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 Information; Risk Form; and PIAA Emergency Card – 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 Skyward 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 dated June 1, 2017 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 Skyward 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.burrell.k12.pa.us under Health Services and Athletics.
BURRELL SCHOOL DISTRICT
Sports Physical Evaluation

Name ____________________________

Grade _____ (2017-2018)  Email Address _______________________

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

Date Completed _______________________

School Physical Exam Dates —
GIRLS – June 5, 2017 (all day) and June 6, 2017 (a.m. only)
BOYS- June 6, 2017 (p.m. only) and June 7, 2017 (all day)

Exact times will be posted in Skyward and school entrance doors.

ImpACT Testing Dates:
Grades 6-8 Must Sign Up for Appointment Times in HMS Library on
May 19, 22, 23, or 24; Testing Will be Performed During the School
Day and After the School Day on May 25 and May 26 in HMS Library

Grades 9-11 Will Test on May 24, 2017 in H.S. Classrooms 104, 106,
108 Beginning 2:45 p.m.

ImpACT Make Up Dates: All Grades -
August 3, 2017 8:00 a.m. – 11:00 a.m. and 5:00p.m.-6:30 p.m.
This Testing Will Be Performed in H.S. Classrooms 104, 106, 108

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, 2017. If you will be seeing
your personal physician, an additional form must be picked up in the
Health Office. Physicals must be authorized June 1, 2017 or later.
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 classrooms 104, 106, and 108. 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. You may also contact the Athletic Trainer, Jordain Anderson, at 724-594-7643 or email her at jordain.anderson@burrell.k12.pa.us

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, 2017.
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 latter of the next May 31st or the conclusion of the current spring sports season.

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

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/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 or Other Medical Personnel Should be Aware________________________

__________________________________________

__________________________________________

Student's Prescription Medications and conditions of which they are being prescribed________________________

__________________________________________

__________________________________________

Revised: March 22, 2017
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 __________ School and a resident of the ________________ public school district, to participate in Practices, Inter-School Practices, Scrimsages, 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.

<table>
<thead>
<tr>
<th>Fall Sports</th>
<th>Signature of Parent or Guardian</th>
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<tbody>
<tr>
<td>Cross</td>
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<tr>
<td>Country</td>
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<tr>
<td>Field Hockey</td>
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<tr>
<td>Football</td>
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<td>Golf</td>
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<td>Soccer</td>
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<tr>
<td>Girls' Tennis</td>
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<tr>
<td>Girls' Volleyball</td>
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<tr>
<td>Water Polo</td>
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<td>Other</td>
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<table>
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<tr>
<th>Winter Sports</th>
<th>Signature of Parent or Guardian</th>
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<tbody>
<tr>
<td>Basketball</td>
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<tr>
<td>Bowling</td>
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<tr>
<td>Competitive Spirit Squad</td>
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<tr>
<td>Girls' Gymnastics</td>
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<tr>
<td>Rifle</td>
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<tr>
<td>Swimming and Diving</td>
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<tr>
<td>Track &amp; Field (Indoor)</td>
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<tr>
<td>Wrestling</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring Sports</th>
<th>Signature of Parent or Guardian</th>
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<tbody>
<tr>
<td>Baseball</td>
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<tr>
<td>Boys' Lacrosse</td>
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<tr>
<td>Girls' Lacrosse</td>
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<tr>
<td>Softball</td>
<td></td>
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<tr>
<td>Boys' Tennis</td>
<td></td>
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<tr>
<td>Track &amp; Field (Outdoor)</td>
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<tr>
<td>Boys' Volleyball</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

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, Scrimsages, 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 rebroadcasts, webcasts and reports of Inter-School Practices, Scrimsages, 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 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, Scrimsages, 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.
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- 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 confining 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.

