MAGNOLIA INDEPENDENT SCHOOL DISTRICT
UIL ATHLETIC PARTICIPATION FORM

2017-18

<u>*Please use Blue/Black ink and Print legibly*</u>

Magnolia ISD Athletics will only accept physicals that are administered and dated no earlier than April 1st of the calendar year that fall sports begin.

School ID #: ______________________ **Gender:** ☐ **Male / Female** ☐ **GRADE :** ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

Student's Name: ______________________________ **Address:**________________________________**City/Zip:**______________________

Student's Cell Phone:_____________ **Date of Birth:**________ **Age:**____ **LIST CURRENT MEDICATIONS:** ___________________________

DRUG ALLERGIES:___________________________ **ALLERGIES**____

____

CURRENT MEDICAL CONDITIONS: Asthma: YES☐ **NO**☐ **/ Diabetes: YES**☐**NO**☐ **/ Seizures: YES**☐**NO**☐ **/ Other:**_________________________

SCHOOL attending in Fall: ☐ Bear Branch Junior High ☐ Magnolia Junior High ☐ Magnolia HS ☐ Magnolia West HS

MALE PARENT: _______________________________________
Home Phone: ____
Cell Phone: ____
Work Phone: ____
E-Mail Address: ____

FEMALE PARENT: _______________________________________
Home Phone: ____
Cell Phone: ____
Work Phone: ____
E-Mail Address: ____

EMERGENCY CONTACT 1: Please list the emergency contact ***<u>IN CASE</u>*** a parent/guardian ***<u>CANNOT</u>*** be reached:

Name: ____________________________Home Phone: ____________________ Relationship: ____________________________________

Cell Phone: ____Work Phone: ____

HEALTH INSURANCE INFORMATION: Please provide Insurance Information for your student-athlete.

Insurance Company Name: ____________________________ **Address:**____

Policy and/or Group Identification Numbers: ____

☐ ← **CHECK HERE IF THIS ATHLETE IS COVERED BY EITHER MEDICAID OR CHIP.**

☐ ← **CHECK HERE IF THIS ATHLETE IS <u>NOT</u> COVERED UNDER ANY HEALTH INSURANCE PLAN AT THIS TIME**

Athletic paperwork and pre-participation forms for Magnolia ISD is online. It is mandatory that all 7th-12th grade prospective student-athletes fill out UIL and MISD paperwork before they will be allowed to participate in any practice or contest before, during or after school, including tryouts. The website is designed to stream line the process, and conserve valuable resources.

Go to <u>MAGNOLIAISD.RANKONESPORT.COM</u> and complete the Athletic Participation form which includes all mandatory UIL paperwork.

Please have your student's ID number available when filling out the paperwork. A conformation email will be received when all paperwork is completed online. Please have a valid email address.

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The Physical & Medical History must still be turned in to an Athletic Trainer at the athlete's high school or respective coach at middle school. This informaiton must be dated, signed and stamped by the physician. The physical must also be signed by the parent, and student-athlete.

PARENT OR GUARDIAN'S PERMIT

- I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.
- Furthermore, as a condition of participation and for the purpose of ensuring compliance with University Interscholastic League (UIL) rules, I consent to the disclosure of personally identifiable information, including information that may be subject to the Family Educational Rights and Privacy Act (FERPA), regarding the above named student between and among the following: the high school or middle school where the student currently attends or has attended; any school the student transfers to; the relevant District Executive Committee and the UIL. I further understand that all information relevant to the student's UIL eligibility and compliance with other UIL rules may be discussed and considered in a public forum. I acknowledge that revocation of this consent must be in writing and delivered to the student's school and the UIL.
- It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.
- I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.
- The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.
- If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.
- I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.
- The UIL Parent Information Manual is located at www.uiltexas.org/files/athletics/manuals/parent-information-manual.pdf.
- Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

X______________________________ **X**__________________________ ____________

PARENT/GUARDIAN SIGNATURE **STUDENT'S SIGNATURE** **DATE**

PRE-PARTICIPATION MEDICAL HISTORY – REQUIRED ANNUALLY

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to. ***Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination***.

			YES	NO
1	a	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2	a	Have you been hospitalized overnight in the past year?	☐	☐
	b	Have you ever had surgery?	☐	☐
3	a	Have you ever had prior testing for the heart ordered by a physician?	☐	☐
	b	Have you ever passed out during or after exercise?	☐	☐
	c	Have you ever had chest pain during or after exercise?	☐	☐
	d	Do you get tired more quickly than your friends do during exercise?	☐	☐
	e	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	f	Have you had high blood pressure or high cholesterol?	☐	☐
	g	Have you ever been told you have a heart murmur?	☐	☐
	h	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	I	Has any family member been diagnosed with enlarged heart, (dialated cariomyopahty) hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	J	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	k	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4	a	Have you ever had a head injury or concussion?	☐	☐
	b	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	c	If yes, how many times? _____		
	d	When was the last concussion?	☐	☐
	e	How severe was each one? (Explain below)	☐	☐
	f	Have you ever had a seizure?	☐	☐
	g	Do you have frequent or severe headaches?	☐	☐
	h	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
	i	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5	a	Are you missing any paired organs?	☐	☐
6	a	Are you under a doctor's care?	☐	☐
7	a	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8	a	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9	a	Have you ever been dizzy during or after exercise?	☐	☐
10	a	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11	a	Have you ever become ill from exercising in the heat?	☐	☐
12	a	Have you had any problems with your eyes or vision?	☐	☐
13	a	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	b	Do you have asthma?	☐	☐
	c	Do you have seasonal allergies that require medical treatment?	☐	☐
14	a	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15	a	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	b	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	c	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
16	a	Do you want to weigh more or less than you do now?	☐	☐
17	a	Do you feel stressed out?	☐	☐
18	a	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐
19	a	When was your first menstrual period?		
	b	When was your most recent menstrual period?		
	c	How much time do you usually have from the start of one period to the start of another?		
	d	How many periods have you had in the last year?		
	e	What was the longest time between periods in the last year?		

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined by a physician, physician assistant, chiropractor, or nurse practitioner.

Explain YES Answers:

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

Name:_____

Sex: ☐ Male / ☐ Female Age: ____ Date of Birth_____

HT:_____ Wt:_____ Pulse:_____ Pupils: Equal Unequal

Vision: (R) 20/____ (L) 20/_____ Corrected: Y N

BP: ____/_____ _____/_____ _____/_____

. **** Local district policy requires an annual physical exam.***

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS *
Appearance			
Eyes/Ears/ Nose/Throat			
Lymph Nodes			
Heart-Auscultation Supine			
Heart-Auscultation Standing			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hybermobility, scoliosis.			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
CLEARENCE		***Stationed -Based Examination Only**	

☐ CLEARED

☐ CLEARED AFTER COMPLETING EVALUATION/REHABILITATION FOR:

_____

_____

_____

☐ NOT CLEARED FOR:

Reason:

Recommendations:

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Date of Examination:

Name of Physician:

Address:

Phone Number:

Physician Signature:

FOR SCHOOL USE ONLY: This Medical History was Reviewed by:

Printed Name:

Date:

Signature: