West End Christian School, Inc.

1600 Atlantic Street
Hopewell, VA 23860
(804) 458-6142

Athletic Participation/Parental Consent/Physical Examination Form

Part I – Athletic Participation

School Year _____ -- _____ ☐ Male ☐ Female Grade Entering ______ Age____________

Name: (Last) ______________________ (First) ______________________ (M.I.)__________

Home Address: ____

City/State/Zip: ____

Date of Birth: ____________________ Place of Birth: ____________________

West End Christian School, Inc. Sports Agreement

- As an athlete at West End Christian School, Inc., I understand that all of my actions while playing for West End Christian School, Inc. will impact the way people view my school. Therefore, I will do my best to play as hard as I can at all times while following the rules of the sports that I play. I will exhibit good sportsmanship at all times. I will not engage in unsportsmanlike behavior of any type, including trash talk, the use of profanity, taunting, etc. I will not be disrespectful to officials, coaches, spectators, teammates, or opponents. I will refrain from using inappropriate language on and off the court/field. I will be gracious and humble in victory and defeat.

- I understand that I am to wear appropriate dress each day my team is scheduled to play a game, even if I am unable to participate in the game. I understand that failure to wear appropriate dress on a game day and during travel to away games will result in my not being allowed to play or travel on that day.

- I understand that I must have above a 78 average and no F's on interims or report cards to be eligible to participate in any sport.

I understand that I am responsible for returning all uniforms and equipment issued to me for each sport that I participate in and that failure to return these items will result in my being responsible for the cost of replacement. I understand that it is my responsibility to return uniforms and equipment to my coach within one week after the last game of the season.

As a West End Christian School, Inc. Crusader, I agree to abide by the above guidelines, Student Handbook, Athletic Handbook, and conference rules.

➡ Student's Signature ______________________________ Date ______________

As the parent of the Student Athlete, I agree to support the above West End Christian School, Inc. Sports Agreement, Athletic Handbook, Student Handbook and conference rules.

➡ Parent's Signature ______________________________ Date ______________

I plan to participate in the following sports this year:

☐ Soccer ☐ Basketball ☐ Volleyball ☐ Cheering

PART II – MEDICAL HISTORY (PLEASE EXPLAIN YES ANSWERS BELOW)

This form must be completed and signed prior to the physical examination, for review by examining practitioner. Explain "Yes" answers below with number of question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY	YES	NO	MEDICAL QUESTIONS (CONT)	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐	29. Do you have groin pain or a painful bulge or hernia in the groin area?	☐	☐
2. Do you currently have an ongoing medical condition? If so, please identify:	☐	☐	30. Have you had mononucleosis (mono) within the last month?	☐	☐
3. Have you ever spent the night in the hospital?	☐	☐	31. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
4. Have you ever had surgery?	☐	☐	32. Have you ever had herpes or MRSA skin infection?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU	☐	☐	33. Are you currently taking any medication on a daily basis?	☐	☐
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	☐	☐	34. Have you ever had a head injury or concussion? If so, date of last injury? ____________	☐	☐
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
7. Does your heart race or skip beats during exercise?	☐	☐	36. Do you have headaches with exercise?	☐	☐
8. Has a doctor ever told you that you have (check all that apply): ☐ High Blood Pressure ☐ A Heart Murmer ☐ High Cholesterol ☐ A Heart Infection ☐ Kawasaki Disease ☐ Other:	☐	☐	37. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
9. Has a doctor ever ordered a test for your heart? (EKG, etc.)	☐	☐	38. When exercising in heat, do you have severe muscle cramps or become ill?	☐	☐
10. Do you get lightheaded or feel more short of breath than expected during exercise?	☐	☐	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
11. Have you ever had an unexplained seizure?	☐	☐	40. Have you ever had any other blood disorders?	☐	☐
FAMILY HISTORY	☐	☐	41. Have you had any problems with your eyes or vision?	☐	☐
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50?	☐	☐	42. Do you wear glasses or contact lenses?	☐	☐
13. Does anyone in your family have a heart problem?	☐	☐	43. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
14. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	☐	☐	44. Do you worry about your weight?	☐	☐
15. Does anyone in your family have a pacemaker or implanted defibrillator?	☐	☐	45. Are you trying to or has any professional recommended that you try to gain or lose weight?	☐	☐
16. Has anyone in your family had unexplained fainting or seizures?	☐	☐	46. Do you limit or carefully control what you eat?	☐	☐
BONE AND JOINT QUESTIONS	☐	☐	47. Do you have any concerns to discuss with a doctor?	☐	☐
17. Have you ever had an injury (sprain, muscle/ligament tear, tendonitis) that caused you to miss practice or a game?	☐	☐	48. What is the date of your last tetanus immunization? Date: ____________	☐	☐
18. Have you ever had any broken or fractured bones or dislocated joints?	☐	☐	49. Do you have allergies to food, medicine, or stinging insects?	☐	☐
19. Have you ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	☐	☐	**FEMALES ONLY** 50. Have you ever had a menstrual period?	☐	☐
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR have you ever been told that you have that disorder or any neck/spine problems?	☐	☐	51. Age when you had your first menstrual period: ________	☐	☐
21. Have you ever had a stress fracture of a bone?	☐	☐	52. How many periods have you had in the last 12 months? ______	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐	**EXPLAIN "YES" ANSWERS BELOW:**	☐	☐
23. Do you currently have a bone, muscle, or joint injury that bothers you?	☐	☐	#______ ---____________________	☐	☐
24. Do any of your joints become painful, swollen, feel warm, or look red?	☐	☐	#______ ---____________________	☐	☐
25. Do you have a history of juvenile arthritis or connective tissue disease?	☐	☐	#______ ---____________________	☐	☐
MEDICAL QUESTIONS	☐	☐	**LIST ANY MEDICATIONS/NUTRITIONAL SUPPLEMENTS BELOW:**	☐	☐
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐		☐	☐
27. Do you have asthma or use asthma medicine (inhaler, etc.)?	☐	☐		☐	☐
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen, or any other organ?	☐	☐		☐	☐

PARENT/GUARDIAN SIGNATURE:______________________________ DATE: ______________

ATHLETE'S SIGNATURE:______________________________ DATE: ______________

PART III – PHYSICAL EXAMINATION

NAME______________________________ DATE OF BIRTH ______________ SCHOOL ____________________

EXAMINATION					
Height	Weight	☐ Male		☐ Female	
BP /	Resting Pulse	Vision R 20/	L 20/	Corrected ☐ YES	☐ NO

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance	☐ YES ☐ NO	
Eyes/Ears/Nose/Throat	☐ YES ☐ NO	
Lymph Nodes	☐ YES ☐ NO	
Heart	☐ YES ☐ NO	
Pulses	☐ YES ☐ NO	
Lungs	☐ YES ☐ NO	
Abdomen	☐ YES ☐ NO	
Genitourinary (Males Only)	☐ YES ☐ NO	
Skin	☐ YES ☐ NO	
Neurologic	☐ YES ☐ NO	
MUSCULOSKELETAL	☐ YES ☐ NO	**ABNORMAL FINDINGS**
Neck	☐ YES ☐ NO	
Back	☐ YES ☐ NO	
Shoulder/Arm	☐ YES ☐ NO	
Elbow/Forearm	☐ YES ☐ NO	
Wrist/Hand/Fingers	☐ YES ☐ NO	
Hip/Thigh	☐ YES ☐ NO	
Knee	☐ YES ☐ NO	
Leg/Ankle	☐ YES ☐ NO	
Foot/Toes	☐ YES ☐ NO	
Functional	☐ YES ☐ NO	
Emergency medications required on site:	☐ **Inhaler** ☐ **Epinephrine** ☐ **Glucagon** ☐ **Other:**	

Comments:

(Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

☐ **CLEARED WITHOUT RESTRICTIONS**

☐ **CLEARED WITH THE FOLLOWING RESTRICTIONS:** ____________________

☐ **CLEARED <u>AFTER</u> DOCUMENTED FURTHER EVALUATION OR TREATMENT FOR:** ____________________

☐ **CLEARED FOR PARTICIPATION** (check and explain "reason" for all that apply): *"Limited Until Date" when appropriate*

☐ Not cleared for (specific sports) ____________________ Until Date __________

Reason(s): ____________________

☐ **NOT CLEARED FOR PARTICIPATION** Reason ____________________

I have examined the above named student and completed the pre-participation physical evaluation.

Physician Signature: ____________________ (*MD, DO, NP, PA) Date: __________

Examiner's Name: ____________________ Phone Number: __________

Address: ____________________ City: __________ State: ______ Zip: ______

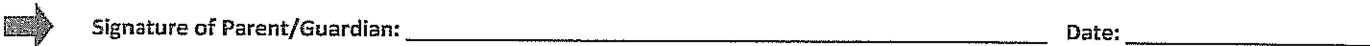
Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physicians Assistant licensed to practice in the United States will be accepted.

