



### High School Pre-Participation Physical Exam - (2015-16)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Incoming Grade (Circle one):     9     10     11     12

**To be completed by participant (must be completed each year):**

Head Injury / Concussion?	Yes	No	Allergies / Skin Problems?	Yes	No
Bone / Joint Disorder?	Yes	No	Allergic to bee stings?	Yes	No
Broken Bones / Fractures?	Yes	No	Epi-Pen Needed?	Yes	No
Dislocations?	Yes	No	Stinger / Burner?	Yes	No
Eye or Ear Problems?	Yes	No	Heat or Muscle Cramps?	Yes	No
Fainting or Convulsions?	Yes	No	Heat Exhaustion or Stroke?	Yes	No
High or Low Blood Pressure?	Yes	No	Mental Illness?	Yes	No
Anemia, Leukemia or Bleeding Disorder?	Yes	No	Surgery?	Yes	No
Diabetes?	Yes	No	Please Explain: _____		
Insulin Needed?	Yes	No	_____		
Ulcers, colitis, or other stomach problems?	Yes	No	_____		
Kidney or bladder problems?	Yes	No	Other Illness? _____		
Hernia?	Yes	No	_____		
			Tetanus Booster Date: _____		

Have you had any new injuries since your last physical? (Please explain)

\_\_\_\_\_

Are you currently taking **any** medications? (Please name any medications and their purpose)

\_\_\_\_\_

Are you allergic to any medications, insect stings, etc? (Please explain)

\_\_\_\_\_

**To be completed by a physician:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Blood Pressure: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_  
Vision Corrected: N/A    R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

- Heart            Normal    Abnormal
- Lungs            Normal    Abnormal
- Skin             Normal    Abnormal
- Abdomen        Normal    Abnormal
- Genitalia        Normal    Abnormal
- Neurologic      Normal    Abnormal
- Musculoskeletal    Normal    Abnormal
- Neck             Normal    Abnormal
- Shoulder        Normal    Abnormal
- Elbow            Normal    Abnormal
- Wrist / Hand    Normal    Abnormal
- Back             Normal    Abnormal
- Knee             Normal    Abnormal
- Ankle / Foot    Normal    Abnormal

**Cleared For Sport Participation?** Yes\_\_\_\_ No\_\_\_\_

Limitations: \_\_\_\_\_  
\_\_\_\_\_

Further Evaluation Required: \_\_\_\_\_  
\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Physician ID #: \_\_\_\_\_  
Date: \_\_\_\_\_



## High School Sport Emergency Card (2015-16)

**Fall Sport** (circle one): Men's: Soccer      Cross Country      ---      None  
   Women's: Volleyball      Cross Country      Tennis      None

**Winter Sport** (circle one): Men's: Basketball      None  
   Women's: Basketball      None

**Spring Sport** (circle one): Men's: Baseball Track Swim Tennis      Badminton      None  
   Women's: Soccer Track Swim      ---      Badminton      None

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Level:      9      10      11      12      Student School Email: \_\_\_\_\_

Parent/ Guardian Email: \_\_\_\_\_ Parent/ Guardian 2 Email: \_\_\_\_\_

Home address: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Jacket Size: \_\_\_\_\_ Short Size: \_\_\_\_\_ Pants Size: \_\_\_\_\_ Hat Size (baseball only): \_\_\_\_\_

Health Insurance Information:

Emergency Contact Information:

Insurance Company: \_\_\_\_\_

Name: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Policy/ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Drug/Food Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Other special conditions: \_\_\_\_\_

Use of any of the following (circle all that apply):      Asthma Inhaler      Insulin      Epi-Pen

### Permission for Emergency Medical Treatment

In the event that this student becomes seriously ill or injured while at school or on a school-sponsored event, the signature below authorizes International High School to transport this student to the nearest hospital for necessary emergency care. In the event that I cannot be reached, I hereby grant further authorization for this student to receive medical care deemed advisable and necessary by a physician licensed under the provision of the Medical Practice Act. I understand that such care may be rendered at the office of that physician or at a hospital. This authorization is to remain in effect for the 2015-2016 academic/sports year unless it is changed in writing by a parent or guardian.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



INTERNATIONAL HIGH SCHOOL  
LYCÉE INTERNATIONAL FRANCO-AMÉRICAIN

## Participation Permission & Waiver Form -- (2015-2016)

To be completed by Parent/Guardian (Please read and sign where indicated):

Student's Name: \_\_\_\_\_

Student's Grade Level: High School: 9 10 11 12

### **Permission for Emergency Medical Treatment**

In the event that this student becomes seriously ill or injured while at school or on a school-sponsored event, the signature below authorizes French American International School/International High School to transport this student to the nearest hospital for necessary emergency care. In the event that I cannot be reached, I hereby grant further authorization for this student to receive medical care deemed advisable and necessary by a physician licensed under the provision of the Medical Practice Act. I understand that such care may be rendered at the office of that physician or at a hospital. This authorization is to remain in effect for the 2015-2016 academic/sports year unless it is changed in writing by a parent or guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Health Insurance Portability and Accountability Act (HIPAA)**

Due to the HIPAA Act of 2003, it is important that we have your permission to share the medical care and emergency contact information of your son or daughter with the involved school officials, such as the athlete's coach, certified athletic trainer, school nurse, and/or health office. The signature below authorizes these individuals to access your child's medical and emergency records on file in the school health office and to share this information with involved school officials as deemed necessary.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

### **French American International School/ International High School Athletic Program Permission, Waiver, Release, and Indemnity Agreement**

Competitive athletics can put students in situations in which serious, catastrophic, and perhaps fatal accidents may

occur. I \_\_\_\_\_ / \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Relationship) (Student)

agree to grant permission for the above-named student to participate in the athletic program of French American International School/ International High School. By granting permission, I, for myself, my child, my spouse, as the parent or legal guardian of the above-named student, hereby voluntarily release, discharge, waive and relinquish all claims that each may have against French American International School/International High School, its officers, agents, and employees, arising out of, or in any way related to the above-described activities. This includes, but is not limited to claims of bodily injury, personal injury, emotional distress, property damage, or wrongful death. This release, discharge, waiver, and relinquishment also pertains to any instruction or supervision related to activity on the part of French American International School/International High School, its officers, directors, trustees, employees, and agents.

The student and the parent(s)/guardian(s) further agree that, in the event that any one of them makes a claim against French American International School/International High School, its officers, directors, trustees, employees, or agents, arising out of, or in any way related to the above-described activity, including, but not limited to a claim for bodily injury, personal injury, emotional distress, property damage, and/or wrongful death arising out of participation in the activity, then such student, parent and/or guardian shall defend, indemnify, and hold harmless French American International School/International High School, its officers, directors, trustees, agents, and employees from said claim(s).

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

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

**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

**INTERNATIONAL HIGH SCHOOL**  
**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 long and 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

# ATHLETE EJECTION POLICY NOTIFICATION FORM

(North Coast Section Ejection Policy)

## High School

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995-96 school year, (and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc).

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct. Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post- season {league, section or state} playoff, etc.).
2. **Illegal participation** in the next contest by a player ejected in a previous contest. Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
3. **Second** ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season. Penalty: The player shall be ineligible for the remainder of the season.
4. **When one or** more players leave the bench to begin or participate in an altercation. Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).

I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SPORT

VAR    JV    FS    FR (Circle one)

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\*These signed policy statements are to be maintained at each school. An Ejection Policy Notification Form-SCHOOL (see page 7) is to be filed, according to league policy, either with the league commissioner or with the North Coast Section.