

# IOWA 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.

## QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address (Street, City, Zip) \_\_\_\_\_ School District \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**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 on the other side of this form after the examination.)

	Yes	No			Yes	No	
1.	_____	_____	Allergies to medication, pollen, stinging insects, food, etc.?	20.	_____	_____	Head injury, concussion, unconsciousness?
2.	_____	_____	Any illness lasting more than one (1) week?	21.	_____	_____	Headache, memory loss, or confusion with contact?
3.	_____	_____	Asthma or difficulty breathing during exercise?	22.	_____	_____	Numbness, tingling or weakness in arms or legs with contact?
4.	_____	_____	Chronic or recurrent illness or injury?	*****			
5.	_____	_____	Diabetes?	23.	_____	_____	Severe muscle cramps or illness when exercising in the heat?
6.	_____	_____	Epilepsy or other seizures?	*****			
7.	_____	_____	Eyeglasses or contacts?	24.	_____	_____	Fracture, stress fracture or dislocated joint(s)?
8.	_____	_____	Herpes or MRSA?	25.	_____	_____	Injuries requiring medical treatment?
9.	_____	_____	Hospitalizations (Overnight or longer)?	26.	_____	_____	Knee injury or surgery?
10.	_____	_____	Marfan Syndrome?	27.	_____	_____	Neck injury?
11.	_____	_____	Missing organ (eye, kidney, testicle)?	28.	_____	_____	Orthotics, braces, protective equipment?
12.	_____	_____	Mononucleosis or Rheumatic fever?	29.	_____	_____	Other serious joint injury?
13.	_____	_____	Seizures or frequent headaches?	30.	_____	_____	Painful bulge or hernia in the groin area?
14.	_____	_____	Surgery?	31.	_____	_____	X-rays, MRI, CT scan, physical therapy?
*****							
15.	_____	_____	Chest pressure, pain, or tightness with exercise?	32.	_____	_____	Has a doctor ever denied or restricted your participation in sports for any reason?
16.	_____	_____	Excessive shortness of breath with exercise?	33.	_____	_____	Do you have any concerns you would like to discuss with your health care provider?
17.	_____	_____	Headaches, dizziness or fainting during, or after, exercise?				
18.	_____	_____	Heart problems (Racing, skipped beats, murmur, infection, etc.?)				
19.	_____	_____	High blood pressure or high cholesterol?				

**Family History:**

34. Yes \_\_\_ No \_\_\_ Does anyone in your family have Marfan syndrome?

35. Yes \_\_\_ No \_\_\_ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?

36. Yes \_\_\_ No \_\_\_ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?

37. Yes \_\_\_ No \_\_\_ Has anyone in your family had unexplained fainting, seizures, or near drowning?

38. Yes \_\_\_ No \_\_\_ Does anyone in your family have asthma?

39. Yes \_\_\_ No \_\_\_ Do you or someone in your family have sickle cell trait or disease?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

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40. Are you allergic to any prescription or over-the-counter medications? If yes, list: \_\_\_\_\_

41. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:  
 A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

42. Year of last known vaccination: Tetanus: \_\_\_\_\_ Meningitis: \_\_\_\_\_ Influenza: \_\_\_\_\_

43. What is the most and least you have weighed in the past year? Most \_\_\_\_\_ Least \_\_\_\_\_

44. Are you happy with your current weight? Yes \_\_\_ No \_\_\_ If no, how many pounds would you like to lose or gain?  
 Lose \_\_\_\_\_ Gain \_\_\_\_\_

**FOR FEMALES ONLY:**

1. How old were you when you had your first menstrual period? \_\_\_\_\_

2. How many periods have you had in the last 12 months? \_\_\_\_\_

**PHYSICAL EXAMINATION RECORD** (To be completed by a licensed medical 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 \_\_\_\_\_ / \_\_\_\_\_ (Repeat, if abnormal \_\_\_\_\_ / \_\_\_\_\_) Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 24-31)			
14. Neurological			

Comments regarding abnormal findings: \_\_\_\_\_

**LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS**

\_\_\_\_\_ **FULL & UNLIMITED PARTICIPATION**

\_\_\_\_\_ **LIMITED PARTICIPATION** - May NOT participate in the following (checked):

\_\_\_\_\_ Baseball \_\_\_\_\_ Basketball \_\_\_\_\_ Bowling \_\_\_\_\_ Cross Country \_\_\_\_\_ Football \_\_\_\_\_ Golf \_\_\_\_\_ Soccer  
 \_\_\_\_\_ Softball \_\_\_\_\_ Swimming \_\_\_\_\_ Tennis \_\_\_\_\_ Track \_\_\_\_\_ Volleyball \_\_\_\_\_ Wrestling

\_\_\_\_\_ **CLEARANCE PENDING DOCUMENTED FOLLOW UP OF** \_\_\_\_\_

\_\_\_\_\_ **NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO** \_\_\_\_\_

Licensed Medical Professional's Name (Printed) \_\_\_\_\_ Date of PPE \_\_\_\_\_

Licensed Medical Professional's Signature \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE**

I hereby verify the accuracy of the information on the opposite side of this form and give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Name of Parent or Guardian (Printed) \_\_\_\_\_ Signature of Parent of Guardian \_\_\_\_\_

Address (Street/PO Box, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_

*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. Schools are encouraged NOT to change this form from its published format. Additional school forms can be attached to this form.*

**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

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**

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 School District.

I have read and understand the Good Conduct Rule in the Van Buren Jr/Sr High School Parent/Student Handbook.

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(Student Signature)

Parent: I have read and understand the Good Conduct Rule in the Van Buren Jr/Sr High School Parent/Student Handbook.

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(Parent/Guardian Signature)

## 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) \_\_\_\_\_ team:

- 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 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's Signature

## 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.

**IMPORTANT:** Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must 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 School

### 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](http://www.cdc.gov/Concussion)

VAN BUREN 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 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) \_\_\_\_\_

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Held at: \_\_\_\_\_

I understand this/these Program(s) is/are a completely voluntary Program(s) being offered through the VAN BUREN 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 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 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 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 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

01151677-1118407-000





# VAN BUREN COMMUNITY SCHOOL DISTRICT

405 Fourth Street, Keosauqua, Iowa 52565  
Phone (319) 293-3334 Fax (319) 293-3301

**Jeremy Hissem, Superintendent**  
Mary Dawn Schuck, Elementary Principal  
Mark Adams, Secondary Principal  
Mike Bunnell, Asst. 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:** \_\_\_\_\_

**AUTHORIZATION FOR 2019-2020 SCHOOL SPORTS PHYSICAL**

Name of Child (print): \_\_\_\_\_

Child's Birth Date (print) : \_\_\_\_\_

Name of Consenting Parent/Legal Guardian (print): \_\_\_\_\_

By checking this box, I DO authorize my child to have a sports physical for the 2019-2020 school year completed by an attending VBCH provider without my attendance on July 31, 2019.

\_\_\_\_\_  
Signature of Consenting Parent/Legal Guardian:

\_\_\_\_\_  
Date