

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Please complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____

Date of Examination: _____ Sport(s): _____

Home Address (Street, City, Zip): _____ School District: _____

Parent's/Guardian's Name: _____ Phone #: _____

Physician: _____ Phone #: _____

History Form:

List past and current medical conditions.

Have you ever had a 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 (to medicines, pollen, food, stinging insects, etc.)

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 Everyday
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)

SCORE: _____

In the section below, if you answer "yes" to any questions, please explain further in the space provided at the end of this form. Circle any questions you don't know the answer to.

General Questions:

Y N

- Do you have any concerns that you would like to discuss with your provider?
- Has a provider ever denied or restricted your participation in sport for any reason?
- Do you have any ongoing medical issues or recent illnesses?

Heart Health Questions:

Y N

- Have you ever passed out or nearly passed out during or after exercise?
- Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?
- Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?
- Has a doctor ever told you that you have any heart problems?
- Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?
- Do you get lightheaded or feel shorter of breath than your friends during exercise?
- Do you have high blood pressure or high cholesterol?

Questions about your Family:

Y N

- 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)?
- 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)?
- Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
- Does anyone in your family have asthma?

Bone and Joint Questions:

Y N

- 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?
- Have you had an X-ray, MRI, CT scan or physical therapy for any reason?
- Do you have a bone, muscle, ligament or joint injury that bothers you?
- Do you currently, or have you in the past worn orthotics, braces or protective equipment for any reason?

Medical Question:

Y N

- Do you cough, wheeze or have difficulty breathing during or after exercise?
- Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
- Do you have groin or testicle pain or a painful bulge or hernia in the groin area?
- Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?
- Have you had a concussion? Or a head injury that caused confusion, a prolonged headache, or memory problems?
- Have you ever had a seizure?
- Do you get frequent headaches?
- Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?
- Have you ever become ill when exercising in the heat?
- Do you have sickle cell trait or disease? Or anyone in your family?
- Have you ever had or do you have any problems with your eyes or vision?
- Do you worry about your weight?
- Are you trying to or has anyone recommended that you gain or lose weight?
- Are you on a special diet or do you avoid certain types of foods or food groups?
- Have you ever had an eating disorder?

FEMALES only:

Y N

- Have you ever had a menstrual period?
- How old were you when you had your first menstrual period?
- When was your most recent menstrual period?
- How many periods have you had in the last 12 months?

EXPLAIN "Yes" answers here:

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: _____

Physical Examination *(To be filled out by medical provider)*

Consider additional questions as below:

Y N

- 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?
- Do you drink alcohol or use any other drugs?
- Have you taken prescriptions medications that were not yours or outside of their intended use?
- 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 and a helmet?
- Do you use condoms if you are sexually active?

EXAMINATION

Height: _____ Weight: _____

BP: ____ / ____ (____ / ____) Pulse: _____ Vision: R 20/____ L 20/____ Corrected Y / 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 <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes Simplex Virus, lesions suggestive of MRSA or Tinea Corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, hand, and fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional <ul style="list-style-type: none"> May include: Duck Walk, Double-leg squat test, single-leg squat test, and box drop or step drop test Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings or a combination of those. 		

Medical Eligibility Form

Student Athlete Name: _____ Date of Birth: _____ Date of Examination: _____

I acknowledge and give consent for a copy of this entire form to be kept in the student's school record. I agree that should student's health change in any way that would alter this form that I will inform the school as soon as possible.

Signature of Parent or Guardian: _____ Date: _____

Shared Emergency Information *(To be filled out by athlete/athlete's caregiver)*

Allergies:

Medications:

Other Information:

Emergency Contacts:

<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____

Participation Eligibility *(To be filled out by medical provider)*

- Medically Eligible for 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 in this form. A copy of the physical examination findings is 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 provider 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): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional:

**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) _____ Call: _____
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

0810

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

A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, must be immediately removed from participation if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the student cannot return to participation until written medical clearance has been provided by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.

(4) Definitions:

"Contest official" means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.

"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 means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.

"Medical clearance" means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

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

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

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

Signs Observed by Parents or Coaches:

- 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

Symptoms Reported by Student-Athlete:

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

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.

