes an inherent risk of injury, including the risk of catastrophic injury.

I understand that my child will be required to pay the cost of school equipment lost/stolen while in his/her care.

I verify that I have medical insurance coverage and that I am responsible for medical expenses.

This application to participate in activities for the Perry Community School District is entirely voluntary on my part. I hereby certify that I have read the Perry Community School District Student Handbook and Student Eligibility for Activities Code of Conduct and further certify that I understand and agree to abide by its contents.

Parent Signature

Date

Student Signature

Date