

Chatham County Schools Middle School Athletic Participation Packet

Instructions, Eligibility Rules, Preparticipation Physical Evaluation (PPE), and Concussion Information

Instructions: *This packet must be completed in its entirety prior to being eligible for athletic participation. Please note that there are eleven (11) pages to this packet and seven (7) of them must be completed. Incomplete pages will delay your athletic participation.*

Use the following checklist to determine if the Chatham County Schools (CCS) Middle School Athletic Participation packet is complete:

- All student and parent contact information (page A.)
- Current sport planning to participate in (page A.)
- Conviction section is complete (page A.)
- Request for Permission – Sports not allowed to participate in are listed (page A.). Please note: CCS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, lacrosse, soccer, softball, swimming, tennis, track, volleyball, and wrestling. Weight training may be a required component of conditioning for any sport.
- Participation form has been read, signed, and dated by student-athlete and parent/legal custodian (page B.)
- Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet has been read and understood.
- Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Form has been filled out, initialed, and signed.
- History Form is complete (pages 1&2 PPE)
- Provides details for any “yes” answers in the History Form (page 2 PPE)
- History Form has been signed and dated by the student-athlete and the parent/legal custodian (page 2 PPE).
- Physical Examination Form is complete, dated, & signed by a health care professional (MD, DO, NP, or PA) (page 3 PPE) *Note: Doctor of Chiropractic Medicine is not satisfactory.*
- Physical Examination Form (page 3 PPE) must include the medical office name, address, and phone number of the office where the physical exam was conducted.
- Medical Eligibility Form is completed, dated, & signed by a health care professional (MD, DO, NP, or PA) (page 4 PPE) *Note: Doctor of Chiropractic Medicine is not satisfactory.*
- Medical Eligibility Form (page 4 PPE) must include the medical office name, address, and phone number of the office where the physical exam was conducted.
- Keep the instructions, eligibility rules, and concussion information sheet for your information, and make copies of the forms for your records.

Eligibility Rules; Know the Eligibility Rules: To represent your school in athletics, YOU:

- ☐ **Must** be a properly enrolled student at the time you participate and must be in regular attendance at that school.
- ☐ **Must not** be convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state.
- ☐ **Must not** have more than thirteen (13) total absences (85% attendance requirement) in the semester prior to athletic participation.
- ☐ **Must** be in the 6th, 7th, or 8th grade
- ☐ **Must not** have exceeded six (6) consecutive semesters of attendance or have participated in more than three (3) seasons in any sport (one season per year) since first entering grade six (6).
- ☐ **Must** be under 15 years of age on or before August 31, 2022.
- ☐ **Must** live with a parent/legal custodian, be legally emancipated, or be covered by McKinney Vento and live within the Chatham County Schools administrative unit. (Must notify the athletic director if not living with a parent /legal custodian.)
- ☐ **Must** be counted present by PowerSchool on the day of an athletic game or practice in order to participate or the absence must be considered an excused absence per administration.
- ☐ **Must** meet promotion requirements at their school to be eligible.
- ☐ **Must** have passed a minimum of three (3) out of four (4) core courses (Math, Language Arts, Science, and Social Studies) during the previous semester. Two (2) of the core courses passed must be Math and Language Arts.
- ☐ **Must** have received a medical examination by a licensed physician within the past 395 days; if you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing.
- ☐ **And your parent/legal custodian must** read the Concussion Information Sheet and both the Student-Athlete and Parent/Legal Custodian must initial and sign the Student-Athlete Concussion Statement. This must be done on an annual basis (once every 365 days).
- ☐ **Must not** accept prizes, merchandise, money, or anything that can be exchanged for money as a result of athletic participation. This includes being on a free list or loan list for equipment, etc.
- ☐ **May not** participate (try-out, practice, play) at a second school in CCS in the same sport season without a bona fide move.
- ☐ **May not usually**, as an individual or a team, practice or play during the school day.
- ☐ **May not** play, practice, or assemble as a team with your coach on Sunday.
- ☐ **May not** dress for a contest, sit on the bench, or practice if you are not eligible to participate.
- ☐ **Must not** play more than three (3) games/contests in one (1) sport per week.

Chatham County Schools Middle School Athletic Participation Form

Please Print or Type

Athlete's Name: _____ (Last) _____ (First) _____ (Middle) Class of: _____

Student ID: _____ Date of Birth: _____ Gender: _____ Race: _____ Sport: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Father's Name: _____ Daytime Phone: _____ Page/Cell: _____

Mother's Name: _____ Daytime Phone: _____ Page/Cell: _____

*Legal Custodian: _____ Daytime Phone: _____ Page/Cell: _____

****Please note the residency requirements and definition of legal custodian on page B of this document.***

Alternate Emergency Contact: _____ Daytime Phone: _____ Page/Cell: _____

Family Physician: _____ Phone #: _____ Orthopedist: _____ Phone #: _____

Insurance Company Name: _____ Policy Number/s: _____

Medical Alerts: Are you **allergic to any type of Medications**, List: _____

Other allergic reactions, List: _____

Attach necessary documentation for Medical Alerts such as allergic reactions, contacts, etc.

Convictions: Check the box that applies to, _____ (student name):

- ☐ **Is not convicted** of a felony in this or any other state **OR adjudicated** as a delinquent for an offense that would be a felony if committed by an adult in this or any other state
- ☐ **Is convicted** of a felony in this or any other state
- ☐ **Is adjudicated** as a delinquent for an offense that would be a felony if committed by an adult in this or any other state

The following must be completed if the student is convicted of a felony or is adjudicated as a delinquent:

Convicted or adjudicated of: _____

City and State: _____ Date Convicted/Adjudicated: _____

Description of Offense: _____

Court Counselor: _____ Telephone Number: _____

Insurance: Chatham County Schools (CCS) furnishes an Interscholastic Athletic Insurance Policy that provides limited benefits for all students in the system who participate in Middle School sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for students with other insurance coverage, but it pays only when other benefits have been exhausted. In cases in which a student has no other coverage with either a commercial insurance agency, Medicare, or Medicaid, the CCS athletic insurance policy is the primary policy. Note: the CCS policy may not pay the full remaining balances.

