2018-2019 Conroe Independent School District **Pre-Participation Form**

CISD will not accept physicals or completed paperwork dated prior to April 15, 2018

BACKGROUND INFORMATION – *REQUIRED*

Student's Last Name / Student's First Name / Student's Middle Name _____ Sex _____ Age _____

Date of Birth _____ Student ID Number _____ **2018-19 grade:** ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

2018-19 School:
☐ Knox ☐ McCullough ☐ Moorhead ☐ Peet ☐ Washington ☐ York
☐ Irons ☐ Caney Creek ☐ Conroe ☐ Conroe - 9th ☐ Oak Ridge ☐ Oak Ridge - 9th
☐ The Woodlands ☐ The Woodlands - 9th ☐ TW College Park ☐ Grand Oaks

Parent/Guardian 1 Name *(include last name)* _____ Parent/Guardian 1 - Cell Phone _____ Parent/Guardian 1 – Work Phone _____

Parent/Guardian 2 Name *(include last name)* _____ Parent/Guardian 2 - Cell Phone _____ Parent/Guardian 2 – Work Phone _____

Student's - Home Phone _____ Student's Home Address *(street, city, zip)* _____

EMERGENCY INFORMATION – FILL IN ALL BLANKS – *REQUIRED*

Name of Alternate Contact In Case of Emergency _____ Relation to Student _____ Emergency Contact Phone Number _____

Name of Family Physician _____ Physician's Phone Number _____

Allergies to medication or other *(please list):* _____

Any medications taken regularly *(please list):* _____

Any medical concerns that should be noted: _____

INSURANCE INFORMATION – *REQUIRED* ***If none, please write "none" - signature still required****

Name of Insured: _____ Insurance Company: _____

Group/Policy #: _____ Insurance Company Phone #: _____

Insurance Company Address: _____

MEDICAL HISTORY *REQUIRED*

Does your child have a previous history of:	*Yes*	*No*
Bone/joint injury or disease?	☐	☐
Neck injury?	☐	☐
Being unconscious/knocked out?	☐	☐
Seizures/convulsion?	☐	☐
Frequent headaches?	☐	☐
Bleeding/blood disorders?	☐	☐
Heat illness	☐	☐
Allergies (seasonal, insects)?	☐	☐
Allergies (medications)?	☐	☐
Heart disease?	☐	☐
High blood pressure?	☐	☐
Heart murmur?	☐	☐
Viral infection (mono)?	☐	☐
Eye/vision problems?	☐	☐
Missing/non-functioning limbs	☐	☐
Asthma?	☐	☐
Emotional disturbance?	☐	☐
Take medication?	☐	☐
Had surgery in the past year?	☐	☐
Currently under physicians care?	☐	☐
Wearing contacts/glasses?	☐	☐

CONSENT *REQUIRED*

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. 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 school assumes any responsibility in case an accident occurs. If, in the judgement of any representatives of the school, the above student should need 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, athletic trainer, nurse, hospital, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

_____ _____
Parent/Guardian signature *(required)* *Date/Year*

_____ _____
Student signature *(required)* *Date/Year*

This form and packet, in its entirety, must be on file before a student participates in any practice, before, during or after school, *(both in-season and out-of-season)* or games/matches or performances/competitions.

I. ACKNOWLEDGEMENT OF RULES

Attention School Authorities: *This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.*

Student's Name: _____ Date of Birth: _____

2018-2019 School: _____

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 had 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 judgement 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.

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps *(exception: See Section 1209 of the Constitution and Contest Rules).*
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in-school-day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. *(See Section 446 of the Constitution and Contest Rules for exception).*
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for 15 calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. *(Parent residence applies to varsity athletic eligibility only.)* When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence *(see Section 442 of the Constitution and Contest Rules).*
- have observed all provisions of the Awards Rule.
- have not been recruited. *(Does not apply to college recruiting as permitted by rule.)*
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, basketball, football, soccer, softball, and volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration *(tangible or intangible property or service including anything that is usable, wearable, salable or consumable)* for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

General Eligibility Rules

I have read the regulations cited above and agree to follow the rules.

To the parent: *Check any activity in which this student is allowed to participate:*

☐ Baseball ☐ Basketball ☐ Cross Country ☐ Football ☐ Golf ☐ Softball ☐ Soccer ☐ Cheerleading ☐ JROTC

☐ Swimming & Diving ☐ Tennis ☐ Team Tennis ☐ Track & Field ☐ Volleyball ☐ Wrestling ☐ Band ☐ Drill Team

☐ Other – *please list:*

_____ _____

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.

