



DATE OF PHYSICAL \_\_\_\_/\_\_\_\_/\_\_\_\_

## ***Jackson County Clearance, Insurance, and Consent Form***

**THIS PACKET WILL NOT BE ACCEPTED IF ALL INFORMATION IS NOT COMPLETED**

STUDENT: \_\_\_\_\_  
Last First M.I. Graduation Year

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

*Please CHECK one of the following statements regarding insurance coverage for your son/daughter for this school year, then sign below.*

**A VOLUNTARY SCHOOL INSURANCE PLAN CAN BE PURCHASED FOR COVERAGE BY VISITING [WWW.KANDKINSURANCE.COM](http://WWW.KANDKINSURANCE.COM)**

☐ My son/daughter has purchased a voluntary k12 policy and the policy is attached.

☐ My son/daughter does not have insurance. I understand that there is no school or school system insurance which may cover any injury, damages, or losses that occur due to participation in school related activities.

☐ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school related activities.

INSURANCE COMPANY: \_\_\_\_\_ Policy#: \_\_\_\_\_

### **<CLEARANCE AND WAIVERS>**

**PARENT/GUARDIAN PLEASE INITIAL EACH AND SIGN BELOW**

\_\_\_\_\_ I HAVE READ THE ATHLETICS CODE OF CONDUCT AND WILL SUPPORT THESE GUIDELINES AND EXPECTATIONS. THIS INITIAL AND SIGNATURE WILL REPRESENT MYSELF AND/OR MY CHILD IN RELATION TO THIS UNDERSTANDING.

\_\_\_\_\_ I HAVE READ AND I AM AWARE OF THE DANGERS OF CONCUSSION AND SUDDEN CARDIAC ARREST. THIS INITIAL AND SIGNATURE WILL REPRESENT MYSELF AND/OR MY CHILD IN RELATION TO THIS UNDERSTANDING.

\_\_\_\_\_ I AGREE TO PARTICIPATE IN THE IMPACT CONCUSSION MANAGEMENT PROGRAM IF DEEMED NECESSARY BY THE SCHOOL. THIS INITIAL AND SIGNATURE WILL REPRESENT MYSELF AND/OR MY CHILD IN RELATION TO THIS UNDERSTANDING.

\_\_\_\_\_ I AGREE TO THE MEDIA AND TRANSCRIPT RELEASES PROVIDED IN THIS PACKET. THIS INITIAL AND SIGNATURE WILL REPRESENT MYSELF AND/OR MY CHILD IN RELATION TO THIS UNDERSTANDING.

\_\_\_\_\_ I AGREE TO THE ALTERNATE TRANSPORTATION FORM PROVIDED IN THIS PACKET. THIS INITIAL AND SIGNATURE WILL REPRESENT MYSELF AND/OR MY CHILD IN RELATION TO THIS UNDERSTANDING.

THIS SIGNATURE CERTIFIES THAT ALL ABOVE INFORMATION IS CORRECT. IN CASE OF EMERGENCY DURING ANY SCHOOL ACTIVITY INVOLVING THE STUDENT NAMED ON THIS PAPER, WHICH IN THE OPINION OF SCHOOL OFFICIALS REQUIRES IMMEDIATE MEDICAL OR SURGICAL ATTENTION, I HEREBY GRANT PERMISSION TO PHYSICIANS, CONSULTING PHYSICIANS, ATHLETIC TRAINERS, EMT'S, AND ANY OTHER HEALTHCARE PROVIDERS SELECTED BY SCHOOL OFFICIALS TO PROVIDE MEDICAL CARE AND TREATMENT UNLESS I AM PRESENT AND REQUEST OTHERWISE OR UNTIL I LATER REQUEST OTHERWISE. I ALSO GRANT PERMISSION TO THE ABOVE NAMED STUDENT FOR ATHLETIC PARTICIPATION AND PERMISSION TO USE THE ATHLETES PICTURE AND/OR VIDEO ON OUR SCHOOL WEBSITE, AND ALL OTHER FORMS OF MEDIA AVAILABLE TO JACKSON COUNTY SCHOOLS.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

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## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

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

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

|   | Not at all | Several days | Over half the days | Nearly every day |
|---|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious, or on edge        | 0          | 1            | 2                  | 3                |
| Not being able to stop or control worrying  | 0          | 1            | 2                  | 3                |
| Little interest or pleasure in doing things | 0          | 1            | 2                  | 3                |
| Feeling down, depressed, or hopeless        | 0          | 1            | 2                  | 3                |

