

Routing
1 _____
2 _____
3 _____

** Student brings in person! **
Return to Ms. Kigin



Revised February 2017
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VIRGINIA HIGH SCHOOL LEAGUE, INC.
 1642 State Farm Blvd., Charlottesville, Va. 22911

Feb. 2017

Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form is required for each school year May 1 of the current year through June 30 of the succeeding year.

For School Year 2018-2019

PART I - ATHLETIC PARTICIPATION

Male _____
 Female _____

(To be filled in and signed by the student)

PRINT CLEARLY

Name _____ Student ID # _____
 (Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). May not repeat courses for eligibility purposes for which credit has been previously awarded.
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, check with your principal for interpretations and exceptions provided under League rules. Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

* Student Signature: _____ Date: _____

Providing false information will result in ineligibility for one year.



Parents Fill Out

Revised February 2017

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

PART II - MEDICAL HISTORY - Explain "Yes" answers below

Page 2 of 4

This form must be completed and signed, prior to the physical examination, for review by examining practitioner.

Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		Yes	No	MEDICAL QUESTIONS (cont)		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have an ongoing medical condition? If so, Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU				33. Are you currently taking any medication on daily basis?	<input type="checkbox"/>	*	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion? If so, date of last injury:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY				41. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a pacemaker or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Are you trying to or has any professional recommended that you try to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS				47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date:			
18. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Do you have an allergy to medicine, food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY			
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a stress fracture of a bone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Age when you had your first menstrual period? _____			
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. How many periods have you had in the last 12 months? _____			
23. Do you currently have a bone, muscle, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*EXPLAIN "YES" ANSWERS BELOW:*			
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# _____ » _____			
25. Do you have a history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# _____ » _____			
MEDICAL QUESTIONS				# _____ » _____			
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# _____ » _____			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*List medications and nutritional supplements you are currently taking here:			
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain "yes" answers in box provided.

Indicate year or age, as well as affected side.

* Parent/Guardian Signature: _____ Date: _____ Athlete's Signature: _____



Dr. Fills Out

PART III - PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME _____ Date of Birth _____ School _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting Pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site Inhaler Epinephrine Glucagon Other: _____

Comments: _____

Check one please

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS
- CLEARED WITH FOLLOWING NOTATION: _____
- Cleared AFTER documented further evaluation or treatment for: _____
- Cleared for Limited participation (check and explain "reason" for all that apply): "Limited Until Date" when appropriate
 - Not cleared for (specific sports) _____ Until Date: _____
 - Reason(s): _____
- NOT CLEARED FOR PARTICIPATION Reason _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II - Medical History.

Physician Signature: _____ (MD, DO, LNP, PA) Date** *

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

* Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-3-1 (3) Physical Examination Rule/Transfer Student (10-90) - When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League's Form #2, the student is in compliance with physical examination requirements.

Dr's: please use an office stamp to validate, + include practice address + phone number!



Parents Fill Out

PART IV - ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of Medical Insurance Company: _____
Policy Number: _____ Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855.242.8282

PART V EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____ DOB _____

HIGH SCHOOL _____ CITY _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

Please list any allergies to medications, etc. _____

Is the student currently prescribed an inhaler or Epi-Pen? _____ List the emergency medication: _____

Is student presently taking any other medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Date of last Tdap or Td (tetanus) shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Cell phone _____

Signature of parent or guardian _____ Date _____

Relationship to student _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct _____

Parent/Guardian Signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

Insurance Required!

MUST Fill in information from insurance card (or provide copy)

Provide phone number(s)

Handwritten signature and date

Handwritten signature

Handwritten arrows pointing to signature and date lines



Acuerdo de Participación Atlética y Cocurricular de las Escuelas Públicas de Arlington

La participación en atletismo y actividades cocurriculares es un privilegio. Las Escuelas Públicas de Arlington reconocen el valor de las actividades atléticas y cocurriculares y cómo estas contribuyen al desarrollo de adultos integrales, a la vez que atienden a los intereses y aptitudes de los estudiantes.



