

IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION
(The physical examination must be performed on or after May 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year- IHSAA By-Law C 3-10)



SCHOOL: _____

HISTORY (to be completed by student and parent prior to examination by Physician) **Date:** _____

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Personal Physician: _____ Phone: (_____) _____

Previous school attended and dates: _____

Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes No
 Have you ever had surgery? Yes No
 Are you presently under a doctor's care? Yes No
2. Are you presently taking any medications or pills? Yes No
3. Do you have any allergies (medicine, bees or other stinging insects)? Yes No
4. Have you ever passed out during or after exercise? Yes No
 Have you ever been dizzy during or after exercise? Yes No
 Have you ever had chest pain during or after exercise? Yes No
 Have you ever had high blood pressure? Yes No
 Have you ever been told that you have a heart murmur? Yes No
 Have you ever had racing of your heart or skipped heartbeats? Yes No
 Has anyone in your family died of heart problems or a sudden death before age 50? Yes No
 Has anyone in your family had Marfan's syndrome? Yes No
5. Do you have any skin problems (itching, rashes, acne)? Yes No
6. Have you ever had a head injury? Yes No
 Have you ever been knocked out or unconscious? Yes No
 Have you ever had a seizure or epilepsy? Yes No
 Have you ever had a stinger, burner or pinched nerve? Yes No
7. Have you ever had heat cramps, heat illness or muscle cramps? Yes No
8. Do you have trouble breathing or do you cough during or after activity? Yes No
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? Yes No
10. Have you had any problems with your eyes or vision? Yes No
 Do you wear glasses or contacts or protective eye wear? Yes No
11. Are you missing an eye, kidney or testicle? Yes No
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Yes No
 Head Shoulder Thigh Neck Elbow Knee Foot
 Forearm Shin/Calf Back Wrist Ankle Hip Hand
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? Yes No
14. **Have you had a medical problem or injury since your last evaluation?** Yes No
15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____
 When was your last menstrual period? _____
 What was the longest time between your periods last year? _____

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. **(BOTH SIGNATURES ARE REQUIRED)**

• Signature of athlete: (X) _____

Date: _____

• Signature of parent/guardian: (X) _____

Date: _____

PHYSICAL EXAMINATION (to be completed by Physician)

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____		
Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R		
	Circle (if option given)	----- Specific Findings -----
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal <input type="checkbox"/>	----- Specific Findings -----
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:
 A. Cleared
 B. Cleared after completing evaluation/rehabilitation for: _____
 C. Not cleared
 Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball

Name of Physician: _____ Date: _____
 Address: _____ Phone: (_____) _____

Signature of Physician: **(X)** _____
(The physical examination must be performed on or after May 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year— IHSAA By-Law C 3-10)

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Medicine.)

IHSAA ELIGIBILITY RULES



Individual Eligibility Rules (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between May 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a summary of the rules.

Contact your school officials for further information and before participating outside of your school.

(Consent & Release Certificate - on back or next page)

CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**

<input type="checkbox"/> The student has school student accident insurance.	<input type="checkbox"/> The student has football insurance through school.
<input type="checkbox"/> The student has adequate family insurance coverage.	<input type="checkbox"/> The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____

Printed: _____

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____

Printed: _____

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

File In Office of the Principal
Separate Form Required for Each School Year

Effective School Year **2009-10** (through 30 days into the following school year)

**Monroe County Community School Corporation
EMERGENCY MEDICAL AUTHORIZATION**

CONFIDENTIAL

Please use a **BLACK** ink pen and **PRINT**

Student's Name	Birthdate	School	Grade	Gender	Date
Parent/Guardian Name	Home Telephone	Work Telephone	Cell Telephone		
Parent/Guardian Name	Home Telephone	Work Telephone	Cell Telephone		
Emergency Contact (other than guardian)	Home Telephone	Work Telephone	Cell Telephone		

Has your child had or having any of the problems listed below? YES NO YES NO

1. Allergies (for example, food, medication, hay fever, other) If yes, please list:			12. Digestive/Stomach Problems		
2. Uses an inhaler for asthma? If yes, circle one: regular/ occasional/ will use @ school			13. Any Psychological/Emotional Concerns (please explain)		
3. Skin Conditions					
4. Seizures/convulsions					
5. Heart Problems			14. Any other problems/concerns of which we need to be aware and/or please explain any "yes" answers.		
6. Diabetes					
8. Serious Injury			15. List medications currently taken by student and reason for use.		
9. Congenital Defects					
10. Dental Problems					
11. Vision Problems					

Doctor/Clinic Name: _____ Telephone Number: _____

The Monroe County Community School Corporation employs Registered Nurses (RN's). RN's (in the elementary/middle schools) and RN's or appointed school health care personnel (in the high schools) may dispense aspirin, aspirin substitutes or other non-prescription medications when in their professional judgment such remedies are warranted, unless the parent/guardian or physician have given instructions to the contrary. Prior to dispensing such medication, the school nurse shall inquire of the student whether they are allergic to these medications. Should the above student become ill or injured, while in school or on a field trip, first-aid will be given. Further care must be assumed by the parent/guardian. In the event of an emergency, 911 may be called and the school will make reasonable attempts to reach the parent/guardian.

The undersigned parents or custodial parent and natural guardian or guardian or court appointed guardian, hereinafter called APPOINTER, of _____ (student), hereinafter called MINOR, having the authority to give consent for medical treatment of MINOR, pursuant to I.C. 16-36-1-7 hereby appoints Monroe County Community School Corporation Sponsors as the representative of Appointer to act in Appointer's stead in giving consent in matters affecting health care of Minor.

A separate medication authorization form is required for any medication brought in by the parent/guardian. Medications are not allowed to be brought in by students. This medication authorization form and further information regarding medications in the schools may be found on the MCCSC website (<http://www.mccsc.edu/~healthy/> or <http://www.mccsc.edu>, click on "Academics", Programs & Activities, Healthy Schools, Health Services) or may be obtained from your school's health office.

I ALLOW MY CHILD TO BE TREATED FOR ILLNESS/INJURY AND BE GIVEN NON-PRESCRIPTION MEDICATIONS and hereby give my permission for the school to obtain medical services in a licensed hospital by a licensed physician(s) in case my child suffers illness or accident while participating in a school event, and the parent/guardian cannot be reasonably contacted.

Parent/Guardian Signature _____

➔ SIGNATURE OF PARENT/GUARDIAN REQUIRED FOR TREATMENT AT SCHOOL OR SCHOOL EVENT OR ACTIVITY.

ADM/GEN—12
REF POLICY 5341
Revised 02-23-2009

