

SOUTHEAST WARREN COMMUNITY SCHOOL DISTRICT

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.

STUDENT INFORMATION & ACKNOWLEDGEMENT (Please type or print)

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

FACT SHEET ACKNOWLEDGEMENT: We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Signature of Student _____

Date _____

PARENT/GUARDIAN PERMISSION, RELEASE AND INSURANCE INFORMATION

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

INSURANCE: Check one: ___ This student has adequate health/accident insurance. ___ This student does not have health/accident insurance and we assume full responsibility for costs incurred due to injury.

FACT SHEET ACKNOWLEDGEMENT: We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Typed or Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION - Completed by parent/guardian

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 above on this form after the physical examination is completed.)

- Yes No Has this student had any?
1. ___ ___ Chronic or recurrent illness or injury?
2. ___ ___ Any illness lasting more than one (1) week?
3. ___ ___ Rheumatic fever, mononucleosis?
4. ___ ___ Hospitalizations (Overnight or longer)?
5. ___ ___ Surgery, other than tonsillectomy?
6. ___ ___ Missing organs (eye, kidney, testicle)?
7. ___ ___ Allergy to medications, insects, food?
8. ___ ___ Seasonal allergies (hay fever)?
9. ___ ___ Problems with heart, blood pressure, cholesterol?
10. ___ ___ Racing of your heart or skipped heart beats?
11. ___ ___ Chest pain with exercise?
12. ___ ___ Frequent headaches, convulsions, dizziness, fainting?
13. ___ ___ Dizziness or fainting with exercise?
14. ___ ___ Fainted or passed out after exercise?
15. ___ ___ Concussion, unconsciousness, extremity numbness?
16. ___ ___ Heat exhaustion, heat stroke, or other heat related problems?
17. ___ ___ Asthma?
18. ___ ___ Epilepsy or other seizures?
19. ___ ___ Diabetes?
20. ___ ___ Eyeglasses or contact lenses?
21. ___ ___ Dental braces, bridges, plates?
22. ___ ___ Injuries requiring medical treatment?
23. ___ ___ Neck injury?
24. ___ ___ Knee injury?
25. ___ ___ Knee surgery?
26. ___ ___ Ankle injury?
27. ___ ___ Broken bones (fractures)?
28. ___ ___ Other serious joint injuries?
29. ___ ___ Use of protective equipment or braces?

- Yes No Further History:
30. ___ ___ Is there a history of family or genetic disease?
31. ___ ___ Has any family member died suddenly at less than 50 years of age of causes other than an accident?
32. ___ ___ Are there any family members who died of heart problems before age 50?
33. ___ ___ Are there any family members who have had unexplained fainting or seizures?
34. ___ ___ Are you uncomfortably short of breath after running 1/2 mile (2 times around a track) without stopping?
35. ___ ___ List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:
A.
B.
C.

36. What is the most and least you have weighed in the past year? Most _____ Least _____

37. Year of last known: Tetanus (lockjaw) shot: _____ Meningitis vaccination _____ HBV vaccination _____

Use this space to explain any of the above numbered YES answers or to provide additional information: INCLUDE DATE OF EACH OCCURANCE

FOR WOMEN ONLY:

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

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/ _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's) _____			
2. Eyes/Ears/Nose/Throat _____			
3. Mouth & Teeth _____			
4. Neck _____			
5. 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 _____			

Comments regarding abnormal findings:

ATHLETIC PARTICIPATION RECOMMENDATIONS:

_____ Full & 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 _____

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. 7/05

A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
 - “Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “Extracurricular interscholastic activity” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

IMPORTANT

Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement on the Southeast Warren Athletic Physical Form and return it to the school. Students cannot practice or compete in those activities until the physical form is signed and returned.

TEAR OFF AND KEEP THIS FACT SHEET

COMMUNITY ACTIVITIES INVOLVING SCHOOL GROUNDS

Series 1000

Policy Title

PUBLIC CONDUCT ON SCHOOL PREMISES

Code No. 1006.3

School sponsored or approved activities are an important part of the school program and offer students the opportunity to participate in a variety of activities not offered during the regular school day. School sponsored or approved activities are provided for the enjoyment and opportunity for involvement they afford the students.

