

Electronic 2019-2020 TOMBALL ISD PRE-PARTICIPATION ATHLETIC FORM Page 1 of 2
ALL INFORMATION IS REQUIRED **DO NOT LEAVE ANY BLANKS **PRINT LEGIBLY WITH BLUE OR BLACK INK**

 Student's Last Name / Student's First Name / Student's Middle Name

 TISD Student ID # Gender Date of Birth 2019-2020 GRADE 2019-2020 Campus

Mark the box next to the sport(s) in which you plan to participate:

Band Baseball Basketball Cheerleading Cross Country Drill Team Football Golf Manager ROTC
 Soccer Softball Student Trainer Swimming & Diving Tennis Track & Field Volleyball OTHER: _____

 Parent/Guardian 1 FULL Name (include last name) / Parent/Guardian 1 – Cell Phone / Parent/Guardian 1 – E-MAIL (PRINT)

 Parent/Guardian 2 FULL Name (include last name) / Parent/Guardian 2 – Cell Phone / Parent/Guardian 2 – E-MAIL (PRINT)

Allergies to medication or other (please list): _____

Any medications taken regularly (please list): _____

Any medical concerns that should be noted: _____

Mark the box to indicate Yes or No

Sickle Cell/ Trait: YES NO Diabetes: YES NO Epilepsy/ Seizure Disorder: YES NO Concussions: NO YES Dates: _____

CONSENT TO TREAT

Your signature below gives authorization to the Licensed Athletic Trainers (LAT), associated physicians, coaches/school personnel and other medical professionals to evaluate, care and treat your student as a result of any injury or sickness and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of student.

RELEASE TO RETURN TO PARTICIPATION AFTER ANY MEDICAL CONSULTATION

I understand that any student who seeks medical care from a HealthCare Provider for any injury or illness will not be permitted to return to athletic participation until a signed and dated physician's release has been provided to the License Athletic Trainer (LAT) or designee; regardless of whether they are removed from or have restrictions placed on their ability to participate. Parental authorization or notification cannot be accepted in place of the medical release/note. This includes any and all injury/ illness that may not be school related (club/ off campus).The physician notes should include a diagnosis with any restriction or treatments; these are not "attendance" notes.

MEDICATION PERMIT

Athletic Trainers, Licensed by the State of Texas (LAT) may distribute over-the counter medications in accordance with a standing order from physician with permission from the parent. [See Tomball ISD Board Policy FFAC{LOCAL}]
 OTC medications include, but are not limited to: Pain reliever/Fever reducers (Ibuprofen, Acetaminophen, Midol); Gastrointestinal Aids (Pepto-Bismol, Imodium, Tums, Emetrol); Cold/Sinus (Sudafed, Tylenol Cold & Sinus, cough drops); Allergy(Benadryl); Medications and/or Inhalers prescribed by a physician

I, hereby give consent to the athletic trainers employed by Tomball ISD to administer non-prescription, over-the-counter (OTC) medication to my child.

YES NO

MEDICAL INFORMATION

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians, school personnel and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Once ALL electronic forms have been submitted (online or paper) **AND** the TISD Pre-Participation Physical Form has been physically turned in and verified by the **License Athletic Trainer (LAT) THEN** the student-athlete will be eligible (CLEARED) to participate in activities including practices before, during & after school (this includes the athletics class period). Contact your Campus LAT with any questions.

X Parent/Guardian Sign (required): _____ Date: _____

Please Print in Box

School: _____

Student Name: _____

Confirmation of Understanding of Limited Scope and Purpose of the Extracurricular/Co-Curricular Preparticipation Physical Exams

I, _____, (Print Parent/Legal Guardian Name) am aware that my child/ward, _____ (Print Child's Name), will attend an event providing preparticipation physical exams for student athletes at _____ on _____, _____, 20____ ("the event"). The event is sponsored and provided by Houston Methodist ("Houston Methodist") for the sole purpose of clearing students for participation in extracurricular/co-curricular programs. The screening physical exam will be performed by volunteer health care providers. By signing this form, I am confirming I understand and agree to the following:

- **I consent to the extracurricular/co-curricular physical exam for the above named child;**
- This is **NOT** a comprehensive physical exam and should not take the place of routine medical care. I understand that this is a **screening physical for clearance for participation in extracurricular/co-curricular activities ONLY;**
- Any patient-physician relationship created during the event will terminate immediately upon completion of the screening physical;
- I understand that my child may need additional testing before he or she can be cleared for participation in athletic activities and it is my sole responsibility to obtain such additional testing or medical care. I understand that if it is determined that my child needs additional medical treatment, I will be notified of any such recommendation. I understand that a limited number of non-invasive tests may be available and performed at the event for my convenience. **I consent to any and all additional non-invasive testing as deemed necessary by the screening physician during the event without notification to me prior to the testing;** and
- I consent to the release of the results of my child's physical screening exam to his or her school (including a coach, athletic trainer, teacher or administrator) present at the event. This consent is valid for 180 days and I understand that I may revoke this consent at any time. I understand that the information released may not be protected under the law once it is disclosed and may be subject to redisclosure by the Recipient.

 Parent/Guardian's Signature

 Date

RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby release, waive, discharge and covenant not to sue Houston Methodist and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be caused by or related to my child's participation or presence at the extracurricular/co-curricular Physical Examination Event.

I acknowledge that I have read and understand the foregoing Release and that my signature below acknowledges the statements made in the Release.

 Parent/Guardian's Signature

 Date