



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for _____ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PHYSICIAN SIGNATURE REQUIRED ON BACK

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. 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)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS	Yes	No
14. 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?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

COVID-19

- A current physical MUST be on file. CHSAA recommends this PPE form.
 - COVID-19 specific questions should be included in the physical screening to include:
 1. Have you tested positive for COVID-19?
 2. Have you had any known exposure to a COVID-19 positive individual?
 3. Have you been tested for COVID-19?
 4. Have you had any new onset of cough or shortness of breath?
 5. Have you experienced any recent temperature greater than 100.3°
 - The most recent medical evidence recommends consideration of cardiac testing if a student athlete has previously tested positive for COVID-19. This should be discussed with the team physician on a case-by-case basis.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: _____

Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____

Date: _____

Address: _____

Phone: _____

Signature of health care professional: _____

MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

- _____

 Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

PARK COUNTY SCHOOL DISTRICT
Athletic Emergency Card

Athlete		Phone	
Address		City	Zip
Age	Grade	Height	Weight
Allergies			
Previous Injuries			
Family Doctor		Phone	
Insurance Policy		Number	
Mother	Father		
Home Phone	Home Phone		
Work Phone	Work Phone		
Cell Phone	Cell Phone		
Other Emergency Number			

I Hearby give permission for the coach or other school official to arrange for emergency treatment for the above named student with a physician or hospital emergency room in the event that I/We cannot be notified. I understand that the school does not carry insurance for any loss that may be sustained due to injury as a result of athletic participation.

Parent/Guardian

Date

PARK COUNTY SCHOOL DISTRICT RE 2
STUDENT ACCIDENT OR HEALTH INSURANCE
2020-2021

Student must have accident insurance to participate in all sports, including winter activities. Park County School District RE2 has access to affordable accident insurance and health plans for students. A brochure is enclosed, with instructions for enrolling online.

If you apply online, print out a proof of insurance and bring it to the school office or the Athletic Director.

If your student is insured through your personal provider, fill out the information below. You will need to **bring each student's insurance card to the Athletic office** to be photocopied.

Student Name: _____.

Insurance Company: _____.

Policy Number: _____.

Parent/Guardian Signature: _____.

Date: _____.

SOUTH PARK WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

Instruction: Sign both copies, retain one for your records, and return the other to your school.

Student's Name _____ Sport(s) _____

This will acknowledge that we have read and understand the material contained in the NOTICE TO ATHLETES AND PARENTS OR GUARDIANS.

* * * * *

Signed _____ Date _____
Parent or Guardian

Signed _____ Date _____
Student

PARENT'S CODE OF CONDUCT

(Adapted from USA Hockey, 1998 and 1999)

Do not force your children to participate in athletics, but support their desire to play. Children are involved in organized sports for their enjoyment. Make it fun!

Encourage your child to play by the rules. Remember that children learn best by example, so applaud the good plays of both teams.

Do not embarrass your child by yelling at players, coaches, or officials. By showing a positive attitude toward the game and all of its participants, your child will benefit.

Emphasize skill development and practices and how they benefit your child.

Know and study the rules of your child's sport, and support the officials on and off the field/court. This approach will help in the development and support of the game. Any criticism of the officials only hurts the game.

Applaud a good effort in both victory and defeat, and enforce the positive points of the game.

Never yell or physically abuse your child after a game or practice. It is destructive. Work toward removing physical and verbal abuse in sports.

Recognize the importance of high school coaches. They are important to the development of your child and the sport. Communicate with them and support them.

If you enjoy sports, learn all you can and dedicate time as a volunteer!

PARENT BEHAVIOR CONTRACT

If I am in violation of any of the above conduct rules, I agree to the following:

Compliance to a verbal warning from a member of the coaching staff, official, or administrative staff for breaking the code of conduct.

Compliance to leave the stands if asked to by a member of the coaching staff, official, or administrative staff for breaking the code of conduct.

I have read the above. I will follow the code of conduct. I acknowledge the penalty incurred for any violations of the rules any time before, during or after team functions.

