

Chesapeake Middle School League
312 Cedar Road Chesapeake, VA. 23322
Athletic Participation Parent Consent Physical Examination Form

Separate examination is required for each school year April 1 of the current year through June of the succeeding year.

School Year

Male

Female

Part 1 Athletic Participation

Please complete the following information:

Students Name:

Student ID Number:

Home Address of Parents

City/Zip Code

Date of Birth

Place of Birth

Grade for Year of Athletic Participation:

Individual Eligibility Rules

Attention Student- To be eligible to represent your school in the C.M.S.L you must meet the following rules:

1. The student shall be a bona fide student in good standing in the school that he/she represents.
2. The student shall be a bona fide student (in good standing) in the sixth, seventh, or eighth and must have met all necessary requirements (2.0) after having been promoted.
3. After promotion to the sixth grade, students must have a 2.0 grade point average. The 2.0 will be based on the previous nine weeks or overall grade point average from the fifth grade. A minimum 2.0 grade point average will be required from that point.

4. As with sixth graders, those promoted to the seventh or eighth grade must also have a 2.0 grade point average based on the previous nine weeks or overall grade point average. Likewise, a minimum 2.0 grade point average will be required from that point.

Exception: A student may remove an academic deficiency during summer school so as to render that student eligible to participate during the first nine weeks of the ensuing school year.

5. Students with Disabilities- The eligibility of students with disabilities will be determined by the principal of each middle school on a case-by-case basis. This is subject to a nine-week review as required of other students. However, students with disabilities do not automatically become eligible to participate in sports once they switch to an IEP. The principal and the IEP team are to decide whether or not the student has met the goals established in the IEP (usually over a four-week period).
6. Age: A Student may not have reached the age of fifteen (15) on or before August 1 of the school year in which the student intends to participate.
7. A student may not participate in a particular sport more than once as a sixth, seventh, or eighth grader.
8. Though middle school students may qualify under the Virginia High School League rules to participate on the junior varsity level, they must participate on the middle school level unless they are ineligible (i.e., age).
9. Each student must complete the Athletic Participation/Parental Consent Examination Form at least once during each school year.

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standard, but also all other standards set by your league, school division, and school. If you have any questions regarding your eligibility or if you 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.

Part II Medical History - Explain Yes answers below

This form must be completed 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.

1. Has a doctor ever denied or restricted your participation in sports for any reason?
Yes No
2. Do you currently have an ongoing medical condition? If so, please identify.
Asthma Anemia Diabetes Infections Other

3. Have you ever spent the night in the hospital? Yes No

4. Have you ever had surgery? Yes No

5. Have you ever passed out or nearly passed out during or after exercise?

Yes No

6. Have you ever had discomfort, pain, or pressure in your chest during exercise?

Yes No

7. Does your heart race or skip beats during exercise?

Yes No

8. Has a doctor ever told you that you have (check all that apply):

High Blood Pressure

A heart murmur

High cholesterol

A heart infection

Kawasaki disease

Other

9. Has a doctor ever ordered a test for your heart? (For ex. ECG/EKG, echocardiogram)

Yes No

10. Do you get lightheaded or feel more short of breath than expected during exercise?

Yes No

11. Have you ever had an unexplained seizure?

Yes No

12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?

Yes No

13. Does anyone in your family have a heart problem? Yes No

14. Does anyone in your family have a pacemaker or implanted defibrillator?

Yes No

15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?

Yes No

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

Yes No

17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice? Yes No

18. Have you had any broken or fractured bones or dislocated joints? Yes No

19. 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? Yes No

20. Have you ever had an x-ray of your neck for atlantoaxial instability? Yes No
Have you ever been told that you have that disorder or any neck/spine problem?

Yes No

21. Have you ever had a stress fracture of a bone? Yes No

22. Do you regularly use a brace or assistive device? Yes No

23. Do you currently have a bone, muscle, or joint injury that bothers you?

Yes No

24. Do any of your joints become painful, swollen, feel warm, or look red?

Yes No

25. Do you have a history of juvenile arthritis or connective tissue disease?

Yes No

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?

