

Burrell School District Explanation of Athletic Medical Paperwork

If you or your parents have any questions, contact your school nurse.

Stapled packet includes Letter from Athletic Director; Rules and Regulations; Sections 1, 2, 3, 4, 5; Health/Equipment Statement; Insurance and Risk Form; and PIAA Emergency Card for Athletes. Have your parent/guardian fill out all pages completely. You will not be able to try out if areas are incomplete.

- Return all paperwork to the Health Office as soon as possible. In the summer, return all paperwork to the Nurse's Office, if secretary is not available then return paperwork to the High School Office. Do not give medical paperwork to coaches.
- Any student who has not returned completed forms by the designated deadline will not be permitted to try out for the team. A list of eligible players will be sent to the coach.
- Health insurance is required to participate in sports. If you do not have private health insurance, school insurance is available for a small fee. Ask about it in the Health Office.
- Athletic physicals are provided by Burrell School District at no cost once a year in June. Listen to daily announcements, check Edline and the Burrell website for instructions.
- Follow your assigned time. If you do not show up for your physical, it is possible that you will miss the school doctor. Without a physical exam you will not be permitted to try out; your name will not appear on the eligibility list. Student athletes who miss the school physical will need to go to their own doctor.
- School physicals are for screening purposes only and not a replacement for regular exams with an established physician. In the event that any abnormality is found, the school nurse will notify your parent or legal guardian by phone in order that you may consult with your family physician.
- Any student who would like to have the physical exam done by a private physician may do so. You will need an additional form (Section 6). Ask for the form in the Health Office.

Section 6 (green) – One physical exam is required for each athletic school year. The exam must be authorized June 1, 2016 or later. Practitioners authorized to complete the exam include MD, DO, PAC, and CRNP.

Section 7 (yellow) – Must be completed by parent or guardian prior to each sport. Student athletes must indicate they are still interested in participating by re-registering in the Health Office during the month prior to any given sport season. Listen to announcements and check Edline for deadlines and other important dates. Section 7 is in addition to the initial forms. If all questions can be answered “no”, paperwork is complete. If you need to answer “yes” to any questions, Section 8 must be completed by a physician. The school district provides the physician recertification at no charge if needed.

Section 8 (blue) – Must be completed after any injury or change in medical condition since the initial physical exam. Forms are available from the certified school nurse, athletic trainer, or coach. Practitioners authorized to complete the form are MD or DO. **All forms are to be returned to the Health Office. Do not give medical paperwork to coaches.** Student athletes who have medical excuses for physical education classes will also be excused from sports.

Section 9 (white) – Wrestlers need an additional form for weight classification. This form is completed by the athletic trainer before each wrestling season.

Forms and instructions are also available at www.Edline.net under Health Services and Athletics.



BURRELL SCHOOL DISTRICT

Sports Physical Evaluation

Name _____

Grade _____ (2016-2017) Email Address _____

Sport(s) _____
(List for entire school year)

Date Completed _____

School Physical Exam Date – June 1, 2016 – Girls (all day)

June 2, 2016 – Girls (a.m. only)

June 2, 2016 – Boys (p.m. only)

June 6, 2016 – Boys (all day)

Exact times will be posted on Edline and school entrance doors.

ImPACT Testing Dates – May 17, 2016 – at H.S. 2:45 p.m. – 5:00 p.m.

May 19, 2016 – at H.M.S. 3:30 p.m – 5:00 p.m.

Make-Up Dates: May 24, 2016 – at H.S. 2:45 – 5:00 p.m.

July 20, 2016 – at H.S. 11:00 a.m. – 1:00 p.m.

Testing is held in Library Classroom at the High School and the Library at Huston Middle School

Please review the Health History (Section 5) with your child. In order to have a school physical, this packet must be completed, signed and returned to the Health Office by May 18, 2016. If you will be seeing your personal physician, an additional form must be picked up in the Health Office. Physicals must be authorized May 31, 2016 or later.

BURRELL SCHOOL DISTRICT

Aaron Frech, Athletic Director
(724) 334-1443 ext. 3401
Fax (724) 334-1420
aaron.frech@burrell.k12.pa.us

Burrell High School
1021 Puckety Church Road
Lower Burrell, PA 15068

Please Read All Forms Carefully

Dr. Fisher will be giving physicals only on the date(s) posted. If you miss this examination, you must obtain a physical from your family doctor at your expense.

Recertification will be done in the same manner. If you miss the date at school, you must go to your family physician. **Under no circumstances is any student permitted to go directly to Dr. Fisher's office for an athletic physical unless he is your family physician.**

All signatures (doctor, parent/guardian) and insurance information must be filled in correctly or student cannot begin practice.

The rules and regulations paper must also be correctly signed and returned with the physical forms in order for student to be eligible to begin practice.