If your son or daughter should be injured while participating in a Middle School sponsored or supervised interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by CCS:

- ☐ Pick up a claim form at your school.
- ☐ See a physician within 30 days of the injury.
- ☐ Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 60 days of the injury and should include the Explanation of Benefits form from your primary insurance carrier. Please list below the name of your primary insurance carrier and policy number.

Request for Permission: We, the student's parent/legal custodian, give my consent for the above-named student to represent his/her school in interscholastic sports, **except for those sports indicated by listing here:** _____, _____, _____.

Please note: CCS Interscholastic Sports are basketball, baseball, cheerleading, cross country, football, golf, lacrosse, soccer, softball, swimming, tennis, track, volleyball, and wrestling. Weight training may be a required component of conditioning for any sport.

Hazing: According to CCS Board Policy 4303-C-II21, hazing is prohibited. No group or individual shall require a student to wear abnormal dress, play abusive or ridiculous tricks on him/her, frighten, scold, beat, harass, or subject him/her to personal indignity.
The Board of Education is required to expel any student convicted of hazing under NC Criminal Statute §14-35.

Code of Sportsmanship: It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athlete ejected from an athletic contest.

NCHSAA Regulations Student Athlete Pledge: As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Parent Pledge: As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school, our conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Football: Student athletes who are members of the school football team must read, review with parent/guardian, and sign an extra form entitled Safety List for Football Players. This form emphasizes specifics of tackling, blocking, running the ball, basic hitting (contact) position, fundamental technique, and fitting/use of equipment. This form will be available from your football coach and must be completed prior to practicing with pads.

NCHSAA Sportsmanship/Ejection Policy: We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an official, flagrant contact.

- 1st ejection: 2 game suspension in all sports *except* 1 game for football (fighting is a four game suspension in all sports *except* 2 games for football).
- 2nd ejection: Suspended for remainder of sport season.
- 3rd ejection: Suspended from ALL athletic competition for 365 days from date of 3rd ejection.

Transportation for Athletic Events: All athletes must travel to and from athletic contests in transportation provided by the athletic department unless previous arrangements are made by the parents for exceptional situations or permitted by the coach. If permitted by the coach, written permission on approved CCS documentation must be given by the parent or guardian for the student/athlete to ride with an adult other than the parent/guardian.

Medical Authorization: As the parent or legal custodian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

Risk of Injury: We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a CCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor CCS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Residency Requirements: The NCHSAA residency requirements state, “the residence of any student shall be deemed to be that of his or her parents or sole surviving parent. In the event the parents are separated or divorced, the residence of the student shall be that of the parent to whom custody has been awarded by a court of competent jurisdiction. No non-parental guardianship will be recognized where a student has a living parent. Any student proposed for a contest is eligible at the school to which the local board of education assigns him or her within the unit of residence of a parent or legal custodian within this state.” A “legal custodian” is a person or agency awarded legal custody of a child by a court of law. The athletic director of the school must be notified of any student not living with a parent or legal custodian. No person other than a parent or legal custodian may sign off on this document.

We, the undersigned student and parent/legal custodian, certify that the home address shown on this document is our sole, bona fide domicile as provided to Chatham County Schools. We also agree that we will notify the Middle School principal immediately of any change in domicile, since such a move may alter eligibility status.

We have read the eligibility rules and this document and understand all of the requirements for athletic participation. We agree to comply with the requirements set forth in the eligibility rules and this document. All information contained in this document is accurate and correct.

Providing false information on this form may cause the student athlete to lose athletic eligibility.

Student-Athlete:	_____	_____
	(Signature)	(Printed Name of Student-Athlete)
Parent	_____	_____
	(Signature)	(Printed Name of Parent)
Legal Custodian	_____	_____
	(Signature)	(Printed Name of Legal Custodian)

For official use only: This form must be signed by the school principal in cases where the student has indicated on page 1 of this document that they have been convicted of a felony in this or any other state, or adjudicated as a delinquent for an offense that would be a felony if committed by an adult in this or any other state. In such cases, participation in Middle School athletics is denied.

School Principal Signature: _____

Gfeller–Waller NCHSAA Student–Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport–Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print)_____

Parent/Legal Custodian Name(s): (please print)_____

Student-
Athlete
Initials

Parent/Legal
Custodian(s)
Initials

	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date



Instructions for Completing the NCHSAA Student-Athlete Preparticipation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must have a completed NCHSAA PPE and submit it to the school. The PPE is four (4) pages in length and includes the **History Form**, the **Physical Examination Form**, and the **Medical Eligibility Form**.

The PPE **History Form** (pages 1-2) is completed and signed by the parent or legal custodian on behalf of the student-athlete. The completed and signed PPE History Form must then be presented to the examining Licensed Medical Professional (LMP) (physician licensed to practice medicine (MD/DO), nurse practitioner or physician assistant) for review when they fill out the Physical Examination Form.

The completed PPE **Physical Examination Form** (page 3) is signed and dated by the LMP who performed the examination. The physical examination builds on information obtained in the medical history.

The PPE **Medical Eligibility Form** (page 4), which is also signed and dated by the LMP, indicates the student-athlete is either medically eligible or not medically eligible for sports participation.



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: M/F _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

