

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____ Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you or does someone in your family have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | 36. If yes, check appropriate box and explain below. | | |
| 14. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| 15. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm | | <input type="checkbox"/> Foot |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Record the dates of your most recent immunizations (shots) for: | | |
| | | | Tetanus _____ Measles _____ | | |
| | | | Hepatitis _____ Chickenpox _____ | | |

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise publicly disclosed in some manner.

Signature of parent/guardian _____ Signature of Athlete _____ Date _____



Oklahoma State Department of Health
Creating a State of Health



OKLAHOMASTATE DEPARTMENT OF
EDUCATION
— CHAMPION EXCELLENCE —

Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

Signature of Student-Athlete

Print Student Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

Gore Public Schools

Insurance Form

Your child _____ will be participating in athletics this school year 2019/2020. Before he/she is allowed to practice, this form must be returned completed.

Please Check Your Choice Below

_____ We have Personal insurance
Company Name: _____
Policy Number: _____

_____ I will take out the insurance offered by the school (this is not school insurance). Forms
May be obtained from any coach or athletic director. This is the parent's responsibility;
You must have this before the child participates.

_____ I do not have insurance on my child and will accept full responsibility for any injuries,
Which may occur. I will hold the school or coaches responsible.

Parent or Guardian Signature _____

Date _____

Gore Public Schools

Travel Form

I give permission for my child, _____ (printed name).

To travel by school transportation and to take part in activities during the 2019/2020 school year. I give the Coach/Sponsor or adult chaperone the authority to seek medical attention for my child. I understand all medical expenses will be paid by my personal insurance or me. I will not hold Gore Public Schools, the Coach/Sponsor or chaperones responsible for reasonable medical expenses.

My child will be held under the guidelines of the student handbook and faces disciplinary measures for misconduct as well as bound by individual program guidelines.

The driver has my permission to leave my child at the nearest police station if h/she becomes defiant of instructions or is found to have on his/her person or having consumed drugs/alcohol. I understand my child will be required to submit to a Breathalyzer at any point(s) during the trip by the supervisor. Refusal to submit to the Breathalyzer will be deemed a positive result and appropriate consequences will follow.

Parent Name or Guardian (Printed) _____

Parental or Guardian Signature _____ Date _____

Student Signature _____ Date _____

Gore Public Schools

Concussion and Head Injury

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet found on OSSAA website and related to potential concussions and head injuries occurring during participation in athletics.

I _____, as a student athlete who participates in Gore Schools Athletics, and I _____ as a parent/legal guardian, have read the information material provided to us by looking at the OSSAA website information related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

_____ Signature of Student Athlete _____ Date

_____ Signature of Parent/Legal Guardian _____ Date

**Gore School District Student
Extracurricular Activities participant Alcohol and Illegal
Or Performance Enhancing Drugs Contract**

Statement of Purpose and Content:

Participation in school sponsored extracurricular activities at the Gore School District is a privilege and not a right. The attached Gore School District Policy on Testing governs such privilege for Alcohol and Illegal or Performance Enhancing Drugs (the policy). Alcohol and illegal or performance enhancing drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Gore School District. Students who participate in activities are respected by the student body and are expected to hold themselves as good examples of conduct sportsmanship and training. Accordingly their school to set the highest possible examples of conduct which include: avoiding the use or possession of alcohol or illegal or performance enhancing drugs.

Participation in Extracurricular Activities:

For the safety, health and well-being of the students of the Gore School District, the Gore School District has adopted the attached Policy and this Student Extracurricular Activities Participant Alcohol and illegal or Performance Enhancing Drugs Contract (the Contract) which shall be read, signed and dated by the student, parent or custodial guardian or sponsor or coach before such student shall be eligible to practice or participate in any extracurricular activity. No student shall be allowed to practice in any extracurricular activity unless the student has returned the properly signed Contract.

Student's Name _____

I understand after having read the Policy and this Contract that, out of care for my safety and health, the Gore School District enforces the rules applying to the consumption or possession of alcohol and illegal or performance enhancing drugs. As a student extracurricular participant, I realize that the personal decision that I make daily in regard to the consumption or possession of alcohol and illegal or performance-enhancing drugs may affect my health and well being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate the Policy regarding the use or possession of alcohol and illegal or performance enhancing drugs any time during the school year, I understand upon determination of that violation I will be subject to the restrictions of my participation as outlined in the Policy.

Signature of Student _____ **Date** _____

We have read and understand the Policy and this Contract. We desire that the student named above participate in the extracurricular activities of the Gore School District and we hereby agree to abide by all provisions of the Gore School District's Policy. We accept and consent to the method of obtaining urine samples, testing analysis of such specimens and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time. We further agree and consent to the disclosure of the sampling, testing and results as provided for in the program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures authorized in the program.

Parental or Custodial Guardian _____ **Date** _____

If the student extracurricular participant is 18 years or older, he/she must also sign at this line in addition to the line above.

Student 18 or older _____