No student will be permitted to participate in a sport without an ImPACT Test. An ImPACT Test should be updated every two years. Testing at the high school is held in the Library Classroom. Testing at the middle school is held in the Library. If unsure if a student needs the required test, please check with nurse or athletic secretary.

No student will be given a school physical if the paperwork is not completed and returned to the Health Office by the designated deadline, May 18, 2016.

BURRELL SCHOOL DISTRICT

Rules and Regulations

This set of rules, along with any additional rules individual coaches may have, are to be given to each athlete at the beginning of each season. They are to be taken home, discussed with parents or guardians, and returned signed by both the athlete and his/her parents or guardians.

These rules and regulations are merely an extension of normal school policy or of proper behavior and are expected to be followed without exception.

1. Absolutely no disrespect will be tolerated towards any coach, sport official, fans, teammates or opposing players.
2. You are expected to be at practice as scheduled. If you are arriving late or leaving early, you must have a note from parent/guardian. If you are in school and miss practice, you must have a note giving the reason before you can play or practice again. **If you are not in school or you arrive after 11:00 a.m. for high school students or 11:30 a.m. for middle school students, you may not play or practice that day.** The exceptions to this are: you were at a doctor's appointment, on a school related trip, a college visit, family matters, vo-tech or a work-study program. In all of these instances, a written excuse is required. If you are absent in the morning and return to school in the afternoon or vice-versa, you must produce an excuse (for the above reasons) in order to participate that day. **If you are out sick, you cannot practice or play that day.**
3. If you are injured to the extent that it requires a doctor or hospital visit, you must have a signed release, Section 8 form, from a doctor (MD or DO) before you are permitted to play or practice again.
4. If you are suspended from school (either in or out) you will also be suspended from the team for an equal number of days beginning on the day your suspension begins. A second suspension could result in being dismissed from the team. Players who are assigned DT may not play or practice on the day they are serving the DT. If you receive DT a second time, you will be suspended from the team for three school days. A third DT could result in being dismissed from the team.
5. **No activities are to begin without a coach being present.** If you must arrive early, sit and wait for a coach to arrive.
6. Use of tobacco, alcohol or drugs will cause your suspension or possible dismissal from the team. This applies to in school or outside of school.
7. If at any time you are sick or hurt, you must let the coach or trainer know. Do not attempt to play or practice if sick or injured.

BURRELL SCHOOL DISTRICT

Rules and Regulations

8. **Do not damage equipment or school property. This not only applies to our school but also away events.**
9. Your uniform is your responsibility. Make sure it is always clean and in good condition. At the end of the season, it should be returned in good condition. If you lose your uniform, you will be expected to pay for its replacement.
10. Improper bus behavior will not be tolerated. Observe all bus rules and obey the bus driver. **Profanity anywhere will not be tolerated.**
11. Do not bring jewelry or large sums of money etc. to practice or games. Coaches, managers, or the trainer cannot be responsible for your items. If you must bring these items to the games or practices, bring a lock to secure them. This also applies to away events.
12. **Failure to follow team and school rules can result in your suspension or dismissal from the team. Suspension can be for a period of not less than 60 calendar days from the date of the incident. At the end of the suspension, the participant may be permitted, at the discretion of the coach and principal, to resume participation. A second violation shall prohibit participation for at least one full calendar year from the date of the incident. If a rule is violated, the coach will make every effort to meet with you to discuss the violation and penalty. The school and coach's decision is final.**

I/We have read the above rules and regulations and agree to follow them in accordance with the Burrell School District guidelines.

Athlete's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Coach's Signature _____ Date _____



**PIAA COMPREHENSIVE INITIAL
PRE-PARTICIPATION PHYSICAL EVALUATION**



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ___/___/___ Age of Student on Last Birthday: ___ Grade for Current School Year: ___

Current Physical Address _____

Current Home Phone # () _____ Parent/Guardian Current Cellular Phone # () _____

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Student's Prescription Medications _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ School and a resident of the _____ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature _____ Date ____/____/____

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature _____ Date ____/____/____

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date ____/____/____

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature _____ Date ____/____/____

F. **CONFIDENTIALITY:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, *one or more* of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- | | |
|--|--|
| <ul style="list-style-type: none">• Headache or "pressure" in head• Nausea or vomiting• Balance problems or dizziness• Double or blurry vision• Bothered by light or noise | <ul style="list-style-type: none">• Feeling sluggish, hazy, foggy, or groggy• Difficulty paying attention• Memory problems• Confusion |
|--|--|

What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_____ Signature of Student-Athlete	_____ Print Student-Athlete's Name	Date ____/____/____
_____ Signature of Parent/Guardian	_____ Print Parent/Guardian's Name	Date ____/____/____

