

2019-2020

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Name _____ Sex F M Age _____ Date of Birth _____ Grade _____
 School _____ Sport(s) _____ Date of Exam _____
 Address _____ Phone _____
 EMERGENCY CONTACT NAME _____ Relationship _____ Phone _____

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
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 accurate.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, athletic trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of athlete _____ Date _____
 Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____

Date of Birth _____

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / (/)	Pulse	Vision R 20/ L20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
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			
MUSCOSKELETAL			
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 participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. 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) _____

Date _____

Address _____

Phone _____

Signature of physician _____

_____, MD or DO

Greenwood School District 50/PlaySafe Concussion Policy

THIS CONCUSSION POLICY MUST BE SIGNED AND RETURNED TO THE HEAD ATHLETIC TRAINER PER BILL H.3061 - CONCUSSION LAW FOR STUDENTS (EFFECTIVE 6/7/13)

Greenwood School District 50 and PlaySafe are committed to the prevention, identification, evaluation and management of concussions. Per recent concussion recommendations and law, our Staff has developed a plan so any student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be removed from practice or competition and evaluated by an appropriate healthcare professional with experience in the evaluation and management of concussions. Those student-athletes diagnosed with a concussion shall not return to activity for the remainder of that day. Medical clearance shall be determined by the certified athletic trainer according to the concussion management plan.

What is a Concussion?

A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat or ball. If a second blow is received without the brain healing completely (Second Impact Syndrome), an athlete risks becoming severely impaired or even death.

Signs and Symptoms

Observed by Coaching staff

Appears dazed or stunned
Confused about assignment or position
Forgets plays
Unsure of game, score or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Show behavior or personality changes
Can't recall events before hit or fall
Can't recall events after hit or fall

Reported by student athlete

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"

Education and Acknowledgement

Before being allowed to participate in any sport, all District 50 student-athletes and their parents/guardians must read this document, the Know Your Concussion ABCs: Fact Sheet for Parents, and sign the concussion awareness statement, acknowledging that they have read and understand the information and their responsibility to report their injury and illnesses to the staff certified athletic trainer, including signs and symptoms of a concussion.

The certified athletic trainer will also come and talk with the teams about concussions and answer any questions before the season starts.

The coaches will be required to comply with the concussion policy that is in place, as well as complete the NFHS Concussion Course in accordance with SCHSL rules.

Concussion Management Plan

Any student-athlete experiencing symptoms should report to the certified athletic trainer as soon as possible. Any athlete exhibiting signs, symptoms, or behaviors consistent with a concussion shall be removed from athletic activities by the certified athletic trainer (or coach in the absence of the certified athletic trainer) and evaluated by a medical staff member as soon as possible.

The South Carolina High School League has determined the following healthcare professionals to be the appropriate healthcare professionals:

- Certified Athletic Trainer (ATC and/or SCAT)
- Doctor of Medicine (MD)
- Doctor of Osteopathic Medicine (DO)
- Nurse Practitioner
- Physician's Assistant (PA)

Revised April 2018

Anyone not fitting one of the above descriptions is not qualified to determine the status of the concussed student-athlete.

No student-athlete will return to play the same day they sustain a concussion or present with ANY concussion symptoms, until cleared by an appropriate healthcare professional.

When a student-athlete sustains a concussion, his/her parent/guardian will be contacted as soon as possible and both parent/guardian and student-athlete will be further educated in concussion management. The "Athlete Information" portion of the SCAT 2 will be provided to the parent/guardian and student-athlete.

When a student-athlete sustains a concussion, they will be required to complete a SCAT 2 with an appropriate healthcare professional. PlaySafe protocol states that the student-athlete will be assessed at the time of injury or as soon as possible after the injury, by an appropriate healthcare professional. The student-athlete will not do the SCAT 2 until at least 24 hours postincident, so that signs and symptoms are not exacerbated.

After the first evaluation and SCAT2, the student-athlete will be required to report to the certified athletic trainer daily to do a symptom check.