PARENTS/GUARDIANS, You can help your child prevent a concussion:

- **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.**

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

IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

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

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's Grade

Student's School

ACTIVITIES CONTRACT: PARENT

I understand that as a parent I play a vital role in the development of my child's athletic ability and character, and therefore in the success of the School's Activities Program. Recognizing this role, I therefore commit to the following as a parent of a member of the (boys or girls) _____ tea m:

- Be a positive role model so that through my own actions I can help to make sure that my child has the best athletic experience possible.
 - Be a "team" fan, not a "my kid" fan.
 - Weigh what my child says in any controversy, since it is normal for youth to tend to slant the truth to their advantage.
 - Show respect for the opposing players, coaches, spectators and support groups. Be respectful of all officials' decisions.
 - Be respectful of the coach's plans, strategies, and decisions.
 - Praise student-athletes in their attempt to improve themselves as students, as athletes and as people.
- Gain an understanding and appreciation for the rules of the sport.
- Recognize and show appreciation for an outstanding play by either team.
- Help my child learn that success is experienced in the development of his/her skills, and that he/she can feel positive about their skill development during the season, regardless of the team's record.
 - Take time to talk with coaches in an appropriate manner, including proper time and place, if I have a concern. I will respect the coach by following the designated chain of command.
 - Support the alcohol, tobacco and other drug-free policies of our School by refraining from the use of any such substances before and during athletic contests. I will also support my child and hold him/her accountable for their commitment to non-use of substances as outlined In the Activities Good Conduct Rule.

My signature below indicates my commitment to the above and my willingness to support the boundaries established in the School's Activity Code of Conduct and to accept the logical consequences for violations.

Date Parent/Guardian's Signature

ACTIVITIES CONTRACT: STUDENT

I understand that participating in high school activities gives me a special opportunity to develop not only my physical conditioning and skill, but also character traits I need for success in life. I therefore commit to strive for the following during the upcoming season:

Character – My beliefs, attitudes and skills that support moral behavior and represent the positive values of the Van Buren County Community School District and the greater community.

- To be dependable in fulfilling obligations and commitments.
 - To accept responsibility for consequences of actions and not to make excuses or blame others.
 - To strive to excel, To be committed, To be honest.
 - To persevere, give 100% effort and not give up in the face of setbacks.
 - To play by the rules of the sport and not cheat.
 - To control anger and frustration and refrain from displays of temper and bad language.
 - To accept losing and winning graciously; to congratulate opponents, not sulk, or display other negative behaviors.
- Civility -Behavior that shows respect and concern for others-treating them as I would want to be treated.
- To practice good manners on and off the field.
 - To refrain from trash talk and other put-downs of opponents and teammates
 - To treat all persons respectfully regardless of individual differences to show respect for legitimate authority (Coaches, captains and officials).
 - To be fair and treat others as one wishes to be treated.
 - To actively support teammates and others.

Citizenship - Understanding that being part of a team is about my responsibility to my teammates, and not just about what's important to me:

- To be faithful to the ideals of the game including sportsmanship:
- To keep commitments to my team.
- To show team spirit, encourage others and contribute to good morale.
- To put the good of the team ahead of my personal gain.
- To work well with teammates to achieve team goals.
- To accept responsibility to set a good example for teammates, younger athletes, fans and school community.

My signature below indicates my commitment to the above and my willingness to live within the boundaries established in our School's Activity Code of Conduct and to accept the logical consequences for violations.

Date Student Signature

VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT

1313 1st Street, Keosauqua, IA 52565

319.293.3334 FAX 319.293.3301

Jeremy Hissem, Superintendent

Brandon Stuhr, Secondary Principal

Emily Cline, Athletic Director/SAM

Melanie Collora, Harmony Elementary Principal

Mary Dawn Schuck, Douds Elementary Principal

Athletic Trainer – Parent/Guardian Consent Form

Student's Name: _____

Student's Date of Birth: _____

Student's Address: _____

I, as parent or guardian of the student identified above, hereby grant permission to any athletic trainer on site at any school sanctioned sports practice or competition to provide such treatment within the scope of professional services authorized for such trainer as deemed necessary for a physical condition arising during or affecting participation in such event. I also grant permission to release medical information to the school, to the trainer and to any subsequent physician or other provider as necessary for treatment of the student identified herein. This authorization to release medical information does not encompass release of any information to the media or to any university or school except that in which the above named student is enrolled. I acknowledge and agree that any such trainer may use his or her own judgment in securing medical aid, including ambulance and other emergency services as a result of any injury during participation in a school sanctioned event. I specifically consent and agree that the above referenced trainer may provide preventative care and treatment of athletic injuries and rehabilitation and reconditioning of athletic injuries.

