

## DULUTH HS PHYSICAL, CONSENT AND INSURANCE FORM

**ALL PAGES MUST BE COMPLETED PRIOR TO STUDENT PARTICIPATION IN ATHLETICS**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines \_\_\_\_\_  Pollens \_\_\_\_\_  Food \_\_\_\_\_  Stinging Insects \_\_\_\_\_

Student No \_\_\_\_\_

Grade \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, 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 Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		
Explain "yes" answers here		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL EXAMINATION FORM / CLEARANCE FORM - MUST BE FILLED OUT BY THE DOCTOR**

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, 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 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 (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / ( / )	Pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyper laxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

- A) Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 B) Consider GU exam if in private setting. Having third party present is recommended.  
 C) Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.
- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared       Pending further evaluation       For any sports       For certain sports

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of physician \_\_\_\_\_ Date of Exam \_\_\_\_\_

Gwinnett County Public Schools

CONSENT, INSURANCE AND ATHLETIC PHYSICAL FORM - MUST BE COMPLETELY FILLED IN PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, by its nature, participation in interscholastic athletics includes a risk or injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down or death. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily.

By signing this permission form, you acknowledge that you have read and understand this warning. Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.

I (we) hereby give consent for \_\_\_\_\_, residing at \_\_\_\_\_ to:

- 1. Compete in athletics at \_\_\_\_\_ High School of the Gwinnett County School District in Georgia High School Association approved sports.
2. To accompany any school team of which the student is a member on any of its local or out-of-town trips;
3. I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

The student is domiciled at the above address located in the \_\_\_\_\_ High School District.

Have you attended this Gwinnett County School for at least one full school year? Yes \_\_\_ No \_\_\_

EMERGENCY CONTACTS - PLEASE PRINT CLEARLY

Name of Father/Guardian \_\_\_\_\_ Work# \_\_\_\_\_ Cell \_\_\_\_\_
Name of Mather/Guardian \_\_\_\_\_ Work# \_\_\_\_\_ Cell \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Work# \_\_\_\_\_ Cell \_\_\_\_\_
Date of birth \_\_\_\_\_ Cell \_\_\_\_\_
Date of Physical \_\_\_\_\_ Date entered 9th grade \_\_\_\_\_ Your grade level this year \_\_\_\_\_

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

INSURANCE INFORMATION - MUST BE COMPLETED

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the \_\_\_\_\_ school year, then sign below.

My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics (including, but not limited to, varsity and junior varsity football).

Company providing insurance: \_\_\_\_\_ Group# \_\_\_\_\_
Name of Insured: \_\_\_\_\_ Policy# \_\_\_\_\_

I wish to purchase the Benefit Plan provided by the Gwinnett County School System.
(A signed copy of this Benefit Plan should be stapled to this form.)

AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, \_\_\_\_\_, may compete in high school athletics in Gwinnett County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child, \_\_\_\_\_, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.

ATHLETIC CODE OF CONDUCT

Gwinnett County Public Schools' athletic programs are a great source of pride to our communities. Involvement in athletics helps students develop a better sense of responsibility, cooperation; self-discipline, self-confidence, and sportsmanship that will help serve them long after graduation. The lessons and values learned by participating on athletic teams last a lifetime.

All athletes are expected to abide by the highest standards of fair play and sportsmanship while on the court or field. We also have high expectations regarding behavior when the students are not engaged in athletic competitions. Students participating in Georgia High School Association extracurricular athletic activities act as representatives of Gwinnett County Public Schools. All students are expected to conduct themselves in such a manner as to meet the highest standards of the school system at all times.

The Athletic Code of Conduct is designed to establish high expectations and standards for all students participating in Georgia High School sanctioned athletic activities. The Code of Conduct also provides consistent consequences when violations occur. The consequences listed on the Code of Conduct are minimum standards. The schools can set consequences over and above those listed on the Code of Conduct.

I have read the Gwinnett County Athletic Code of Conduct in the Discipline Handbook and I understand the potential consequences that go along with violating the Athletic Code of Conduct.

PLEASE SIGN HERE: \_\_\_\_\_

This signature consents to athletic participation, medical authorization, verification of Insurance coverage, code of conduct, and permission to use the athlete's picture and/or video on our school web site, and all other forms of media available to Duluth High School.

Signature of Athlete

Signature of Parent/Guardian

Date



**Duluth High School Athletic Form**

**Gwinnett County Public Schools**

I (we) have read enclosed athletic packet and agree to all the terms and conditions listed in it. My signature consents to not only athletic participation, medical authorization, verification of insurance coverage, code of conduct, student/parent concussion awareness form, alternate transportation, permission to use the athlete's picture and/or video on our school web site, and all other forms of media available to Duluth High School. My signature also verifies that I give permission for my son or daughter to accompany any school team which the student is a member of on any local or out of town trips. My signature also consents to cognitive testing, release of medical information, and consent to treatment by Gwinnett Medical Center and its authorized personnel.

I also give authorization for the following medications to be given to my son or daughter. Please check if the athlete is able to take these medications.

\_\_\_\_\_ Advil; Tylenol (acetaminophen); \_\_\_\_\_ Aleve (naproxen sodium);

\_\_\_\_\_ Pepto-Bismol /Tums (bismuth subsalicylate), \_\_\_\_\_ Heal Guard (electrolytes)

\_\_\_\_\_ Benadryl (diphenhydramine HCL) - for allergic reactions

Name of student-athlete: \_\_\_\_\_

Sport(s) participating in: \_\_\_\_\_

Signature of student-athlete: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_