Richmond Raiders

Catch That Raider Magic

20____-20____

Richmond County Schools Sports Physical

Consent to Play and Treat

Please Print: _____(circle: female/male)
First Middle Last

_____ (school athlete will be attending)

As parent or legal guardian of student named above named above, I hereby give consent to play interscholastic sports. I also grant permission for treatment deemed necessary for a condition arising during participation in interscholastic sports, including medical or surgical Treatment recommended by a medical doctor. I understand that every effort will be made to contacts me prior to treatment. I agree to the need for a screening medical examination and certify that the medical history given is accurate to the best of my knowledge.

I hereby acknowledge awareness that participation in interscholastic sports involve a risk of injury, which may include severe injuries involving paralysis, permanent mental disability, or death, and these injuries may occur in some instances as the result of unavoidable accidents. I accept these risk in granting consent for my child to participate in interscholastic sports, and do not hold the coaching staff, school, or the Richmond County Board of Education (i.e. various entities), responsible for any claim due to an injury received while participating in the athletic program of the school.

I also give the sports medicine staff permission, as its necessary, to communicate about athletic related injuries and illnesses that my child has suffered within its related injuries and illnesses that my child has suffered within its community of healthcare providers, in order to assure the highest standard of care possible.

Please continue to the next page and make sure ***ALL*** information is filled out and signatures are signed and dated.

Richmond Senior High School-Athletic Department
Ricky Young, Athletic Director
Post Office Box 1748, Rockingham, N.C. 28380
Phone: (910) 997-9820; Fax: (910) 895-0563

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Parental Permission

(To be completed by the parent or guardian)

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director, or coach.

I certify that the home address as parents shown below is my sole bona fide residence and I will notify the school principal immediately of any change in residence, since such a move my alter the eligibility status of my student-athlete. All other information contained on this form is accurate and current.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis, or even death. It is impossible to eliminate this risk

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of my student-athlete named below for the following activities **circled below:**

Baseball	Golf	Swimming
Basketball	Indoor Track	Tennis
Cross Country	Outdoor Track	Volleyball
Football	Soccer	Wrestling
Softball	Cheerleading	

Others (School may list): _____

Date: _____ Parent/Guardian's Signature:_____

Name of Student-Athlete: (please print)_____

Name of Parent/Guardian: (please print)_____

Address of Parent/Guardian: _____

_____

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Drug Testing Policy

Any student who is participating, or plans to participate, in Richmond Senior High School athletics must register with the athletic director's office either within the first week of school, within one week of enrolling as a student at the school, or within the first week prior to any participation in an athletic program or tryout for an athletic program. Each athlete must agree to be placed in a pool of student athletes where his/her name may be randomly chosen for drug testing. There is a possibility that an individual student may be chosen for testing multiple times. Once the student athlete is randomly chosen, he/she must be tested on the very day he/she is randomly chosen, or be suspended from athletic participation unless the student has an excused absence from school on the occasion of being randomly chosen for drug testing. A Student with an excused absence from school on occasion of being randomly chosen for a drug test must submit to a drug test thereafter on request by the athletic department. A student refusing to be tested after being randomly selected or after being directed to do so following an excused absence will be suspended from athlete c participation and lose his/her eligibility for athletic participation for the duration of the current school year.

A student with a positive drug test will be immediately suspended from athletic participation and lose his/her eligibility for athletic participation for the duration of the current school year. If a student wishes to be reinstated to the team or regain his/her athletic eligibility for the current school year, he/she must submit, at his/her own expense, to a second drug test within thirty days of the original positive test. If the athlete fails to provide a negative drug test within thirty days of the original positive test. If the athlete fails to provide a negative drug test within the prescribed thirty day limit he/she becomes ineligible for reinstatement to that team, and ineligible for athletic participation for the duration of the school year. Those testing positive for illegal drugs will be referred for counseling. Any student athlete who is reinstated following a negative drug test, conducted at the student's expense, will thereafter be subject to a drug test at any time during the school year, at the discretion of the athletic department and any subsequent positive test will cause this student athlete to be ineligible for participation in sports or athletic events for the remainder of the current school year.

By signing this document I submit that I have read and understand the RSHS Athletic Drug Testing Policy.

_____ _____

Student Athlete Signature Parent Signature

Richmond Senior High School-Athletic Department
Ricky Young, Athletic Director
Post Office Box 1748, Rockingham, N.C. 28380
Phone: (910) 997-9820; Fax: (910) 895-0563

Athlete Emergency Information Form

Name: _____ Date of Birth: _____
Last First MI

Address: _____ _____ _____ _____
Street City State Zip Code

Father's Name: _____ Home Phone #: _____
(Legal Guardian) Work Phone #: _____
Cell Phone #: _____

Mother's Name: _____ Home Phone #: _____
(Legal Guardian) Work Phone #: _____
Cell Phone #: _____

List 2 friends or relatives who will assume temporary care of your child if you cannot be reached:

1. Name: _____ Contact Number: _____
   a. Relationship to Athlete: _____

2. Name: _____ Contact Number: _____
   a. Relationship to Athlete: _____

List any medical conditions that your child may have:

_____

List any medications that your child is allergic to:

_____

List any medications, inhalers, or epipens that your child is currently using:

_____

Insurance Information:

Name of Insurance Company: _____

Policy #: _____ Group: _____

Name of primary person insured: _____

I hereby grant permission for employees of Richmond County Schools and/or its team or designated physician to secure medical services that are for the athlete's best interests. It is understood that neither the school nor the school district assumes any responsibility in case an accident occurs. Richmond Senior High School provides secondary athletic insurance for athletes participating in interscholastic activities, upon request, and that any injury sustained by my child will be my primary financial responsibility.

_____ Date: _____
Parent/Guardian Signature

CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name:_____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s):_____

□ We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.*
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

_____ _____
Signature of Student-Athlete Date

_____ _____
Signature of Parent/Legal Custodian Date

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION
SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: _____ **Age:** _____ **Sex:** _____

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.

Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.
Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.
Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List:	❑	❑	❑
2. Is the athlete presently taking any medications or pills?	❑	❑	❑
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	❑	❑	❑
4. Does the athlete have the sickle cell trait?	❑	❑	❑
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	❑	❑	❑
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	❑	❑	❑
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	❑	❑	❑
8. Has the athlete ever fainted or passed out AFTER exercise?	❑	❑	❑
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	❑	❑	❑
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	❑	❑	❑
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	❑	❑	❑
12. Has a doctor ever told the athlete that they have high blood pressure?	❑	❑	❑
13. Has a doctor ever told the athlete that they have a heart infection?	❑	❑	❑
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	❑	❑	❑
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	❑	❑	❑
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	❑	❑	❑
17. Has the athlete ever had a stinger, burner or pinched nerve?	❑	❑	❑
18. Has the athlete ever had any problems with their eyes or vision?	❑	❑	❑
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints?	❑	❑	❑
❑ Head ❑ Shoulder ❑ Thigh ❑ Neck ❑ Elbow ❑ Knee ❑ Chest ❑Hip ❑ Forearm ❑ Shin/calf ❑ Back ❑ Wrist ❑ Ankle ❑ Hand ❑ Foot			
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	❑	❑	❑
21. Has the athlete ever been hospitalized or had surgery?	❑	❑	❑
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	❑	❑	❑
23. Has the athlete had a medical problem or injury since their last evaluation?	❑	❑	❑
FAMILY HISTORY	❑	❑	❑
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	❑	❑	❑
25. Has any family member had unexplained heart attacks, fainting or seizures?	❑	❑	❑
26. Does the athlete have a father, mother or brother with sickle cell disease?	❑	❑	❑

Elaborate on any positive (yes) answers: _____

_____ **If additional space is needed attach a separate sheet**

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone #: _____

Athlete's Name_____ **Age**_____ **Date of Birth** _____

Height_____ **Weight**_____ **BP** _____(_____% ile) / _____(_____% ile) **Pulse**____

Vision R 20/ _____ **L 20/**_____ **Corrected: Y N**

Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- ❑ **A. Cleared**
- ❑ **B. Cleared after completing evaluation/rehabilitation for :**_____
- ❑ *** **C. Medical Waiver Form must be attached (for the condition of:** _____**)**
- ❑ **D. Not cleared for:** ❑ **Collision** ❑ **Contact**
  ❑ **Non-contact** _____**Strenuous** _____**Moderately strenuous** _____**Non-strenuous**

Due to:_____

_____

_____

Additional Recommendations/Rehab Instructions:_____

_____

_____

_____

Name of Physician/Extender:_____

Signature of Physician/Extender_____ **MD DO PA NP**

(Signature and circle of designated degree required)

Date of exam:_____

Address: _____

_____

Phone_____

Physician Office Stamp:

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.
This form is current as of April 2016