II. Concussion Acknowledgement Form

Revised 2017

Name of Student: _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention

- Teach and practice safe play & proper technique.
- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play

According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition *(including, per UIL, cheerleading)* under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student 's parent or guardian or another person with legal authority to make medical decisions for the student;

(2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;

(3) the treating physician has provided a written statement indicating that, in the physician 's professional judgment, it is safe for the student to return to play; and

(4) the student and the student 's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;

(B) have provided the treating physician 's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;

(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;

(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician 's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and

(iv) understands the immunity provisions under Section 38.159.

III. Sudden Cardiac Arrest Awareness Form

Revised 2016

Name of Student: _____

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction *(short-circuit)* causes the bottom chambers of the heart *(ventricles)* to beat dangerously fast *(ventricular tachycardia or fibrillation)* and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness *(passes out)* and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

Inherited *(passed on from family)* **conditions present at birth of the heart muscle:**

Hypertrophic Cardiomyopathy – hypertrophy *(thickening)* of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

Arrhythmogenic Right Ventricular Cardiomyopathy – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

Marfan Syndrome – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

Inherited conditions present at birth of the electrical system:

Long QT Syndrome – abnormality in the ion channels (electrical system) of the heart.

Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome – other types of electrical abnormalities that are rare but run in families.

NonInherited *(not passed on from the family, but still present at birth)* **conditions:**

Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

Aortic valve abnormalities – failure of the aortic valve *(the valve between the heart and the aorta)* to develop properly; usually causes a loud heart murmur.

Non-compaction Cardiomyopathy – a condition where the heart muscle does not develop normally.

Wolff-Parkinson-White Syndrome – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Conditions not present at birth but acquired later in life:

Commotio Cordis – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

Myocarditis – infection or inflammation of the heart, usually caused by a virus.

Recreational/Performance- Enhancing drug use.

Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts *(especially during exercise)*
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations *(heart is beating unusually fast or skipping beats)*
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- ***Call 911***
- ***Begin CPR***
- ***Use an Automated External Difibrullator (AED)***

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a preparticipation history and physical including 14 important cardiac elements.

The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.

What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise *(such as chest pain, dizziness, fainting, palpitations or shortness of breath)*; and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of "false positives", which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of "false negatives", since not all cardiac conditions will be identified by additional screening.

When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation *(Preparticipation Physical Evaluation – Medical History)* should find most, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart *(commotio cordis)*.

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.
- Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

IV. Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

Student Acknowledgement and Agreement

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Parent/Guardian Certification and Acknowledgement

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Required Signatures:

By signing the line below, I attest that I have read, understand and agree with all of the enclosed information concerning:

(I) Acknowledgement of Rules
(II) Concussion Acknowledgement Form
(III) Sudden Cardiac Arrest Awareness Form
(IV) Anabolic Steroid Use and Random Steroid Testing

X _____ _____
Parent/Guardian signature *(required)* *Date/Year*

X _____ _____
Student signature *(required)* *Date/Year*

INSURANCE ACKNOWLEDGEMENT- *REQUIRED*

Conroe ISD provides **secondary** accidental injury insurance coverage for students who participate in UIL sanctioned activities for grades 7-12. The parent/guardian's insurance policy is always the primary carrier with the Conroe ISD insurance coverage as a secondary carrier. This policy pays per a schedule of benefits and covers injury, not illness. **Each injury will include a deductible.** This policy is provided for UIL participants at no cost to the parent/guardian. It is the **responsibility of the parent/guardian to file any and all insurance claims within 180 days of the injury.** Injury claim forms are available in each school's front office or through each feeder zone's high school Licensed Athletic Trainer.

I acknowledge that there is no Conroe ISD Athletic insurance to purchase. I have read and understand the above paragraph.

X _____ _____
Parent/Guardian signature *(required)* *Date/Year*

Conroe Independent School District

3205 West Davis Conroe, Texas 77304-2098

Parental Acknowledgement of Use of Participant's Personal Vehicle

Attention: This form is to be completed only if your son/daughter will need permission to travel in a private (non-Conroe ISD) vehicle for practice or competition.

Student's Name: _____

Address: _____

Date of Birth: _____ School: _____

Activity: _____

In-District Transportation

I understand that the Conroe Independent School District (CISD) will not provide transportation to in-District off-campus school-approved facilities for the purpose of practicing or competition for the above named activity. My child must obtain his or her own transportation to the in-District off-campus school-approved facility to practice or compete.

Out-of-District Transportation

I further understand that the Conroe Independent School District (CISD) will provide transportation for all out-of-district competitions associated with the above activity. I understand that I may request that my child not be transported to and from competitions for the above named activity using District transportation by making a written request to my child's coach. I understand, however, that the coach has the authority to grant or deny that request. If the coach denies the request, my child must arrive at and depart from the competition on District transportation.

