PARENT PERMISSION FOR INTERSCHOLASTIC PARTICIPATION

Student's Name_____ Sport_____ V JV MS (circle one)
Print Last Name First

Address_____ Age_____ Grade_____ Male Female (circle one)

Date of Birth_____ Year you began or will begin 9th Grade_____

Parents' Name_____ Home Phone #_____ Cell #_____

E-Mail Address_____

Physician's Name & Tel. #_____

Emergency Contact Person & Tel. #_____

Known Allergies_____

Important Information for Parents

What are concussions?

Concussions are brain injuries caused by external forces to the head, neck or face. Further complications from concussions or their management can lead to intracranial hematomas (bleeding in the brain), balance and coordination problems, or Second Impact Syndrome.

How do concussions occur?

A bump, blow, or jolt to the head can cause a concussion, a type of traumatic brain injury (TBI). Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. During sports and recreation activities, concussions may result from a fall or from players colliding with each other, the ground, or with obstacles, such as a goalpost.

Signs and symptoms

Most concussions present with a headache and dizziness. These are the most common early signs of a concussion. Other signs and symptoms may include blurred vision, double vision, memory loss, loss of consciousness, nausea. It should be noted that ANY of these symptoms lasting longer than 15 minutes after a blow to the head, may indicate a concussion has occurred.

When can a student return to activities after a concussion?

*Absolutely no student may return to activities the same day of a concussion. There is no exact timeline for a concussion return to activities. All concussions present differently. All students must be symptom free before returning to activity. At Plainedge, a student may return only after they have medical clearance from the **Chief Medical officer for the Plainedge School District.***

Note: Prior to clearance for Plainedge School District activities such as interscholastic athletics and/or at any point during the year, it is the responsibility of the Parents and the student to alert the Plainedge School District of any prior or new concussions.

I hereby give my son/daughter _____ permission to engage in interscholastic athletics as a member of the _____ team for the current school year. I further understand that participation in athletics could lead to serious or, in certain cases, fatal injury.

Date_____ Parent's Signature_____

Date_____ Student's Signature_____

This card indicates:

1. The updated Health History Form is on file with the nurse
2. The sports physical has been completed and the above named student is approved for athletic participation

Nurse's Signature_____ Date_____

PLAINEDGE PUBLIC SCHOOLS
HEALTH HISTORY FOR INTERSCHOLASTIC ATHLETICS

Student Name_____ Grade _____

Dear Parent or Guardian:

Your son/daughter has elected to participate in interscholastic athletics. To be sure your son/daughter has your permission, and in order to make a proper medical evaluation of your child, you must do the following: **FILL OUT THIS FORM COMPLETELY AND RETURN TO THE SCHOOL NURSE NO MORE THAN 30 DAYS PRIOR TO THE START OF THE SPORT SEASON.** Thank you for your cooperation.

Please circle the appropriate answer:

1. Any feeling of faintness, dizziness or fatigue after heavy exertion?	Yes	No
2. Any fractures, dislocations, severe sprains or chronic diseases?	Yes	No
3. Has student ever been hospitalized?	Yes	No
4. Has student ever had surgery?	Yes	No
5. Does student have any allergies?	Yes	No
6. Does student take any medication now?	Yes	No
7. Has student ever been refused permission to participate in athletics?	Yes	No
8. Does student wear glasses? Contact lenses?	Yes	No

Please explain any Yes answers to the questions above. (Use back of form if needed.)

Please check if the student has ever had any of the following:

_____Anemia	_____High Blood Pressure	_____Jaundice
_____Asthma	_____Heart Disease	_____Kidney Disease
_____Diabetes	_____Heart Murmur	_____Seizures
_____Prolonged Bleeding	_____Chronic Cough	_____Tuberculosis
_____Rheumatic Fever	_____Hearing Loss	_____***Concussion**

***Note: Prior to clearance for Plainedge School District activities such as interscholastic athletics and/or at any point during the year, it is the responsibility of the Parent and the student to alert the Plainedge School District of any prior or new concussions.**

Please give date and explanation if you check any of the above. (Use back of form if needed.)

By signing below, the student and parent/guardian acknowledges that they have provided up to date medical information.

_____	_____	_____
Student Signature	Parent or Guardian Signature	Date

Date_____ Nurse's Copy

Student # _____

Plainedge Public Schools
Physical Examination Form

School: _____
Grade: _____
Teacher: _____
_____

Student's Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Phone: _____

This certifies that the above named student was examined and found to be in good health and able to participate in all athletic programs.

☐ Yes ☐ No Please explain: _____

Height: _____ Weight: _____ BMI: _____ Weight Status Category: _____ Blood Pressure: _____

Pulse: _____ Scoliosis: _____ Vision: _____ Hearing: _____

Medical History: _____

Allergies: _____

Positive Physical Findings: _____

Recommendations and/or Exceptions: _____

_____

Medications: _____

Immunizations:

☐ **Attach Official Stamped Record**

In the last twelve months, has the student had:

Pre-diabetes	☐ Yes	☐ No
Type 1 diabetes	☐ Yes	☐ No
Type 2 diabetes	☐ Yes	☐ No
Asthma	☐ Yes	☐ No
Prehypertension	☐ Yes	☐ No
Hypertension	☐ Yes	☐ No

For Interscholastic Athletic Activities
(Grades 7 through 12 only)

The above named student is physically qualified to participate in all of the following interscholastic athletic activities during the school year:

Yes _____ **No** _____

Baseball	Cross Country	Lacrosse	Tennis *
Basketball	Football	Soccer	Track & Field
Bowling *	Golf *	Softball	Volleyball
Cheerleading *	Hockey *	Swimming *	Wrestling

High School *

Exemptions: _____

_____

Physician's Comments: _____

_____

Date of Exam: _____

Physician's Stamp:

Physician's Signature: _____

Physician's Phone No.: _____

jc
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