Spectators are permitted to attend school sponsored or approved activities only as guests of the school district, and, accordingly as a condition of such permission, they must comply with the school district's rules and policies. Pets are not to be brought to school sponsored activities unless prior permission has been granted by the administration. Spectators will not be allowed to interfere with the enjoyment of the students participating, other spectators or with the performance of employees and officials supervising the school sponsored or approved activity. Spectators, like the student participants, are expected to display mature behavior and sportsmanship. The failure of spectators to do so is not only disruptive but embarrassing to the students, the school district and the entire community.

To protect the rights of students to participate without fear of interference, and to permit the sponsors and officials of sponsored or approved activities to perform their duties without interference, the following provisions are in effect:

1. Abusive, verbal or physical conduct of spectators directed at participants, officials or sponsors of sponsored or approved activities or at other spectators will not be tolerated.
2. Verbal or physical conduct of spectators that interferes with the performance of students, officials or sponsors of sponsored or approved activities will not be tolerated before, during, or after an event.
3. The use of vulgar, obscene or demeaning expression directed at students, officials or sponsors participating in a sponsored or approved activity or at other spectators will not be tolerated.

If a spectator at a sponsored or approved activity becomes physically or verbally abusive, uses vulgar, obscene or demeaning expression, or in any way impedes the performance of an activity, the spectator shall be removed from the event by the individual in charge of the event and the superintendent may recommend the exclusion of the spectator at future sponsored or approved activities.

Upon recommendation of the superintendent, the board will cause a notice of exclusion from sponsored or approved activities to be sent to the spectator involved. The notice will advise the spectator of the school district's right to exclude the individual from school district activities and events and the duration of the exclusion. The spectator may appeal the notice of exclusion to the superintendent to be presented at the next regularly scheduled school board meeting (second Monday of each month.) If the spectator disobeys the school official or district's order, law enforcement authorities will be contacted and asked to remove the spectator. If a spectator has been notified of exclusion and thereafter attends a sponsored or approved activity, the spectator shall be advised that his/her attendance will result in prosecution. The school district may obtain a court order for permanent exclusion from future school sponsored or approved activities.

Approved June 2000 Reviewed May 2017 Revised August 2012

LEGAL REFERENCE: Iowa Code SS 279.8; 716.7 (1999)

**As parent(s)/guardian(s) of _____
(student athlete/s), I/we agree to abide by the above board policy code of conduct. I
understand the consequences if these guidelines are not followed.**

SIGNED _____

Dated _____

**HEALTH AND INJURY INFORMATION CARD and
CONSENT FOR MEDICAL TREATMENT FORM**

*This form is to be completed and kept available for reference wherever competition takes place.
Update medical information as necessary.*

Student's Name (Last, First, MI) _____
Age _____ Grade _____ Date of Birth _____ Today's Date _____
Student ID# _____
Parent/Guardian Name(s) _____
Student Address _____
Parent/Guardian Home Ph. Number(s) _____ Cell: _____
Parent/Guardian Place(s) of Work _____
Parent/Guardian Work Phone Number(s) _____
In an emergency, when parent/guardian cannot be notified, please contact:

Relationship _____ Phone _____

Relationship _____ Phone _____
Family Physician _____ Phone _____
Preferred Hospital _____ Phone _____
Family Dentist _____ Phone _____
Insurance Provider _____ Policy # _____
Date of last tetanus booster: _____ (month/year)
Do you wear: Glasses ___yes ___no / Contacts ___yes ___no / Dentures ___yes ___no
- OVER PLEASE -

0614

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

Please note and date any new injury information here: _____

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.

As the parent(s), or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. 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).

Date _____ Parent's/Guardian's signature _____

**Consent for Treatment endorsed by
the Iowa Chapter of the American Academy of Emergency Physicians
Cards provided by
THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA**