

Lakeside Middle School PTN/ HS Boosters fundraising Sports Pre-participation Physical Waiver

The sports physical is a screening tool required by state law and school regulations in order for athletes to enter into school sports. This physical is meant to detect those student athletes that may be at increased risk for injuries or illness that would be worsened by their participation in athletics. The nature of the sports physical, however, is limited in the detection of some illnesses; even those illnesses that may be life-threatening.

Every year catastrophic cases are reported in which student athletes die during sports participation; for example, from uncontrolled or undiagnosed asthma, heart disease (such as hypertrophic cardiomyopathy a.k.a. IHSS), second impact syndrome (repeat head trauma following concussion) or other serious injuries. Most athletes with these conditions remain asymptomatic and without specific physical findings until their time of death. Even with the use of more involved testing such as extensive heart and lung test, some conditions can be extremely difficult to detect. The sports physical exam merely provides a cursory tool on which high-risk individuals might be detected and sent forth for further evaluation prior to involvement in athletics.

If your child has a strong family history of heart disease- including early onset heart disease, any family member who died suddenly from a heart related event (especially at a young age or during sports), a personal history of asthma that is poorly controlled, concussion within the last year – especially if persistent headaches or neck pain have resulted, elevated blood pressure, Marfan's or Down's syndrome or other risk factors for sudden death during athletics, they will likely need further evaluation by their regular doctor or specialist *prior* to their involvement in sports.

Signing below indicates that you have read the above statement and understand that certain conditions may not be detected during sports physicals. Furthermore, you will not hold liable Katherine J. Whipple, M.D., Jake Deakins, M.D., or their designees, Lakeside Schools or any of the volunteers assisting with the sports screening exams for failure to diagnose or detect conditions as stated above. In addition you are acknowledging that your participation is voluntary and that you understand all funds raised will go directly to the PTN at Lakeside Middle School or the Booster club at the high school and as such participation does not establish a physician patient relationship.

Name of Student Athlete: _____

Parent's Signature: _____

Date: _____

*****complete this section if you give permission to perform sports physical evaluation without parental/guardian presence*****

AUTHORIZATION TO PARTICIPATE IN SPORTS PHYSICAL SCREENING-To the best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death.

Name of Parent/Guardian: _____ Relationship to athlete: _____

Signature of Athlete or Parent/Legal Guardian if under age 18 _____
contact #: _____

Date _____