<table>
<thead>
<tr>
<th>Signature of Student-Athlete</th>
<th>Print Student-Athlete’s Name</th>
<th>Date__/__/____</th>
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</thead>
<tbody>
<tr>
<td>Signature of Parent/Guardian</td>
<td>Print Parent/Guardian’s Name</td>
<td>Date__/__/____</td>
</tr>
</tbody>
</table>
**SECTION 5: HEALTH HISTORY**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Has a doctor ever denied or restricted your participation in sport(s) for any reason?</td>
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<tr>
<td>Do you have an ongoing medical condition (like asthma or diabetes)?</td>
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<tr>
<td>Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?</td>
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<tr>
<td>Do you have allergies to medicines, pollens, foods, or stinging insects?</td>
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<tr>
<td>Have you ever passed out or nearly passed out DURING exercise?</td>
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<tr>
<td>Have you ever passed out or nearly passed out AFTER exercise?</td>
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<tr>
<td>Have you ever had discomfort, pain, or pressure in your chest during exercise?</td>
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<tr>
<td>Does your heart race or skip beats during exercise?</td>
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<tr>
<td>Has a doctor ever told you that you have (check all that apply):</td>
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<td></td>
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<tr>
<td>High blood pressure</td>
<td>Heart murmur</td>
<td>High cholesterol</td>
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<tr>
<td>Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)</td>
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<tr>
<td>Has anyone in your family died for no apparent reason?</td>
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<td></td>
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<tr>
<td>Does anyone in your family have a heart problem?</td>
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<tr>
<td>Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?</td>
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<td></td>
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<tr>
<td>Does anyone in your family have Marfan syndrome?</td>
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<tr>
<td>Have you ever spent the night in a hospital?</td>
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<tr>
<td>Have you ever had surgery?</td>
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<tr>
<td>Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis, which caused you to miss a practice or contest? If yes, circle affected area below:</td>
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<tr>
<td>Have you had any broken or fractured bones or dislocated joints? If yes, circle below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td>Neck</td>
<td>Shoulder</td>
</tr>
<tr>
<td>Upper back</td>
<td>Lower back</td>
<td>Hip</td>
</tr>
<tr>
<td>Have you ever had a stress fracture?</td>
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<tr>
<td>Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?</td>
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<tr>
<td>Do you regularly use a brace or assistive device?</td>
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<tr>
<td>Has a doctor ever told you that you have asthma or allergies?</td>
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<tr>
<td>Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?</td>
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<tr>
<td>Is there anyone in your family who has asthma?</td>
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<tr>
<td>Have you ever used an inhaler or taken asthma medicine?</td>
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<td>Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?</td>
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<tr>
<td>Have you had infectious mononucleosis (mono) within the last month?</td>
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<tr>
<td>Do you have any rashes, pressure sores, or other skin problems?</td>
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<td>Have you ever had a herpes skin infection?</td>
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<td>Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?</td>
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<tr>
<td>Have you been hit in the head and been confused or lost your memory?</td>
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<tr>
<td>Do you experience dizziness and/or headaches with exercise?</td>
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<tr>
<td>Have you ever had a seizure?</td>
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<tr>
<td>Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
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<tr>
<td>Have you ever been unable to move your arms or legs after being hit or falling?</td>
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<tr>
<td>When exercising in the heat, do you have severe muscle cramps or become ill?</td>
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<tr>
<td>Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?</td>
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<td>Have you had any problems with your eyes or vision?</td>
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<tr>
<td>Do you wear glasses or contact lenses?</td>
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<tr>
<td>Do you wear protective eyewear, such as goggles or a face shield?</td>
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<tr>
<td>Are you unhappy with your weight?</td>
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<tr>
<td>Are you trying to gain or lose weight?</td>
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<tr>
<td>Has anyone recommended you change your weight or eating habits?</td>
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<tr>
<td>Do you limit or carefully control what you eat?</td>
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<tr>
<td>Do you have any concerns that you would like to discuss with a doctor?</td>
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<tr>
<td>Have you ever had a menstrual period?</td>
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<tr>
<td>How old were you when you had your first menstrual period?</td>
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<tr>
<td>How many periods have you had in the last 12 months?</td>
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<tr>
<td>Are you pregnant?</td>
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**#'s**

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<tr>
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<th>Explain &quot;Yes&quot; answers here:</th>
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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 __________
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 _______ (2017-2018)
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: ___________