When a student-athlete sustains a concussion, the following people will be notified and will receive instructions on how to take care of that student-athlete:

- Parents/guardians
- Head Coach
- Student-Athlete's Teachers and Guidance Counselor (may have trouble in class)

Graduated Return to Play Protocol for the Concussed Athlete

The student-athlete will begin the graduated return to play protocol when asymptomatic (no symptoms present) AND after being cleared by an appropriate healthcare professional. The graduated return to play protocol will be conducted and supervised by the certified athletic trainer.

- Day One: Light exercise
- Day Two: Intense exercise with sport specific drills
- Day Three: Non-contact drills at practice
- Day Four: Full contact practice
- Day Five: Full return to play

If the student-athlete becomes symptomatic during any stage of the return to play protocol, they will return to day one of the return to play protocol if asymptomatic at least 24 hours after, until completely asymptomatic.

Important injury information - all doctor visits that result in the athlete being removed temporarily from activity MUST BE IN WRITING from the doctor's office. In order for the athlete to return to activity A WRITTEN NOTE THAT INCLUDES A RETURN DATE OR TIME OUT RECOMMENDED from the doctor's office must be presented to the certified athletic trainer. In short, if the doctor says the athlete cannot play, then the doctor must give the approval to return to action. Once cleared by the doctor, then the certified athletic trainer will determine final return to play.

Greenwood School District 50/PlaySafe Concussion Awareness Statement

I have read and understand the information provided to me about concussions. I understand that a concussion is a traumatic brain injury and there are consequences, including possible death. By signing this statement, I understand that it is my responsibility to report any symptoms I may be having as soon as possible to the staff certified athletic trainer or my coach, in the absence of the staff certified athletic trainer.

Parent/Guardian Signature

Date

Student Signature

Date

GREENWOOD HIGH SCHOOL ATHLETIC POLICY



2019-2020 SCHOOL YEAR



Mission Statement

The mission of Greenwood High School is to educate all students to become responsible, productive citizens and life-long learners.

Philosophy and Beliefs

The interscholastic athletic program of Greenwood High School is an extension of the classroom. The school offers a comprehensive athletic program in grades 7-12 to provide a wide array of athletic opportunities for students.

Interscholastic athletics provide a laboratory where students learn practical application of their skills and problem-solving in a cooperative environment. The purpose, as with any co-curricular activity, is to develop the student's ability to lead and to follow, to experience teamwork and fair play, and to cultivate lifetime citizenship skills of determination, self-discipline, respect for others, responsibility, goal-setting and perseverance. The opportunity to excel in athletics is available to any student with the skills, dedication, and commitment to achieve.

The interscholastic athletic program is organized as a system to provide developmental skills at beginning levels to a wide range of athletes leading to a varsity-level program for the most athletically talented students.

With this philosophy in mind, Greenwood High School has developed a set of beliefs regarding interscholastic athletics to guide the implementation of the program.

- We believe in a commitment to excellence and are very proud of the great traditions of athletic excellence at our school.
- We believe interscholastic athletics develop positive lifelong values.
- We believe that a quality interscholastic athletic program is a partnership of the students, staff, parents, and community.
- We believe athletics develop valuable relationships.
- We believe in sportsmanship and standards of conduct at all times.
- We believe in clear expectations and open communications.
- We believe in a continuity of purpose between middle school and high school programs.
- We believe our interscholastic athletic program is committed to enhancing our athletes' skills.

Athletic Code of Conduct

Introduction

The following articles shall be interpreted as the requirements that every Greenwood High School athlete must maintain to be eligible for participation in interscholastic sports at Greenwood High School. Athlete is defined as anyone connected with interscholastic athletics, including but not limited to team members, team managers, and cheerleaders. It is recognized that it shall be the responsibility of all people associated with Greenwood High School athletics to enforce this Athletic Code of Conduct.

Students who participate in interscholastic athletics are expected to represent the highest ideals of character by exemplifying good conduct, good sportsmanship, good citizenship and good training, which include abstaining from the use of tobacco, alcohol, drugs, controlled substances, misuse of patent medications, and all illegal substances. Accordingly, student athletes are expected to abide by the Athletic Code of Conduct at all times and at all places. The Athletic Code of Conduct is not limited to a student's conduct at school-sponsored activities or on school property. This code begins with the first day of school in the seventh grade year, even if you have not participated in any sport at GHS.