PART IV – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for ______________________________(name of child/ward) to participate in any of the following sports:
☐ basketball ☐ cheerleading ☐ soccer ☐ volleyball ☐ other ______________________

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in the sports through the school, this insurance coverage through the school is secondary to our family policy with:
Name of Medical Insurance Company:



Policy Number: ______________________ Name of Policy Holder: ______________________________

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any West End Christian School, Inc. program, publication or video.

➡ **Signature of Parent/Guardian:** ______________________________________ **Date:** ______________

PART V – EMERGENCY PERMISSION FORM

(To be completed by parent/guardian)

Student Name: ________________________________ **Grade:** __________ **Age:** ________

School: **West End Christian School, Inc., 1600 Atlantic Street, Hopewell, VA 23860**

Please list any health problems that might be significant to a physician evaluating your child **in case of an emergency**: ______________

____

____

Please list any allergies to medications, etc.:

____

____

Is the student currently prescribed an inhaler or Epi-Pen? ☐ Yes ☐ No Please list the emergency medication:

____

Is the student presently taking any other medication? ☐ Yes ☐ No If so, what type? ______________________

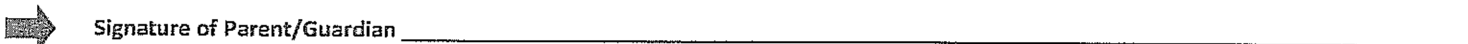
Does student wear ☐ contact lenses or ☐ corrective lenses? Date of last tetanus shot: ______________________

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of **West End Christian School, Inc.** to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime Phone Number (where to reach you in an emergency) ______________________

Evening Phone Number (where to reach you in an emergency) ______________________

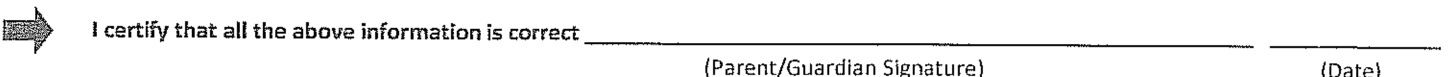
Cell Phone ______________________



➡ **Signature of Parent/Guardian** ____

Relationship to student ______________________________

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.



➡ **I certify that all the above information is correct** ______________________________ ______________

(Parent/Guardian Signature) (Date)

West End Christian School
Concussion Information

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. A concussion 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 cannot 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:	
- 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	- Amnesia - "Don't feel right" - Fatigue or low energy - Sadness - Nervousness or anxiety - Irritability - More emotional - Confusion - Concentration or memory problems - 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 un-coordination - 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

What can happen if my child keeps on playing with a concussion or returns too 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 athletes 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 athletes will often under-report symptoms of injuries, concussions are no different. As a result, education of administrators, coaches, parents and students is the key to 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 "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"A youth 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

"... 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 that it is better to miss one game than miss the whole season. And "when in doubt, the athlete sits out."

For current/updated information on concussions you can go to:
http://www.cdc.gov/ConcussionInYouthSports/

Return to play (RTP) Procedures after a Concussion

1. Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity:
    a. Asymptomatic at rest and with exertion (including mental exertion in school) AND have written clearance from their primary care provider or concussion specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician, if diagnosed with a concussion).

2. Once the above criteria are met, the athlete will be progressed back to full activity following the step-wise process detailed below. (This progression must be closely supervised by a Certified Athletic Trainer. If your school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the athlete's physician).

3. Progression is individualized, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.

4. Stepwise progression as described below:

    Step 1: Complete cognitive rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery

    Step 2: Return to school full-time.

    Step 3: Light exercise. This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight-lifting.

    Step 4: Running in the gym or on the field. No helmet or other equipment.

    Step 5: Non-contact training drills in full equipment. Weight-training can begin.

    Step 6: Full contact practice or training.

    Step 7: Play in game. Must be cleared by physician before returning to play.

5. The athlete should spend 1 to 2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, the athlete must stop the activity and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was (level) when the symptoms occurred.

West End Christian School
Concussion Information Form

Please sign this form acknowledging that you have read the West End Christian School Concussion Information and return this page to the Athletic Director on the first day of the season. The department must receive the form before an athlete may begin practice.

Student-Athlete Name Printed:____

Student Athlete Signature:____

Date:______________________

Parent/Guardian Name Printed:____

Parent/Guardian Signature:____

Date:______________________