Yes No

27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?

Yes No

28. Were you born without or are you missing a kidney, an eye, a testicle, spleen, or any other organ? Yes No

29. Do you have groin pain or a painful bulge or hernia in the groin area? Yes No

30. Have you had mononucleosis (mono) within the last month? Yes No

31. Do you have any rashes, pressure sores, or other skin problems? Yes No

32. Have you ever had a herpes or MRSA skin infection? Yes No

33. Are you currently taking any medication on a daily basis? Yes No

34. Have you ever had a head injury or concussion? Yes No

If so, date of injury.

35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Yes No

36. Do you have headaches with exercise? Yes No

37. Have you ever been unable to move your arms or legs after being hit or falling?

Yes No

38. When exercising in heat, do you have severe muscle cramps or become ill?

Yes No

39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?

Yes No

40. Have you had any other blood disorders? Yes No

41. Have you had any problems with your eyes or vision? Yes No

42. Do you wear glasses or contact lenses? Yes No

43. Do you wear protective eyewear; such as goggles or a face shield? Yes No

44. Do you worry about your weight? Yes No

45. Are you trying to or has any professional recommended that you try to gain or lose weight? Yes No

46. Do you limit or carefully control what you eat? Yes No

47. Do you have any concerns that you would like to discuss with the doctor?
Yes No

48. What is the date of your tetanus immunization?
Date:

49. Do you have any allergy to medicine, food or stinging insects? Yes No

Females Only

50. Have you ever had a menstrual period? Yes No

51. Age when you had your first menstrual period?

52. How many periods have you had in the last 12 months?

Explain Yes Answers Below:

Question #

Question #

Question #

Question #

Question #

Question #

Question #

List any medications and nutritional supplements you are currently taking here:

Part III – Physical Examination

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

Name:

Date of Birth:

School:

Examination

Height: Weight: Male Female

BP: Resting Pulse:

Vision R20/ L20/ Corrected Yes No

Medical Normal Abnormal Findings

Appearance

Eyes/ears/nose/throat

Lymph nodes

Heart

Pulses

Lungs

Abdomen

Genitourinary (males only)

Skin

Neurologic

Musculoskeletal

Normal

Abnormal Findings

Neck

Back

Shoulder/arm

Elbow/forearm

Wrist/hands/fingers

Hip/thigh

Knee

Leg/ankle

Foot/toes

Functional

Medical Practitioner to school staff (please indicate any instructions or recommendations here)

Emergency medications required on-site

Inhaler

Epinephrine

Glucagon

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.

Cleared without restrictions

Cleared with the following notation:

Cleared after the documented further evaluation or treatment:

Cleared for limited participation (check and explain "reason" for all that apply):

"Limited until Date" when appropriate

Not cleared for (specific sports)

Until date:

Reason(s):

Not cleared for participation Reason

I have examined the above-named student and completed the pre-participation physical evaluation.

Physician Signature: _____ (MD, DO, LPN,PA)

Date: _____

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

Address: _____ City: _____ State: _____ Zip: _____

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

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 a student accident insurance available through the school Yes No

He/She has athletic participation insurance coverage through the school Yes No

He/She 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 t h sport and travel with the team.

By 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 middle school or CMSL athletic program, publication or video.

Part V – Emergency Permission Form
(to be completed and signed by parent/guardian)

Student's Name:

Grade:

Age:

DOB:

Middle 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

Epi-Pen

List the emergency medication:

Is the student presently taking any other medication? Yes No

If so what type?

Does the student wear Contact lenses? Yes No

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 _____ 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):

Cell Phone:

Relationship to Student:

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

I certify that all information on this form is correct.

Parent/guardian signature:

Date:

Student/Athlete Signature:

Date:

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

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