SECTION 5: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

	Yes	No		Yes	No			
1.			Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>			
2.			Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>			
3.			Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>			
4.			Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>			
5.			Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
6.			Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
7.			Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
8.			Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
9.			Has a doctor ever told you that you have (check all that apply):					
	<input checked="" type="checkbox"/>		High blood pressure	<input checked="" type="checkbox"/>				
			Heart murmur					
	<input checked="" type="checkbox"/>		High cholesterol	<input checked="" type="checkbox"/>				
			Heart infection					
10.			Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>			
11.			Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>			
12.			Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>			
13.			Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>			
14.			Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>			
15.			Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>			
16.			Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>			
17.			Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>			
18.			Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>			
19.			Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>			
	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest
	Upper back	Lower back	Hip	Thigh	Knee	Call/shin	Hand/ Fingers	Foot/ Toes
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CONCUSSION OR TRAUMATIC BRAIN INJURY								
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FEMALES ONLY								
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#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____ Date ____/____/____

BURRELL SCHOOL DISTRICT

Health/Equipment Issue Statement

All Sports

Sports are a physically challenging activity and serious injury may occur. No equipment can prevent all injuries a player might be exposed to while participating. It is understood that for equipment to best protect the player, it must fit properly and be in good condition. It is also understood that any changes in equipment or fitting must be done only with the approval of a coach.

I understand the possibility of athletic injury while participating in sports. Further, I agree to inform my coaches immediately upon experiencing any physical or health changes and also any change in the condition or fit of my equipment.

Athlete's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

BURRELL SCHOOL DISTRICT

Dear Parent or Guardian:

Your child has indicated an interest in participating in the Burrell High School Athletic Program. We know that it is your wish as well as ours that every possible precaution be taken to protect our students from injury. We do our utmost to promote this by proper training, by the use of good protective equipment, by supervising all activities, and by encouraging good safety habits.

Despite all our efforts, accidents do happen occasionally in athletics as elsewhere. The school is not legally liable for medical or hospital expenses, damages related to pain and suffering, loss of earning capacity or any other expenses or damages resulting from athletic injuries incurred in interscholastic sports.

All students participating in Burrell School District sports activities must be covered by either family hospitalization medical insurance or any student accident insurance. If needed, participants may also purchase optional student accident insurance. In the event family accident insurance is unavailable, please contact the Athletic/Health Office at the High School at 724-334-1403, ext. 2053 for the necessary forms. Since voluntary participation in extracurricular activities entails an inherent risk of injury on the part of the participants, it is essential that all participants be covered by insurance.

Please complete the following information and return this letter to the Athletic/ Health Office immediately.

Sincerely,
Aaron Frech, Athletic Director

NAME OF STUDENT _____
DATE OF BIRTH _____ GRADE _____ (2016-2017)
HOME PHONE # _____ CELL PHONE # _____
SPORT/SPORTS _____

(List Sports For Entire School Year)

_____ Family Insurance not available – student accident insurance requested.

_____ Family Insurance:
NAME OF COMPANY _____
AGREEMENT NUMBER/ID NUMBER _____
GROUP NUMBER _____

In case of injury: Depending upon the nature or severity of the injury, the attending physician, or in his absence the athletic trainer, or coach, is authorized by you (parent/guardian) to send the player listed on the form to the closest medical facility.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

Warning and Notification of Risk - Playing, practicing or participating in a sport can be a dangerous activity involving risk of injury. There is no limitation to the nature or severity of the possible injuries in some sports. Some sport injuries can result in serious permanent impairment or be life threatening. Unfortunately, injury may occur simply due to the nature of the sport without the occurrence of any unusual event and without fault.

I have read the above **WARNING**. I am aware and understand the risks of practicing, participating in and playing interscholastic activities. I recognize the importance of following the coaches' instructions regarding the activity.

NAME OF STUDENT _____
SPORT/SPORTS _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



IMPORTANT: This form accompanies student athlete to all events.

Emergency Card for Athletes

- Emergency card/authorization for each athlete must accompany the athlete at all times.
- The card for each athlete should be carried in the first-aid kit for each sport.
- The card for each athlete should be readily accessible to the Coach, athletic trainer, or emergency personnel.
- Prior to the start of each sport, the card for each athlete should be reviewed by the Coach/trainer/athletic director or any other medical personnel for completeness.
- Include emergency phone numbers or significant medical history.

Please complete the information below prior to participation in each sports' season:

Name: _____ DOB: _____ AGE: _____

Address: _____ EMAIL: _____

City, State, Zip: _____

Telephone: _____

Blood Type: _____

In case of accident or emergency, please contact:

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____ MD or DO (circle one)

Address _____ Telephone # () _____

Pre-Existing Circulatory/Pulmonary Conditions: _____

Diabetes: _____

Inhalers: _____

Allergies or Allergic Reactions: _____

Medications Being Used: _____

Date of Tetanus Immunization: _____

Have you ever had a concussion (i.e. bell rung, ding, head rush) or head injury? _____ Yes _____ No

Other Pertinent Information: _____

Permission to Treat: _____ Parent's/Guardian's Signature

Date: _____