#### \* PREPARTICIPATION PHYSICAL EVALUATION

## HISTORY FORM



(Note: Thisform isto befilledoUl bylhopatieUl andparenlpriorto seeing thephysician. Thephysician should koop acqpyofthisforminthe cluut.)

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increby state that, to the dest of my knowledge, my answers to the above questions are complete and correct.						etions are complete and correct		
Anature of athlete Signature of parent/guardien Date								

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# Preparticipation Physical Evaluation PHYSICAL EXAMINATION FORM

Name

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues



Date of bith

(Tize plzysical examination !Int.si be peiformed on or after April 1 by a Plzysicial Izolding allmzlimited license to practice medicine to be valid for NZefollowing.s'Czzolyear — IHSAA By-Law C 3-10)

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## Preparticipation Physical Evaluation IHSAA ELIGIBILITY RULES



#### INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

- 1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
- must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – SeeRule 101)
- 3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
- must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
- 5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
  - ... unless you are entering the ninth grade for the first time.
  - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
  - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
- 6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
- must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly
  or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not
  signed a professional contract).
- 8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
- must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
- 10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
- 11. must not accept awards in the form of merchandise, meals, cash, etc.
- 12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete See Rule 15-1b)
- 13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
- 14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
- 15. must not participate with a student enrolled below grade 9.
- 16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
- 17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
- 18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
- 19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at <u>www.ihsaa.org</u>

Please contact your school officials for further information and before participating outside your school.

# Preparticipation Physical Evaluation **CONSENT & RELEASE CERTIFICATE**



#### I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- I have read the IHSAA Eligibility Rules (next page or on back) and know of no reason why I am not eligible to represent my school in A. athletic competition.
- If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA. В.
- I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and C. even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among D. the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound E.

recording of me, in all forms and media and in all manners, for any lawful purposes. I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student) Date: Student Signature: (X) PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to A. participate in the following interschool sports not marked out: Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling. Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball. Undersigned understands that participation may necessitate an early dismissal from classes. В. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or C. otherwise), scholastic and attendance records of such school concerning the student. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that D. serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.

Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between E. and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.

Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image F.

☐ The studer	nt has school student accident insurance.		The student has football insurance through school
☐ The studer	nt has adequate family insurance coverage.		The student does not have insurance.
Company:		_Polic	cy Number:

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date:	Parent/Guardian/Emancipated Student Signature: (X)
	Printed:

Parent/Guardian Signature: (X) Date: \_\_\_\_\_

**CONSENT & RELEASE CERTIFICATE** 

Indiana High School Athletic Association, Inc. 9150 North Meridian St., P.O. Box 40650 Indianapolis, IN 46240-0650

File In Office of the Principal Separate Form Required for Each School Year

## EMERGENCY MEDICAL AND CONTACT INFORMATION

#### Student Athlete Information:

Last Name:		First Name:	MI:	Male/Female	Date of Birth:
Grade:	Medical Insurance	e Company:	Policy #:Physician	Group	#:
Physician N	Vame:		Physician	Phone	#:
	Preferred Hospital (if	`any):	Allergies:		
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Parent/Gua	ardian Information:				
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1.	nme	Phone #(s)	Relationship to Stud	lent	
<i>2</i>		STUDENT/PARENT CERT To be read and signed by p.	IFICATE AND CONSENT	office	
2. I ac obs par	accordance with the rules of the leknowledge that the participant is tervation of rules, injuries are stalysis, or even death.	IHSAA, I hereby give consent for the n is assuming a certain risk of being in ill a possibility in organized athletics.	amed student to participate in the athletic fured and that even with the best coachi On rare occasions these injuries can b	programs at MSD Warreng, use of protective eque so severe as to result	uipment and strict in total disability,
sch 4. I au	ool, including records which may thorize responsible school perso	concern or be related to the student, up onnel or their agents to oversee or prov	letailed financial (athletic or otherwise), nless the student is emancipated, in which ride emergency medical care to the stud-	case the student gives su	ich consent.
5. I au	ent the parent/guardian cannot be athorize the school to investigate	and obtain information from police ag	encies, the probation department or any or my of the athletic rules published as part or	other source regarding ever	ents leading up
6. I h the be	ave been provided with a copy student handbook. I understa in effect for all athletes as long	y of the rules and regulations regar and the rules and regulations and w	inding athletic participation or received fill comply with them as stated. I under tren Township] and that the rules and	l copies of those rules a rstand that the rules ar	nd regulations will
on t	nderstand that [MSD Warren Toy the student if reasonable suspicion	n exists.	able suspicion" drug testing policy and the		
			ny son's/daughter's name on the [MSD W		e. e:
Sig	nature of student (if 18 years old	or older):		Date	·
ST Ass agr	UDENT CERTIFICATE (to I sociation (IHSAA) and [MSD I ee to abide by the rules and regr	be signed by student regardless of a Warren Township] and believe that I	ge): I have read the rules and regulat am eligible to represent my school in . To the best of my knowledge, I have	ions of the Indiana Hig athletics. If accepted as	a representative, I less in the past that