Principles of a Student Athlete

A Greenwood High School athlete is expected:

1. To welcome the privileges of an athlete, but to sincerely assume the responsibility and obligations that go along with it.
2. To agree that studies come first, and athletics, as important as they are, come second.
3. To apply the philosophy that nothing worthwhile is accomplished without hard work, application, and the desire to succeed.
4. To sacrifice personal desires for the good of the team.
5. To recognize and value the principle that, as an athlete, you do represent your school; and, therefore, must adhere to the highest conduct and performance of citizenship.
6. To respect and encourage excellence of performance and conduct among opponents as well as teammates.
7. To realize that a positive attitude, total effort, and dedication to the athletic program is the responsibility of the athlete throughout the year.
8. To recognize that true athletes, despite unjustified criticism, a losing season, or being up against an opponent that is better, will still have the will and courage to go beyond their apparent ability.

RULES AND ENFORCEMENT

Student athletes possessing, using or under the influence of alcohol or an illegal drug will be disciplined according to the District 50 Students' Rights and Responsibilities Handbook and will receive the following consequences from the athletic director.

- Removal from the team/activity for the remainder of the season. **If the remainder of the season is .5 or greater a student may not participate during the next eligible season until the number of games missed equals 1.0(ex student C is suspended with 3 games remaining of a 10 game season [30%]. Student C is ineligible to participate in 70% of the next eligible season.)**A student may not participate in a different sport until the play offs are over in the sport from which he/she was suspended. If the student violates this rule out of season, he/she will not be allowed to participate in the next sport season where his/her name appears in the certificate of eligibility from the previous year. As with all other district procedures, the next school year is a new beginning.
- The student must enroll in the Cornerstone Drug and Alcohol Prevention Program or an appropriate counseling program approved by the school principal. The student will not be eligible to return to any extra curricular activity until the program is complete.
- For any subsequent drug or alcohol offenses as listed above, the student will be disciplined according to the Students' Rights and Responsibilities Handbook and will be prohibited from participating in extracurricular activities for the remainder of the year.
- Exceptions may be made for cheerleading or dance team tryouts. If elected, the student will not be allowed to participate in any team activities until the end of the school year.
- Student athletes charged with a felony will not be allowed to participate in athletics until charges are dropped or the athlete is found innocent. Athletes found guilty will be ineligible for one calendar year from the date of their conviction.

APPEALS PROCESS

Formal appeals may be made as follows:

- a) First, a student who wishes to appeal their consequences must submit the appeal in writing to the athletic director. If the student is not satisfied with the decision of the athletic director they may appeal the decision in writing to the school's athletic committee.
- b) **Secondly, the student may appeal to a committee of school personnel headed by EHS Athletic Director (non-voting). This 3 member committee will be made up of the student's home school assistant principal, a teacher/coach from another sport and a teacher. The school athletic committee will listen to and render a decision. If the student is not satisfied with the decision of the school's athletic committee they may appeal the decision in writing to the school principal.**
- c) Lastly, final appeals will be made in writing to the principal of the student's home school where the principal will then consider the committee's recommendation and a final decision will be made in writing by the principal to the student.
- d) The final decision of the principal is to be respected and complied with by all parties involved.

Eligibility Requirements

Daily Attendance

- Athletes are expected to abide by all school attendance policies
- Athletes must be in school the whole day unless they are pre-excused in the main office. Missing half a day of school without pre-approval in the main office will automatically make a player ineligible for the game or practice that day. If an athlete is gone for an appointment, they need to bring a doctor's slip to the Athletic Office.

Academic Eligibility Notes

- Every student on a team will have their grades checked by coaches, starting with the second week of practices for each season. These checks will be done by the Athletic Office using the Power School grade-book program that the teachers input grades into or by sheets sent around to be signed by teachers with their team members.
- Eligibility concerns for an otherwise qualified student with a disability will be addressed on an individual basis and consistent with applicable law, the SCHSL as well as the student's educational plan.
- Teachers are encouraged to email and notify coaches of classroom behavioral and academic concerns regarding that coach's student-athletes.
- Any student-athlete that has an F in any class will have their GPA calculated via Power School, or Students referred by teachers are expected to be provided some plan (either Athletic Study Hall or additional tutoring) by the Athletic Staff if the student athlete is "In-Season" with a sport.