By signing below, I agree and acknowledge that no athletic trainer (nor the trainer's employer, Van Buren County Hospital) assumes responsibility and is not liable for any accident or injury that may occur during the student's participation in an athletic event. I understand that the athletic trainer (and his or her employer, Van Buren County Hospital) is not involved in the school athletic program other than providing the services noted herein.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Best Contact Number: _____

PARTICIPANT'S PLEDGE

I PROMISE, ON MY HONOR, TO OBEY ALL SCHOOL RULES AND REGULATIONS TO KEEP MYSELF IN GOOD PHYSICAL CONDITION, TO TAKE PROPER CARE OF MY EQUIPMENT AND TO RETURN IT WHEN CALLED TO DO SO, TO KEEP UP IN MY SCHOOL WORK, TO BE LOYAL TO THE TEAM, TO CONDUCT MYSELF AT ALL TIMES IN A SPORTSMANLIKE MANNER, AND TO BE A CREDIT TO MY TEAM AND THE VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT.

I HAVE READ AND UNDERSTAND THE GOOD CONDUCT RULE IN THE VAN BUREN COUNTY JR./SR. HIGH SCHOOL PARENT/STUDENT HANDBOOK.

STUDENT SIGNATURE

PARENT: I HAVE READ AND UNDERSTAND THE GOOD CONDUCT RULE IN THE VAN BUREN COUNTY JR./SR. HIGH SCHOOL PARENT/STUDENT HANDBOOK.

PARENT SIGNATURE

VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT

Participation / Transportation
Agreement, Acknowledgement of Risks
and Release of Liability

I, the undersigned participant (and the parent or guardian if participant is a minor), in consideration of the VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT'S ("VAN BUREN") sponsorship of the activities described below voluntarily make the following agreement:

1. Agreement to Participate: I hereby desire and agree to participate in the following program/activity ("Program(s)"): _____

(Sport / Activity) _____

Held at: _____

I understand this/these Program(s) is/are a completely voluntary Program(s) being offered through the VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT in an effort to meet the educational and/or athletic or co-curricular needs of its students.

2. Assumption of Risks: I am aware of, and voluntarily assume, the risks inherent in this/these Program(s). I promise to abide by all of the rules and regulations of the Program(s) and obey the instructions and orders of its employees. I hereby release any claims whether for personal injury, property damage or otherwise, against the VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT which may arise out of my voluntary participation in the above Program(s).
3. Transportation: The terms and conditions of the Program(s) have been explained to me. I understand that transportation to and from _____ (list the location of practice or activity) is a prerequisite to participation in the Program(s). [I understand that VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT offered to provide transportation to the Program and I have declined the District's offered transportation.] Rather, I (parent) have decided to transport my own child or my child will transport themselves to the practice or activity. Transportation is the sole and absolute responsibility of the student and/or parent and is not the responsibility of VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT. I further understand that any damage or injury resulting from my transportation to and from _____ (list location of the practice or activity) shall be my and/or my parent's responsibility and I will not hold VAN BUREN COUNTY COMMUNITY SCHOOL DISTRICT liable for any reimbursement for such damage or injury.

4. Contractual Agreement: I understand that this is a contractual agreement and that no representation of any kind has been made to me as an inducement for the execution hereof. I have read this agreement and I understand its terms. If any portion of this agreement is invalid I expect that the remaining portions of this agreement will be enforced. I have read this agreement and understand its terms and hereby voluntarily enter into same.

Signature of Participant

Date

Signature of Parent or Guardian

Date

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In addition to myself, my student and the district providing transportation, I give
_____ (student's name) permission to ride with:

