## ATHLETIC PARTICIPATION PERMIT Grades 4-12

Student Name		M() F()					
Grade	Date of Birth	6 - ii					
School Last Attended		10					
<u>EMEF</u>	RGENCY INFORMATION						
Parent/Guardian Name							
Home Address	Home Pho	ne					
Phone Where You Can Be Reacl	hed: Father Moti	her					
Name of Physician	Pho	ne					
Person to contact in case of emergency when parent/guardian cannot be reached:							
Name	Relationship to Student_						
Address	Pho	ne					
PARENT	GUARDIAN PERMISSION						
I wish my son (), daughter () to have the privilege of participating in all competitive school athletics, with the exception of, has my permission to compete in all sports approved by the board of education of the local school district and to go with the coach on any regularly scheduled trips. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that my child is responsible for all players' equipment issued to him/her by the school.							
	Signature of Parent/Gua	rdian					
INSUR	ANCE ARRANGEMENTS						
Please check one: My son/daughter is fully covered by insurance carried by his parent/guardian and the school will not be liable for any injury that occurs during athletic practices, contests, or travel to and from athletic contests.							
Name of company, which insures	student						
Date	Signature of Parent/Guardian						
My son/daughter is not conpurchase the athletic insurance parties TIME.	vered by private insurance, therefore I roolicy offered through the school, TO B	need to E PAID AT					

## School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2010

NAME:			BIRTHDATE:/
ADDRESS:			PHONE: ()
			uardian: Please review all questions and answer them to the best of your ability. Explain any YES answers on back. use review with the athlete details of any positive answers.
YES	NO	Don't Kno	ow
			1. Has anyone in the athlete's family died suddenly before the age of 50 years?
			2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
			3. Does the athlete have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?
			4. Is the athlete allergic to any medications or bee stings?
			5. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
			6. Has the athlete ever had a head injury or concussion?
			7. Has the athlete ever had a hit or blow to the head that caused confusion, memory problems, or prolonged headache?
			8. Has the athlete ever suffered a heat-related illness (heat stroke)?
			9. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
			10. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
			11. Does the athlete have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?
		02	12. Has the athlete ever had prior limitation from sports participation?
			13. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easily?
			14. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
			15. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnorma heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
21			16. Has the athlete ever been hospitalized overnight or had surgery?
,			17. Does the athlete lose weight regularly to meet the requirements for your sport?
			18. Does the athlete have anything he or she wants to discuss with the physician?
			19. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
			20. Are you unhappy with your weight?
			21. FEMALES ONLY
		·!	a. When was your first menstrual period?
			b. When was your most recent menstrual period?
			c. What was the longest time between menstrual periods in the last year?
rent/	Guardi	ian's Stat	tement:
nave re	eviewe	d and an	swered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in ene(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.
			rgency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a registered or medical practitioner.
inders sessm		hat this s	ports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health
nereby	autho	rize relea	ase of these examination results to my child's school.
			Date:

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

## School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2010

NAME:				BIRTHDATE:/	
Height:	Weight:	% Body Fat (optional):	Pulse:	BP:/(/	/)
Vision: R 20/ L 20/		Rhythm: Regular Unequal		Rhythm: Regular Irre	egular
MEDICAL	NORMAL		ABNORMAL FINDINGS		INITIALS*
Appearance					
Eyes / Ears / Nose / Throat					
Lymph Nodes					
Heart: Pericardial activity					
1 <sup>st</sup> & 2 <sup>nd</sup> heart sounds					
Murmurs					
Pulses: brachial / femoral					
Lungs		8			
Abdomen		7.			
Skin					
MUSCULOSKELETAL	<del></del>				
Neck		3			
Back		54.	The substitution of the		
Shoulder / arm	4	M	THE STREET	5	
Elbow / forearm			3. 3	15.	
Wrist / hand					
Hip / thigh					=
Knee					
Leg / ankle	×				
Foot			Description (		
Station-based examination only					
Cleared		CLEAR	ANCE		
Cleared	aloting qualuatio	n / rehabilitation for:			
	-				
Not cleared for: _					
		¥			
105					
lame of Medical Provider:		(print or type)		Date:	
Address:				Phone: ()	
ignature of Medical Provider:					

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