For complete eligibility rules please refer to the SCHSL at www.schsl.org.

Sportsmanship Code

It is expected that proper sportsmanlike behavior at athletic contests be ongoing and adhered to by all athletes, coaches, and spectators. The guidelines the OK Conference has adopted for fans will be followed at all school sponsored events, at home and away. Cheers and signs are to be positive and respectful, fans should be considerate and courteous, noisemakers of any kind are not allowed, and the throwing of objects will not be tolerated. Greenwood School District 50 students are expected to follow the Student Code of Conduct as printed in the student handbook at all school-sponsored activities, home and away.

Administration and contest management will determine if these guidelines are being followed. Failure to adhere to behavior expectations may result in a warning, an ejection from that contest, and/ or a suspension of privileges to attend school activities for a specified period of time. Disciplinary action will be determined based on prior occurrences and/or the severity of the offense.

GHS Athletic Policy

Parents are required to sign the statement below verifying that they have read and discussed the GHS Athletic Policy with their child.

This is to verify that I have read and discussed the GHS Athletic Policy with the following student for whom I am responsible:

Student Name: _____

Date: _____

Student Signature _____

Sport(s): _____

Signature of Parent or Guardian: _____

GREENWOOD SCHOOL DISTRICT 50 ATHLETIC INSURANCE STATEMENT

Greenwood School District 50 carries Athletic Accident Insurance on all its' athletes, intended to be an "excess" policy designed to help pay secondarily to the athlete's primary health insurance. In the event of injury, while participating as part of a SCHSL sanctioned sports team representing Greenwood High School, the athlete should seek the attention of the Sports Medicine Staff as soon as possible. Our Head Athletic Trainer will fill out the top portion of the insurance claim form. If the injury in a non-emergency, the form should be filled out prior to a physician visit. The Parent / Guardian should complete the claim form, follow the highlighted directions, and mail the completed form to the insurance company. ***Sports Medicine Staff should be notified of injury immediately or claim form may be invalid. Please note the claim must be filed within 90 days of injury.***

(Please sign and return this sheet.)



Protected Health Information Authorization

For Release of Information

School: _____ **Greenwood High School** _____

I hereby authorize any medical provider associated with my school/organization, specifically PlaySafe to use and/or disclose my clearance and health recommendations to the athletic director, coaches, athletic trainers and medical personnel at my school/organization to inform them of my health status for the participation in athletics or activities. I understand that my refusal to sign this authorization may affect my child's ability to participate in athletics. Medical information to be disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the state or federal law.

Athlete's Printed Name: _____

Date: _____ **Athlete's Signature if 18 or older:** _____

Parent's Printed Name: _____

Date: _____ **Parent/Guardian Signature:** _____



PlaySafe - Medical & Emergency Information

Name On Birth Certificate (Last, First, MI) _____

Preferred Name _____

DOB _____ Grade _____ Sport(s) _____

Address _____

Mother/Guardian _____ Contact # _____

Work Contact# _____ Email _____

Father/Guardian _____ Contact# _____

Work Contact # _____ Email _____

Insurance Carrier _____

Claim/Policy # _____

Emergency Contact (Non-Parent/Guardian) _____ Phone # _____

Primary Care Physician _____ Phone # _____

Please list any injuries, allergies, or other medical history that you feel may be important in case of an emergency:

Other

Is your child on any medication that is taken on a regular basis? (List)

My child may take any over-the-counter medication such as Tylenol, Advil, etc. or topical ointments such as Neosporin, hydrocortisone, etc. as needed **Yes or No**

I grant permission for my son/daughter to practice and play in athletic events for _____ High School. I will not hold the school responsible in any way whatsoever, except where gross negligence exists. I also grant permission for treatment deemed necessary for a condition arising during participation in the activity, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____