Comportamiento del estudiante y responsabilidades disciplinarias: APS anima a los estudiantes a comportarse de una manera que promueva un ambiente de aprendizaje positivo. Las normas disciplinarias de APS prohíben la intimidación y el hostigamiento, el acoso sexual, la mala conducta sexual, el uso y abuso de sustancias y otras conductas negativas y potencialmente ilegales. Estas normas se describen en el sitio web de APS y en el Manual de APS. Los estudiantes podrían ser sancionados por transgresión de dichas normas en APS mientras se encuentren en las instalaciones de la escuela, en las proximidades de las instalaciones escolares, al ir o venir a la escuela, mientras se encuentren en autobuses escolares propiedad de y operados por la escuela, o en autobuses fletados, mientras participan en actividades aprobadas y supervisadas dentro o fuera de las instalaciones de la escuela, y cuando el buen orden, la seguridad o el bienestar de la escuela o sus estudiantes se vean afectados como resultado de actividades fuera de la escuela. Los estudiantes que participen en atletismo y en actividades cocurriculares de APS y transgreden alguna norma disciplinaria de APS podrían, además de otras medidas disciplinarias, ser suspendidos o expulsados de la participación en el atletismo y de participar en actividades cocurriculares de APS, según lo determine el miembro apropiado del personal de APS.

Las conmociones cerebrales y los estudiantes: Las conmociones cerebrales pueden ocurrir en cualquier deporte o actividad. Un estudiante al cual se determine o se sospeche que tiene una lesión cerebral, será retirado de la práctica o el juego y no se le permitirá regresar a menos que lo decida un profesional médico con licencia, según lo establece *El Código de Virginia* §22.1-271.5. El atleta no debe volver a tener actividad física si aún tiene síntomas, ya que el cerebro es especialmente vulnerable a una lesión mayor, a daño más permanente o incluso la muerte. Las conmociones cerebrales se gestionan mejor con un enfoque multidisciplinario que incluye el estudiante atleta, los padres, la escuela y el personal médico. Al firmar aquí abajo, nosotros (el estudiante y su padre, madre o tutor legal) acusamos recibo de la "Hoja Informativa sobre Conmociones" proporcionada por las Escuelas Públicas de Arlington la cual también se encuentra en el sitio web de las escuelas medias y secundarias, y certificamos que la hemos leído en su totalidad y la entendemos. Entendemos, además, que si tenemos alguna pregunta sobre la información, podemos contactar al entrenador de atletismo de la escuela secundaria o al director de actividades estudiantiles, o al coordinador de actividades estudiantiles de la escuela media. El entrenador de atletismo de la escuela secundaria tiene la decisión final sobre el regreso de los atletas a su estatus de actividad deportiva.

Reconocimiento y aceptación del riesgo: Nosotros, el estudiante y los padres o los tutores legales que han firmado este formulario, damos consentimiento al acuerdo de participación en actividades atléticas y cocurriculares, y al transporte, a través de las Escuelas Públicas de Arlington. Estamos de acuerdo en seguir las reglas e instrucciones del Manual de APS, de la escuela del estudiante, de entrenadores atléticos, de los entrenadores de atletismo y de la Liga de Escuelas Secundarias de Virginia (VHSL, por sus siglas en inglés) y acatar sus decisiones administrativas. Aceptamos y entendemos los muchos riesgos involucrados en tal participación. Entendemos que las lesiones que requieran atención médica, lesiones graves, incapacidad permanente o muerte, pueden ser el resultado de dicha participación. Además, ya que la participación deportiva implica instalaciones y equipos compartidos y contacto físico, los estudiantes están en mayor riesgo de exposición a enfermedades transmisibles e infecciones de la piel. Elijo aceptar voluntariamente todos esos riesgos. Con la plena comprensión de dichos riesgos, estamos de acuerdo y aceptamos toda la responsabilidad en cuanto a la seguridad, la salud y el bienestar de los estudiantes durante su participación en atletismo y actividades estudiantiles.