#### ATHLETIC CONSENTS AND AUTHORIZATION FORMS DATE: \_\_\_\_\_

This document contains (1) a consent for Community Health Network, Inc. (Community) to initiate and provide medical treatment to your student athlete in the event of an injury or illness; (2) an acknowledgement of receipt of Community's Notice of Privacy Practices; (3) a HIPAA Authorization Form; (4) an acknowledgement of your and the student's receipt of written information about concussions and head injuries in student athletes; (5) an acknowledgement of your and the student's receipt of written information about sudden cardiac arrest in student athletes; (6) an Emergency Medical and Contact Information form and (7) a Student/Parent Certificate and Consent form. It is very important that you read and complete all of these sections and forms thoroughly and sign all sections/forms separately. If the student athlete is 18 years old or older, he or she must sign for him/herself, except for parent/guardian acknowledgement of receipt of concussion information. Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in exclusion of your child from athletic programs.

	CONSENT FOR TREATMENT					
the event of an accidental injury or an illness. event. If I cannot be reached, Community may	or first aid treatment for	et me as quickly as possible in such an onnel believe to be in the best interest				
Signature of Parent/Guardian:	Printed:					
Relationship to student:	Relationship to student:					
Community has prepared a detailed NOTICE of the student's personal health information. You	NOTICE OF PRIVACY PRACTICES  OF PRIVACY PRACTICES (NPP) to help you bet have the right to receive the NPP prior to signing athletic Director's office, on Community's website, the athletic trainer.	this consent. The current NPP will be				
Signature of Parent/Guardian:	Printed:	***************************************				

#### **HIPAA AUTHORIZATION**

I hereby authorize Community and its personnel and/or agents, to disclose the protected health information (PHI) of (student's name) (Student) as follows: The PHI of the Student that may be disclosed under this Authorization includes the records of physical examinations performed by Community to determine the Student's eligibility to participate in classroom or other school sponsored activities; records of the evaluation; records and reports regarding the diagnosis and treatment of injuries which the Student incurred while engaged in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The Student's PHI may be disclosed to (1) the [MSD Warren Township] School principal or assistant principal, athletic director, coaches, teachers, school nurses or other members of the school's administrative staff or their designees, and (2) emergency medical personnel, hospitals or any other health care professional or provider who evaluates, diagnoses or treats an injury, illness or other condition incurred by the Student while participating in a school sponsored activity, as necessary to:

- Evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic or intramural sports programs, physical education classes or other classroom activities;
- Document the sports medicine services provided by Community and evaluate program outcomes;
- Resolve grievances; and

Relationship to student:

Evaluate treatment alternatives.

I understand that Community has requested this Authorization to disclose PHI so that the school, together with Community, can make certain decisions about the Student's health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA). I also understand that the Student's participation in certain

school sponsored activities is conditioned upon my signing this Aut writing at any time prior to its expiration date, except to the exter	thorization. I understand that I may revoke this Authorization in
Authorization, by sending a written revocation to the athletic trainer	
subject to re-disclosure by any recipient and no longer protected by fe	
year from date signed.	
Signature of Parent/Guardian:	Printed:
Relationship to student:	
- 1.4N	
NOTE: IF STUDENT IS 18 YEARS OR OLDER, HE/SHE MUS 18, A PARENT OR GUARDIAN MUST SIGN FOR THIS AUTHOR CLEARED TO PARTICIPATE IN CERTAIN SCHOOL SPONSORE PROGRAMS) IF THIS AUTHORIZATION IS NOT SIGNED OR IF IT	RIZATION TO BE EFFECTIVE. A STUDENT SHALL NOT BE CD ACTIVITIES (INCLUDING BUT NOT LIMITED TO SPORTS
ACKNOWLEDGMENT OF CO	NCUSSION INFORMATION
Prior to participating in interscholastic or intramural sports, a high information sheet regarding the nature and risk of concussions and he play after concussion or head injury.	
I acknowledge that I have received and read the attached informat A Fact Sheet for Parents"	tion entitled "Heads Up-Concussion in High School Sports—
Signature of Parent/Guardian (regardless of student age):	
I acknowledge that I have received and read the attached informat A Fact Sheet for Athletes".	tion entitled "Heads Up-Concussion in High School Sports-
Signature of Student Athlete (regardless of age:)	
ACKNOWLEDGMENT OF CA	ARDIAC INFORMATION
Prior to participating in interscholastic or intramural sports, a high s information sheet regarding the nature and risk of sudden cardiac arres	st to student athletes.
I acknowledge that I have received and read the information sheet	t on risks associated with sudden cardiac arrest in athletics.
Signature of Parent/Guardian (regardless of student age):	
I acknowledge that I have received and read the information sheet	t on risks associated with sudden cardiac arrest in athletics.

Signature of Student Athlete (regardless of age:)