

**Holy Family School System
Medical Examination for Interscholastic Athletics**

This report should be completed by the physician and returned to:

Student's Legal Name Grade School
 Address
 Date of Birth Sex Phone Number
 Parent or Legal Guardian

History of recent serious illness/injury/surgery _____ _____	<input checked="" type="checkbox"/> = Normal. Describe impairment: _____
Allergies/Asthma/Hay Fever _____	Skin _____
Current Medication _____	EENT: _____
Height _____ Weight _____	Lymph Glands _____
Blood Pressure _____ Pulse _____	Heart _____
Hemoglobin/Hct _____	Lungs _____
Urinalysis: Sp. Gr. _____ Sugar _____	Abdomen _____
Albumin _____ Micro _____	Orthopedic _____
Visual Acuity: Rt. _____ Lt. _____ Both _____	Scoliosis: Yes _____ No _____ X-rays _____
Hearing Acuity: Rt. _____ Lt. _____ Both _____	Treatment _____
Recent Immunization Boosters	Neurological findings _____
DPT _____ Dt _____ Td _____	Did you recommend a referral? _____
Measles _____	Full Activity _____
Polio _____	List restricted Activities _____ _____ _____
Mumps _____	
Rubella _____	
TB Test _____	
Other _____	
Other _____	

Date of Examination Signature M.D.

Parent Permission For Interscholastic Athletics

_____ is given my permission to participate in interscholastic athletics. I have read this form and agree that my son/daughter will abide by the training rules. This form must be signed and returned to the office before a student will be permitted to practice.

Athlete's Signature Parent's Signature

Holy Family School System Injury Liability and Insurance Waiver

Student Name

It is recognized that participation in sports activities may lead to injury. In recognition of this, the undersigned hereby waive any and all claims which may arise out of the named student's participation in Holy Family School System activities. The undersigned release Holy Family School System, it's members, coaches and all persons associated with said school system from any and all claims.

Furthermore, the undersigned recognizes that it is our responsibility to obtain insurance coverage for the named student in event of injury. Regardless of whether or not my individual school offers a separate school and sports insurance policy, it is our responsibility to see that our child is covered either by our own health insurance or by a separate policy.

Parents/Guardians Date

Parents/Guardians Date

****Please print these forms and use for your doctor visit and insurance waiver. Be sure all signatures and information is complete and turned in to the office before athletic activity begins.**

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 Phone Number(s)

Parent/Guardian Place(s) of Work

Parent/Guardian Work Phone Number(s)

In an emergency, when parent/guardian cannot be notified, please contact:

<input type="text"/>	Relationship <input type="text"/>	Phone <input type="text"/>
<input type="text"/>	Relationship <input type="text"/>	Phone <input type="text"/>

Family Physician Phone

Preferred Hospital Phone

Family Dentist Phone

Date of last tetnus booster: (month/year)

Do you wear: Glasses yes no / Contacts yes no / Dentures yes no

List any know allegeries, 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 requirees a parent's, or legal guardian's, consent before their son or daughter can receive emergency treatment, unless, in the opionion of a physician, the treatment is necessary to prevent death or serious injury. As the parent(s), or legan 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 reasonable effort has been made to contact me (us).

Parent's/Guardian's signature

Date

Consent for Treatment endorsed by the Iowa Chapter of the American Academy of Energy Physicians

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's 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 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

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