Este formulario debe ser firmado por el estudiante y por el (los) padre (s) o tutor (es).

AL FIRMAR ABAJO, DECLARO QUE ESTE ACUERDO HA SIDO ATENTAMENTE LEIDO Y COMPENDIDO POR MÍ. RECONOZCO SUS TÉRMINOS Y ACEPTO QUEDAR VINCULADO POR LOS MISMOS.

	_____	_____	_____
	Firma del <u>estudiante atleta</u>	Fecha	<u>Nombre del estudiante en letra de imprenta</u>
	_____	_____	
	Firma del <u>padre, de la madre o del tutor legal</u>	Fecha	

El no firmar este acuerdo no exonera al estudiante ante la responsabilidad de la escuela de hacer cumplir el acuerdo.

READ THIS!

HB WOODLAWN STUDENTS & PARENTS:

- ▶ **Students must be taking and passing a minimum of 5 classes each semester to be eligible for sports.**

If you take 5 classes and drop one course, **YOU ARE INELIGIBLE!**

If you take 5 classes and fail one course, **YOU ARE INELIGIBLE!**

If you repeat a class to receive a higher grade, **YOU ARE INELIGIBLE!**
(ex. John received a D in chemistry and wants to get a higher grade).

This is just one of the many VHSL rules explained in this packet and the one rule likely to impact HB students because of the number of courses your school allows you to take.



Parents Signature

Date



Student's Signature

Date

Sign this above statement only if you understand that a student must be in accordance with the VHSL rule of taking and passing at least 5 classes for credit.

***Remember, there are other VHSL Rules that you should read in this entire packet.**

The VHSL website can provide additional information for parents, athletes, and coaches. Please visit www.vhsl.org.

Revised – 10/22/12

****MAKE SURE YOU TAKE THE FEBRUARY 2017 VHSL FORM WITH YOU!****
 Download from Wakefield website. Many doctor offices have OLD forms.

RESOURCES FOR SPORTS PHYSICALS

Many clinics are open evenings and some on weekends; families should call the clinic for hours of operation and to confirm cost of SPORTS PHYSICAL. The pricing and information below is current as of May 2016. Additional fees may be charged for lab work, shots, etc. This is not a comprehensive list.

Tetanus shots must be current - received within the past 10 years. The school clinic can give Tetanus shots to students at school with a signed Parent Consent form. Call (703) 228-6688 for more information.

Remember to bring a copy of the new (February 2017) VHSL physical form with you for the doctor to complete.

ARLINGTON OFFICES:

INOVA South Arlington Urgent Care \$80
 3263 Columbia Pike Walk-in
 703-746-0111 Cash, Check, Credit

CVS Minute Clinic \$59
 3133 Lee Highway (Lyon Village) Walk-in
 1-866-389-2727 Cash, Check, Credit; 7 days a week

Clarendon Clinic \$ 40.00
 1220 N Hudson St Walk-in
 (703) 243-0250 Cash only

Siphath Chrea, M.D. \$ 50.00
 3215 Columbia Pike, #103 By appt
 (703) 486-0716 Cash, Visa, Mastercard

Virginia Hospital Center Urgent Care \$75.00##
 601 S Carlin Springs Rd Open 24 hours
 (703) 717-7000 Walk-in (call for wait times)
 ## cash price without insurance Cash or Credit

Arlington Pediatric Center Accepts Medicaid, HMO
 601 S. Carlin Springs Rd. Uninsured Students
 Arlington, VA 22204 Must complete registration with clinic
 (703) 271-8800 NO Walk-ins To register: 703-271-8134

CVS Minute Clinic \$59
 1201 S Hayes St. (Pentagon City Metro) Walk-in
 1-866-389-2727 Cash, Check or Credit
 7 days a week

