

Tahoe Unified School District

Student Sports Participation/Authorization

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular maintenance examinations. This form must be completed in full and signed by the student's parent/guardian before sports screening will be complete.

Personal Information:

Student Name: _____ Birthdate: _____ Grade: _____

Street Address: _____ City: _____ State: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Home Phone #: _____ Home Phone #: _____

Mother's Cell #: _____ Father's Cell #: _____

Mother's Work #: _____ Father's Work #: _____

Family Doctor: _____ Phone #: _____

Health Insurance Carrier: _____ Policy #: _____

Address: _____ Phone #: _____

Parent Authorization Consent to Treat a Minor

In case of an accident at school or at a school sponsored function, a representative of the school has permission to take him/her to a physician for treatment if I cannot be reached:

(check one) Yes No

This authorization will remain in effect until June 30, _____.

X _____ X _____
(Parent's Signature) (Date)

FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

HISTORY	DATE OF EXAM: _____
NAME: _____	SEX: _____ AGE: _____ D.O.B.: _____
GRADE: _____	SCHOOL: _____ SPORT(S): _____
ADDRESS: _____	PHONE: _____
PERSONAL PHYSICIAN: _____	
IN CASE OF EMERGENCY, CONTACT - NAME: _____	
RELATIONSHIP: _____	PHONE (H): _____ (W): _____

<p>EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.</p>
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	<i>YES</i>	<i>NO</i>
1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?	_____	_____
2. Have you ever been hospitalized overnight?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	_____	_____
5. a. Have you passed out or been dizzy during exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	_____	_____
e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
f. Has a physician denied or restricted your participation in sports for any heart problem?	_____	_____
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	_____	_____
7. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Do you have frequent or severe headaches?	_____	_____
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
8. Have you become ill from exercising in the heat?	_____	_____
9. Do you cough, wheeze, or have trouble breathing during or after activity?	_____	_____

Over >

- | | YES | NO |
|--|-------|-------|
| 10. a. 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)? | _____ | _____ |
| b. Are you missing an eye, kidney, testicle or ovary? | _____ | _____ |
| 11. a. Have you had any problems with your eyes or vision? | _____ | _____ |
| b. Do you wear glasses, contacts, or protective eyewear? | _____ | _____ |
| 12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints? | _____ | _____ |

b. If yes, check appropriate item and explain below.

- | | | |
|-----------------|-----------------|-----------------|
| _____ Head | _____ Elbow | _____ Hip |
| _____ Neck | _____ Forearm | _____ Thigh |
| _____ Back | _____ Wrist | _____ Knee |
| _____ Chest | _____ Hand | _____ Shin/Calf |
| _____ Shoulder | _____ Finger(s) | _____ Ankle |
| _____ Upper Arm | _____ Foot | _____ Toe(s) |

- | | | |
|--|------------------|-------|
| 13. Are you actively trying to gain or lose weight? | _____ | _____ |
| 14. Would you like to talk to someone about stress, anger, depression or other issues? | _____ | _____ |
| 15. Record the dates of your most recent immunizations (shots) for: | | |
| Tetanus _____ | Measles _____ | |
| Hepatitis B _____ | Chickenpox _____ | |

FEMALES ONLY

16. When was your first menstrual period? _____
- When was your most recent menstrual period? _____
- How much time do you usually have from the start of one period to the start of another? _____
- How many periods have you had in the last year? _____
- What was the longest time between periods in the last year? _____

EXPLAIN "YES" ANSWERS HERE: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete

Signature of Parent/Guardian

Date

**FORM D -- Health Practitioner, please refer to the letter & references provided on Form C.
NIAA PRE-PARTICIPATION PHYSICAL EVALUATION
(Physical to be completed during an athletes first and third year of participation)**

PHYSICAL EXAMINATION	DATE OF EXAMINATION: _____
NAME: _____	DATE OF BIRTH: _____
HEIGHT: _____	WEIGHT: _____ % BODY FAT (optional): _____ PULSE: _____ BP: ____/____ (____/____, ____/____)
VISION: R 20/ _____ L 20/ _____	CORRECTED: Y / N PUPILS: Equal _____ Unequal _____

<u>MEDICAL</u>	NORMAL /ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARANCE

CLEARED: _____

Cleared after completing evaluation/rehabilitation for: _____

NOT CLEARED FOR: _____ **REASON:** _____

Recommendations: _____

Name of physician (print/type): _____ Phone: _____

Address: _____
Street
City
State
Zip Code

 Signature of Health Practitioner
 Approved: February 2000

 Date

Truckee Tahoe Unified School District
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of a well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Truckee Tahoe Unified School District
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness