

2020-21 Barrow County Schools PHYSICAL, CONSENT & INSURANCE FORM
ALL PAGES MUST BE COMPLETED PRIOR TO STUDENT PARTICIPATION IN ATHLETICS

Name: _____ Date of Exam: _____

Emergency Contact Name: _____ Relationship: _____ Phone #: _____

Sex: M F Age ____ Grade for 2020-21: 7 8 9 10 11 12 School: AHS HMMS WMS WBHS BASA BCMS RMS 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 _____

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY	Yes	No
25. Do you have any history of juvenile arthritis or connective tissue disease?			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 _____

Last Name _____
 First Name _____
 Grade _____
 Student # _____

PRE PARTICIPATION EXAMINATION FORM /CLEARANCE 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, 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 seatbelt, 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 R20/ L20/ 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, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart a • Murmurs (auscultation standing, supine, +/-Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary(males only)b			
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 parent. 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:** _____

Barrow 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 Winder-Barrow High School/Apalachee High School of the Barrow 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 Winder- Barrow or Apalachee High School for at least one full school year? Yes ____ No ____

EMERGENCY CONTACTS -- PLEASE PRINT CLEARLY:

Name of Father/Guardian _____ Telephone _____ Work: _____ Cell _____

Name of Mother/Guardian _____ Telephone _____ Work: _____ Cell _____

Emergency Contact _____ Telephone _____ Work: _____ Cell _____

Date of Birth _____ Home Telephone Number _____

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 Barrow 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 Barrow 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

Barrow 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 Barrow 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 Barrow 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 Winder-Barrow High School.

Signature of Athlete **Signature of Parent/Guardian** **Date**

BCS/ GHSA STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: _____

1. Dangers of Concussion

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

2. COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give _____ School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2020-2021 school year. This form will be stored with the Athletic Pre-participation Physical form and other accompanying forms required by the Barrow County School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

STUDENT NAME (PRINTED)

STUDENT NAME (SIGNED)

DATE

PARENT NAME (PRINTED)

PARENT NAME (SIGNED)

DATE

BCS/GHSA STUDENT/PARENT SUDDEN CARDIAC ARREST AWARENESS FORM

SCHOOL: _____

1. Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who has sudden, unexplained death before the age of 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT Syndrome.
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2. Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he/she has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and Start CPR, you CANNOT hurt them.

3. Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side; place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches at a rate of 100 times per minute, to the beat of the song "Stayin' Alive".
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this concussion form, I give _____ School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2020-2021 school year. This form will be stored with the Athletic Pre-participation Physical form and other accompanying forms required by the Barrow County School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

STUDENT NAME (PRINTED)

STUDENT NAME (SIGNED)

DATE

PARENT NAME (PRINTED)

PARENT NAME (SIGNED)

DATE