FALLS CHURCH OFFICES:

Target Minute Clinic (inside Target Store) \$59
 6100 Arlington Blvd Walk-in
 1-866-389-2727 Cash, Check or Credit; 7 days a week

FALLS CHURCH OFFICES (cont):

Dr. Viet Nguyen \$ 40.00
 6408-C Seven Corners Pl By apt or walk-in
 (Behind the 7 Corners Medical Arts building)
 (703) 532-1909 Cash, Check or Credit

Dr. Lan C. Tu \$ 65 new patients; \$50 returning
 Potomac Medical Center Walk-in
 6404-G Seven Corners Pl Cash or Credit
 (Behind the 7 Corners Medical Arts building)
 (703) 237-2488

7 Corners Family Practice \$75.00
 6400-M Seven Corners Pl By appt
 (703) 241-8768 Cash or Credit

Arlington Clinic \$ 55.00
 7115 Leesburg Pike Appt preferred; call ahead
 (703) 522-8840 Cash or Credit

Dr. My Bui \$35.00
 7297 Lee Hwy Suite B Walk-in
 Falls Church, VA 22042 (unable to confirm 5/16)
 (703) 534-0110

TriCare Medical Group, PC \$60.00
 Tri M. Pham, MD, MPH By appt
 5985 Columbia Pike, Suite 102 Cash, Credit, Money order
 (703) 578-0707

ALEXANDRIA:

MedStar Prompt Care \$35.00
 Bradlee Shopping Center Walk-in
 3610-D King St, Alexandria 7 days a week
 (703) 845-2815 Cash, Check or Credit

(This list is being provided as a service to WHS Students. We do not endorse or recommend any specific doctor above, nor does WHS receive any compensation for providing this list).
 Information updated 5/2016

Arlington Public Schools Athletics

Parents: Keep for your records

Fact Sheet on Concussions for Parents/Guardians

What is a Concussion?

A concussion is a brain injury caused by a bump or blow to the head or body. A concussion occurs when the brain is violently rocked back and forth or twisted in the skull. It does not have to involve a loss of consciousness. All concussions are serious.

Concussions can occur in any sport, but more frequently in football, basketball, lacrosse, soccer and wrestling. An athlete who is identified with a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care provider. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death.

Signs and Symptoms of a Concussion

A concussion may have multiple symptoms that may appear immediately after the injury. Other symptoms may take several days or weeks to develop. Concussion symptoms may last a few days to several months. If your child has had a blow or bump to the head, look for these *signs and symptoms of a concussion*:

Signs

- Appears dazed stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall

Symptoms

- Can't recall events after hit or fall
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

How Can You Help Your Child Prevent a Concussion?

There are many risks involved in athletic participation, but there are steps your children can take to protect themselves from a concussion.

- Follow the rules of the sport.
- Use safety equipment, making sure it is appropriate for the activity, fits properly, is maintained, and is worn consistently and correctly.
- Practice good sportsmanship.
- Know the signs and symptoms of a concussion.

What Should You Do if You Think Your Child Has a Concussion?

1. **Seek medical attention immediately.** A health care professional will be able to evaluate your child and determine when it is safe for your child to return to athletic participation and regular activities.
2. **Keep your child out of play.** Concussions require time to heal. Returning to participation too soon and while the brain is still healing puts the child in a vulnerable position for further injury and a second concussion that can be more serious and life-threatening (Second Impact Syndrome).

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3. **Tell your child's athletic trainer and/or coach about any concussion.** The athletic trainer and coaches should have knowledge of any concussion (recent or past).

What Can I Do as a Parent?

- Parents and students should know and be able to recognize the signs and symptoms of a concussion.
- Remind your child to tell the athletic trainer and coach if he/she experiences any symptoms of a concussion.
- Remind your child to tell the athletic trainer and coach if he/she suspects that a teammate might be experiencing any signs or symptoms of a concussion.
- Ask teachers to monitor your child's academic progress and behavior since changes could indicate a concussion.
- Report your child's concussion history to the athletic trainer and future coaches as they move to the next season/sport.