It is understood that when my child is transported by other than District-provided transportation to either practice or competition in the above activity, CISD will not assume any responsibility in case of an accident, injury, or other loss associated with the transportation. I hereby release CISD, its trustees, officers, employees, and agents from any and all liability and any responsibility in connection with such trips, and I agree to indemnify and hold harmless all said parties from claims hereafter made or asserted on behalf of the above named student or asserted by or on behalf of any other person where such claims arise out of an accident, injury, or loss associated with the transportation.

I, the undersigned, have read this Parental Acknowledgment and understand all the terms. I have executed it voluntarily with the full knowledge of its significance.

_____

Parent/Guardian signature

MEDICATION PERMISSION – *OPTIONAL*

Note: Junior high school athletes will not receive any medication

Athletic Trainers, Licensed by the State of Texas (LAT) and employed by the Conroe ISD, are hereby given my acknowledgment and consent to administer nonprescription over-the-counter medication to my child. A complete list of over-the-counter medications is available from each campus. I also give consent to administer prescription medication when prescribed by my child's physician and accompanied by the CISD Medication Permission Form. The original prescription label must be on the medication container.

Parent/Guardian sign *(optional)*: _____ Date/Year: _____

Notes:

CISD requires an annual physical exam for any student participating in any activity listed on page 2 of this document.
CISD will not accept physicals or completed paperwork dated prior to April 15, 2018*

Student's Name | Primary Sport | Sex | Age | Date of Birth

STUDENT – PARENT/GUARDIAN SECTION

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. If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

*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. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches.*

	Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2. Have you been hospitalized overnight in the past year?	☐	☐
Have you ever had surgery?	☐	☐
3. Have you ever had prior testing for the heart ordered by a physician	☐	☐
Have you ever passed out during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Have you had high blood pressure or high cholesterol?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
Have you had a severe viral infection *(for example, myocarditis or mononucleosis)* within the last month?	☐	☐
Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4. Have you ever had a head injury or concussion?	☐	☐
Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
If yes, how many times? _____ *When was the last concussion?* _____		
How severe was each one? *(Explain)* _____		
Have you ever had a seizure?	☐	☐
Do you have frequent or severe headaches?	☐	☐
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5. Are you missing any paired organs?	☐	☐
6. Are you under a doctor's care?	☐	☐
7. Are you currently taking any prescription or non-prescription *(over-the-counter)* medication or pills or using an inhaler?	☐	☐
8. Do you have any allergies *(for example, to pollen, medicine, food, or stinging insects)*?	☐	☐
9. Have you ever been dizzy during or after exercise?	☐	☐
10. Do you have any current skin problems *(for example, itching, rashes, acne, warts, fungus, or blisters)*?	☐	☐
11. Have you ever become ill from exercising in the heat?	☐	☐
12. Have you had any problems with your eyes or vision?	☐	☐
13. Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
Do you have asthma?	☐	☐
Do you have seasonal allergies that require medical treatment?	☐	☐
14. 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. Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you broken or fractured any bones or dislocated any joints?	☐	☐
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? *If yes, check appropriate box and explain below.*		
☐ *Head* ☐ *Elbow* ☐ *Hip* ☐ *Neck* ☐ *Forearm* ☐ *Thigh* ☐ *Back* ☐ *Wrist* ☐ *Knee* ☐ *Chest* ☐ *Hand* ☐ *Shin/Calf* ☐ *Shoulder* ☐ *Finger* ☐ *Ankle* ☐ *Upper Arm* ☐ *Foot*		
16. Do you want to weigh more or less than you do now?	☐	☐
17. Do you feel stressed out?	☐	☐
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Males Only

20. Do you have two testicles? _____
21. Do you have testicular swelling or masses _____

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 and cleared by a physician, physicians assistant, chiropractor, or nurse practitioner.

Explain "yes" answers here *(use Notes page, if necessary)*: _____

MEDICAL EXAMINER SECTION

Height: _____ Weight: _____ Pulse: _____

BP *(brachial blood pressure while sitting)*: _____ /_____ (_____ /_____ : _____ /_____)

Vision: R – 20/ _____ L – 20/ _____ Corrected: Y N

Pupils: Equal/Unequal %Body Fat *(optional)*: _____

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart – Auscultation			
Supine position			
Heart – Auscultation			
Standing position			
Heart – Lower			
Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata *(arachnodactyly, pectus escavatum, joint hypermobility, scoliosis)*			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

* *Station-based examination only*

CLEARANCE

☐ 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 *(print/type)*: _____

Address: 32784 FM 2978 Magnolia, TX 77354

Phone Number: 281-789-3400

Physician's Signature: _____

This form and packet, in its entirety, must be on file before a student participates in any practice, before, during or after school, *(both in season and out of season)* or games/matches or performances/competitions.

For school use only

This medical history form was reviewed by:

Printed name _____ Date _____ Signature _____