Parent Signature _____

Parent Signature _____

SOUTH PARK
ATHLETIC DEPARTMENT
SOCIAL MEDIA RULE

Be smart with social media. *All athletes and their parents should be mindful of what is said and posted on social media sites such as Facebook, Twitter, Instagram, YouTube, email and text. It is strongly recommended that you do not put negative things about teammates, managers, or coaches in your pictures, messages, or posts. Don't give opponents material that will fire them up. In addition to things that pertain to your specific sport, it is wise to be careful about what you share as individuals. Let your posts reflect positively on you. We want to be a group that the school and community will support. If you are putting a bunch of negative things out there, you hurt the reputation of the entire team and the athletic department. Any use of social media sites to post lewd, profane, inappropriate, compromising, illegal, or unacceptable pictures or statements are prohibited and any violation of this rule will be met with consequences for the athlete.*

Violations of the above rule will be reviewed by coaches and communication will take place with the athlete, parents, athletic director and principal (if necessary).

- 1st Offense will result in a one game suspension
- 2nd Offense will result in a full two week suspension (practice and games)
- 3rd Offense will result in removal from the team

South Park takes extreme pride in our athletes and the results of social bullying and negativity can have detrimental impacts on them as players, students and people.

Athlete

Parent

**We can't control what you put out there in the cyber-world. We are not trying to take away your freedom of speech. We are just letting you know that there are consequences for what you post while you are involved with sports at South Park. Having high standards for yourself yields positive returns.*

**Park County School District Re-2 Extra-Curricular Activities
Participant Training Rules and Academic/Attendance Eligibility
Standards Agreement**

We, the undersigned, agree to these terms and conditions for participating in Park County School District Re-2 athletics/activities. We have had an opportunity to read these training rules. We agree to abide by all rules and accept the consequences for behavior that violates these rules and policies. PLEASE SIGN, DATE, AND RETURN THIS FORM TO YOUR COACH OR SCHOOL OFFICE BEFORE PARTICIPATION.

Student Participant

Date

Parent/Guardian

Date

**The student is ineligible to participate in Park County School District Re-2 athletics/activities unless this Agreement is signed by his/her parent/guardian.

CONSENT TO TREAT:

This form is to inform you of the athletic training services associated with the sports programs at your school. The school district has entered into agreement with Heart of the Rockies Regional Medical Center to provide Athletic Training services at **NO CHARGE** to the school and student athletes. An Athletic Trainer assigned to your high school will be the primary provider of these services. As scheduling allows, the Certified Athletic Trainer will be present at some team practices as well as some of the home competitions. In the event it is determined your child needs further evaluation, treatment and/or transportation to the emergency department any and all charges incurred will be the responsibility of the child's parent(s) or guardian(s). If you have a physician whom you would prefer to provide ongoing care following the exam we will forward your child's medical records to that physician at your request.

I hereby authorize the Certified Athletic Trainer(s) and sports medicine staff acting on behalf of HRRMC Orthopedic Sports Medicine Center to evaluate and treat any injury/illness which occur as a result of participation in school athletics, weights, activity classes, or non-sport related injuries which may impact an athlete's participation in sports. This also includes any and all reasonable and necessary preventative care, treatment and rehabilitation of these injuries and illnesses.

I hereby grant permission for the Certified Athletic Trainer(s) to administer pre-packaged, non-prescription Over the Counter Medications (OTC) (Tylenol i.e., acetaminophen), Advil i.e., Ibuprofen, Pepto Bismol/Diotame i.e., bismuth subsalicylate) and Medi-Lyte electrolytes). I understand that the Certified Athletic Trainer will provide the medication in single dose only. No medication will be provided for long term use. HRRMC and the Certified Athletic Trainer accept no responsibility for OTC medications that are defective either by their dosage or dosage recommendations or those that are misused by the athlete.

I understand and agree if my child experiences an injury/ illness or change in their health status it is my and my child's responsibility to inform the Head Coach and the Certified Athletic Trainer.

Consent to Release Medical Information:

I hereby give consent for HRRMC's Certified Athletic Trainer(s) to communicate my child's pertinent medical information to his/her coaches, teachers, counselors, school district administration staff and medical service providers as appropriate to safeguard his/her physical and academic wellbeing.

Student's name: _____

Parent/Guardian Signature: _____ Date: _____

CONSENT TO TREAT – FORM