When Can a Child Return to Play?

Day of Injury

No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:

- Exhibits signs, symptoms or behaviors attributable to a concussion; or
- Has been diagnosed with a concussion.

Following Days

No member of a school athletic team shall return to participate in an athletic event or training on the days after he/she experiences a concussion unless all of the following conditions have been met:

- The student no longer exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or with exertion;
- The student is asymptomatic during or after periods of supervised exercise that is gradually intensifying; and
- The student receives a written medical release from a licensed health care provider.

At high school level, the school's athletic trainer has the final authority in deciding if the student-athlete is eligible to return to play.

Graduated Return-to-Play Protocol*

Rehabilitation Stage

1. No Activity
2. Light aerobic exercise
3. Sport-Specific Exercise
4. Non-contact training drills
5. Full contact practice
6. Return to play

Functional Exercise at Each Stage of Rehabilitation

- Complete physical and cognitive rest
- Walking, swimming or stationary cycling keeping intensity at less than 70% of the maximum predicted heart rate
- No resistance training
- Skating drills in ice hockey, running drills in soccer. No head impact activities
- Progression to more complex training drills, e.g. passing drills in football and ice hockey
- May start progressive resistance training
- Following medical clearance participate in normal training activities
- Normal game play

*Consensus Statement on Concussion in Sport: Third International Conference on Concussion in Sport held in Zurich, November 2008.

IT IS BETTER TO MISS A GAME OR TWO RATHER THAN THE WHOLE SEASON OR MORE.

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Students! Keep for your records

Fact Sheet on Concussions for Students

What is a Concussion?

A concussion is a brain injury caused by a bump or blow to the head or body. A concussion occurs when the brain is violently rocked back and forth or twisted in the skull. It does not have to involve a loss of consciousness. All concussions are serious.

Concussions can occur in any sport, but more frequently in football, basketball, lacrosse, soccer and wrestling. An athlete who is identified with a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care provider. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death.

Signs and Symptoms of a Concussion

A concussion may have multiple symptoms that may appear immediately after the injury. Other symptoms may take several days or weeks to develop. Concussion symptoms may last a few days to several months. If you have a blow or bump to the head, look for these *signs and symptoms of a concussion*:

Signs

- Feeling dazed stunned
- Confusion about assignment or position
- Forgetting an instruction
- Being unsure about the game, score, or opponent
- Moving clumsily
- Answering questions slowly
- Losing consciousness (even briefly)
- Showing behavior or personality changes
- Unable to recall events prior to the hit or fall

Symptoms

- Unable to recall events after a hit or fall
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Not feeling “right”

Can I Prevent a Concussion?

There are many risks involved in athletic participation, but there are steps you can take to protect yourself from a concussion.

- Follow the rules of the sport.
- Use safety equipment, making sure it is appropriate for the activity, fits properly, is maintained, and is worn consistently and correctly.
- Practice good sportsmanship.
- Know the signs and symptoms of a concussion.

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What Should I Do if I Think I Have a Concussion?

1. **Tell your athletic trainer and/or coach and parents.** Never ignore a bump/blow to the head even if you feel fine. Also, tell your coach if you know a team mate had a bump or blow to the head, or if you think that a teammate is showing signs of a concussion.
2. **Seek medical attention immediately.** A health care professional will be able to evaluate you and determine when it is safe to return to athletic participation and regular activities.
3. **Give yourself time to get better.** Concussions require time to heal and your brain needs to rest. Returning to participation too soon while the brain is still healing puts you at risk for further injury and a second concussion that can be more serious and life-threatening (Second Impact Syndrome). Do not return to play until you get approval from a health care professional.

When Can I Return to Play?

Day of Injury

No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:

- Exhibits signs, symptoms or behaviors attributable to a concussion; or
- Has been diagnosed with a concussion.

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