

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.

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	10. 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"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
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"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf		
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"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm <input type="checkbox"/> Foot		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for:		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	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, 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 an/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 been publicly disclosed in some manner.

Signature of parent/guardian _____ Date _____

Signature of athlete _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)
Initial BP Post Exercise 5 Min. Post Ex.

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		
MUSCULOSKETAL		
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 ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation before September 1? (Rule 1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you currently failing any class? (Rule 3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you completed all 12 th grade requirements for high school graduation? (Rule 6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7 th grade and the five school years that follow consecutively after that school year- Rule 7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you live with someone now other than whom you lived with last school year? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you live with someone other than your parents? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you live with only one parent? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you live outside this school district? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever attended school outside the district where your parents reside? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9) |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20) |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X) |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Have you participated in a foreign exchange program for more than 365 days? (Hardship Waiver Manual-X) |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Were you suspended, expelled, or under discipline at the previous school attended, or were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Rule 4 and 8) |

Each of the undersigned also acknowledge and agree that 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 measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

(Student) (Date) (Coach) (Date)

(Parent/Guardian) (Date)

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination and an annual parent consent form. (Rule 1)
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____ ☐ is eligible ☐ is not eligible

to participate at (school) _____ for the school year 20____ 20____.

(School Administrator Name and Title)

(Date)

Immunization Complete ☐ Exempt ☐

EMERGENCY PROCEDURE CARD

Pupil Name _____
Address _____ City _____ State _____ Zip _____
Birth Date _____ Birth Certificate # _____ Age _____ Phone _____
Distance you live from school _____ Directions to home _____

In case of emergency, illness, or accident to the above-named child, the school is authorized to proceed as indicated below. Please check the proper lines.

- () Father's/Guardian's Name _____ Phone _____
() Mother's/Guardian's Name _____ Phone _____
() Contact family physician _____ Phone _____
() Take child to emergency hospital _____ Licensed Physician _____
() Name and number of persons to call in case of emergency (other than parents/guardians)
1. _____ 2. _____

Name and grade of students in Moore Schools

Name _____ Grade _____ Name _____ Grade _____
Name _____ Grade _____ Name _____ Grade _____

Note: Please list any physical disability and/or drugs child may be sensitive to _____

Explain _____

Parent Signature _____

I, _____

the undersigned parent or person having legal custody of the legal guardian of

DO HEREBY AUTHORIZE _____

TO CONSENT TO any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgably evaluate the risks attendant upon each, and the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon, or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date _____ Guardian Signature _____

Address _____ Phone _____

City _____ State _____ Zip _____

Treatment information

Minor's Birth Date _____

Minor's Doctor (Name and Number) _____

Minor's Allergies _____

Medicine Minor is Taking _____

Date of Minor's Last Tetanus Shot _____

Minor's Medical History _____

Hospital Emergency Department Preference if Circumstances Allow

*A community service project of Presbyterian Hospital and its affiliated hospitals in Alva, Atoka, Guthrie, Healdton, Purcell, Seiling, Wetumka and Woodward Presbyterian Hospital, NE 13th and North Lincoln Blvd. Oklahoma City, OK 73104 (405)524-2029



Moore Public Schools Athletic Department

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

(NAME OF SCHOOL)

In compliance with Oklahoma Statutes, Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the **CONCUSSION FACT SHEET** provided to you by:

(name of school)
related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in
(Please print student athlete's name)

_____ athletics and I, _____
(name of school) (Please print Parent/Legal Guardian's name)

as the parent/legal guardian, have read the information material provided to us by:

(name of school)
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

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in all offices that have been identified as necessary. (Head Coach, Site Athletic Facilitator, District Athletic Director, and Asst. Supt. (Secondary Education and Instruction))