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS<br>(Explain "Yes" answers at the end of this form.<br>Circle questions if you don't know the answer.) | Yes | No |
|---|-----|----|
| 1. Do you have any concerns that you would like to discuss with your provider?  |     |    |
| 2. Has a provider ever denied or restricted your participation in sports for any reason?                                |     |    |
| 3. Do you have any ongoing medical issues or recent illness?  |     |    |
| HEART HEALTH QUESTIONS ABOUT YOU  | Yes | No |
| 4. Have you ever passed out or nearly passed out during or after exercise?  |     |    |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?                            |     |    |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?                   |     |    |
| 7. Has a doctor ever told you that you have any heart problems?   |     |    |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.       |     |    |

| HEART HEALTH QUESTIONS ABOUT YOU<br>(CONTINUED)   | Yes | No |
|---|-----|----|
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise?   |     |    |
| 10. Have you ever had a seizure?  |     |    |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  | Yes | No |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?  |     |    |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? |     |    |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?  |     |    |



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION 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, e-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-enhancing 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 (Q4–Q13 of History Form).

| EXAMINATION   |               |  |
|---|---------------|--|
| Height: _____   | Weight: _____ |  |
| BP: _____ / _____ ( _____ / _____ )   | Pulse: _____  | Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL   | NORMAL        | ABNORMAL FINDINGS  |
| Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul> |               |  |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>  |               |  |
| Lymph nodes   |               |  |
| Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>  |               |  |
| Lungs   |               |  |
| Abdomen   |               |  |
| Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>   |               |  |
| Neurological  |               |  |
| MUSCULOSKELETAL   | NORMAL        | ABNORMAL FINDINGS  |
| Neck  |               |  |
| Back  |               |  |
| Shoulder and arm  |               |  |
| Elbow and forearm   |               |  |
| Wrist, hand, and fingers  |               |  |
| Hip and thigh   |               |  |
| Knee  |               |  |
| Leg and ankle   |               |  |
| Foot and toes   |               |  |
| Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>   |               |  |

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

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

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

☐ Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **GHSA STUDENT/PARENT CONCUSSION AWARENESS FORM**

**DANGERS OF CONCUSSIONS:** 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.

**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 a 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. 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 Jackson County High 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 2022-2023 school year. This form will be stored with the athletic physical form and other accompanying forms required by the School System. INITIALING/SIGNING THE WAIVER PROVIDED ATTESTS THAT I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

### **IMPACT TESTING**

Jackson County Schools are currently implementing an innovative program for our high school student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in “video-game” type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to retake the test. Both the preseason and post- injury test data is given to a local doctor or, to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return- to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

We wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student- athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Jackson County School administration, coaching, and athletic training staff are striving to keep your child’s health and safety at the forefront of the student athletic experience.

### **ALTERNATIVE TRANSPORTATION LIABILITY RELEASE**

JCSS/Jackson County High School is not always able to provide transportation for students to off campus extracurricular school activities. In cases when transportation is not provided by JCSS/Jackson County High School, as in the use of a school bus or charter bus, it is the responsibility of the student’s parents/guardian to secure their student’s attendance at such activities. JCSS, its local schools, officers, employees or agents shall not be responsible for any injury or loss arising out of a student’s transportation to or from the off campus activity when such transportation is provided by parents, student, staff or any other party.

### **MEDIA RELEASE**

I hereby give my consent to all photographs, audio recordings, academic work and/or video recordings taken of me or my minor child by JCSS staff or their designee. I understand that any such photographs, audio recordings, academic work and/or video recordings become the property of the local school or district and may be used by the school, district or others within their consent, for educational, instructional or promotional purposes determined by the district in broadcast and electronic media formats now existing or in the future created.

### **ATHLETIC CODE OF CONDUCT**

The Jackson County School System Athletic Departments have adopted these guidelines to support our student-athletes as they choose to participate in our athletic program. This form must be signed and returned each school year and be on file in the Athletic Office to try out or participate. This form applies to all student-athletes from the start of fall sports practices until the end of the spring competitive seasons including those days that school is not in session. The Athletic Handbook outlines this and all other policies for which a student-athlete is responsible. The Athletic Department recommends that you obtain and read a copy of the handbook by downloading it from your school website or pick up a copy in the Athletic Office at your school.

Consequences for failing to adhere to Policies and Expectations for the Jackson County Student-Athlete on this form or in the local school Athletics Handbook could result in disciplinary action as determined by the head coach and/or athletic director, which may include but not be limited to loss of varsity letter for that season, suspension, or dismissal from the team. There is no statute of limitations on violations of the Code of Conduct.

Note: If an underclassman is not participating in athletics when consequences for a violation of this document or the athletic handbook are prescribed, the penalties will be applied to his or her next competitive season. Should a senior be found in violation, any of the above mentioned consequences may be applied retroactively.

### **Georgia High School Association Student/Parent Sudden Cardiac Arrest Awareness Form**

#### **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 had sudden, unexplained and unexpected death before age 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 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 him.

#### **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/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 the waiver for the sudden cardiac arrest form, I give Jackson County High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2022-2023 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Jackson County School System.*