

Fort Bend ISD



Athletic Participation Packet

If any page is removed or incomplete, packet will not be accepted

FORT BEND ISD ATHLETIC POLICIES FOR THE STUDENT ATHLETE

Participation in athletics and/or UIL contests is not a right but a **PRIVILEGE**. All participants in the athletic program must understand the rules and policies in the FBISD extracurricular handbook and the athletic code. The coaches of the sport or activities and the Athletic Director shall have the right to remove this privilege.

ATHLETIC GROOMING CODE Participation in competitive athletics is completely voluntary. To participate in athletics in Fort Bend ISD, there are certain grooming standards which must be maintained. All Attire/Grooming policies in the FBISD Parent/Student Handbook must be adhered to prior to participation. Specific grooming standards are necessary for the following reasons: **SAFETY** - It is almost impossible to get a safe fit in football helmets if the hair is exceptionally long. Wearing jewelry is not allowed, as it may be dangerous to the participants, their teammate and opponents. In many sports this is a violation punishable by disqualification. **HEALTH and HYGIENE** - Facial cuts are more susceptible to infection, and first-aid is more difficult to administer when facial hair is present. **UNIFORMITY** - Athletes will travel to other communities and schools as representatives of Fort Bend ISD. Therefore, they will be expected to be neatly groomed. Equipment worn by the athlete should be uniform and identical to his team members. Shoes must be the same color if different. **SELF-DISCIPLINE** - Learning self-discipline is one of the rewards of being an athlete. Acquiring self-discipline often requires making sacrifices with regards to fads. Visible piercings are prohibited anytime an athlete is in a FBISD facility or representing their school and team. This applies at all times during the school year. **NOTE:** Violations of the above standards of grooming may result in suspension and possible expulsion from the team.

CONDUCT

DURING CONTESTS - Athletes will learn to win and lose with grace. They will not display any act or behavior which is not conducive to good sportsmanship. They will respect the officials and refrain from the use of profanity and illegal tactics. Infractions may result in the possible removal from the contest or team. **SUSPENSION FROM SCHOOL** - If an athlete is suspended from school for any reason, they will be ineligible during the period of suspension. Future suspensions in the same school year may result in the total expulsion from athletics for the remainder of the school year. This also includes on campus suspensions. **DISRESPECT TO TEACHER OR COACH** - Disrespect by an athlete directed to his teacher, coach, or school administration are handled on an individual basis. Punishment may call for expulsion from all athletic activities for a calendar year from the date of the incident. His/her return would be determined by their conduct during the period of expulsion. **CLASSROOM BEHAVIOR** - Athletes who receive poor conduct reports and are habitual problems in the classroom may be suspended from a team.

ADDITIONAL SUBJECTS OF IMPORTANCE SCHOOL EQUIPMENT - All equipment checked out to athletes becomes the financial responsibility of the athlete. Equipment must not be abused, used or worn for personal use, and must be returned clean and in good condition. **QUITTING/REMOVAL FROM TEAM** - Athletes quitting or removed from a team will forfeit any awards or recognition for the sport. They will not be allowed to participate in another sport until the season of the sport quit or removed from is complete. Athletes quitting off-season program of one sport may not enter same type of program for another sport. **PRACTICE REGULATION** - A coach must be consulted ahead of time if any athlete must miss a practice or game. Missing a game or practice without permission may result in suspension from the team. Athletes must obey all rules set up by the coach. **DUAL PARTICIPATION / NON-SCHOOL SANCTIONED PARTICIPATION / CLUB SPORTS** - Any athlete who chooses to miss an FBISD Athletic practice or contest because of participation in an activity not under the auspices of FBISD, unless prior approval from the coach (coach may or may not grant permission) the student athlete will be suspended one game for any practice missed and one game for each contest missed. On the second offense the athlete has chosen the outside activity over the FBISD sport and he / she can be released from the team and program. **ATHLETIC PERIOD** - Student athletes must be enrolled in the athletic period to participate. Athletic period enrollment for participation may be waived under limited circumstances on a case by case basis only with approval from the campus Athletic Coordinator.

HEALTH & SAFETY Through an independent insurance agency, FBISD offers for purchase an at-school, as well as 24 hour accident only insurance coverage. It is recommended that all student athletes are covered by insurance prior to participation in athletics. Any athlete that is under a physician's care for an injury/illness that affects their participation in physical activity, must present his/her coach or athletic trainer a written medical release, from the treating physician prior to resuming athletic activities. *FBISD accepts no responsibility for injury during practices, games, or travel to and from an athletic event.*

TRAVEL All athletes represent the community, school, and coaches. Therefore, it is expected that all will dress in an acceptable manner on trips and conduct themselves in a manner in keeping with the athletic codes. Violations may result in suspension and possible expulsion from the team or program. Athletes must be on time for all trips or be left at school. All athletes making the trip on the bus will return on the bus unless in an emergency situation or when parents are present and there is good reason for returning with parents. The proper form must be filled out by the student and signed by his or her parents prior to the trip if they are to return with their parents. Athletes are never to return with anyone other than on the bus or their own parents.

Dear Parent/Guardian:

Your child has indicated an interest in the Fort Bend ISD athletic program. Our coaching staff is looking forward to working with your child this school year. All athletes will be trained to compete to the best of their abilities and to have a positive team experience. As with any competition, there is the reality of possible injury. Each coach is aware of the dangers and will make every effort to prevent injuries. With proper safety practices, injuries can be kept to a minimum, and most will be minor. However, major injuries can occur. We demand nothing but the best in instruction and care for our athletes. When the sport dictates it, we are striving to see that each participant is protectively equipped. The coaching staff will actively teach safety as well as impart the value of physical fitness as a means of safety protection. If there is information about your child's health and well being their coach should be aware of, please contact the coach prior to participation. Please indicate with your signatures that you and your child understand the possible risk of injury (minor or major) present in athletic participation, and return to your child's coach. We are looking forward to an enjoyable and safe year for all our students in all programs. I take this opportunity to wish your athlete success.

Sincerely,

Philip O'Neal

Philip O'Neal FBISD - Director of Athletics

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules listed below and agree that my son/daughter will abide by all of the University Interscholastic League rules. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student. If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative. I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians, and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

As a prerequisite by my student in UIL athletic activities, I certify and acknowledge that I have read the form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian can be read at the Fort Bend ISD Athletics web page accessed at <http://www.fortbendisd.com>. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the district and UIL.

GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- Are not 19 years of age or older on or before September 1 of the current scholastic year. (see 504 handicapped exception)
- Have not graduated from high school.
- Are enrolled by the 6th class day of the current school year, or have been in regular attendance for 15 calendar days immediately preceding a varsity contest
- Are full-time, day students in a participant high school
- Initially enrolled in the 9th grade not more than 4 calendar years ago
- Are meeting academic standards required by state law
- Live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone, the student could be eligible if: the student has been in continuous attendance for at least 1 calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules*).
- Have observed all provisions of the awards rule
- Have not represented a college in a contest
- Have not been recruited. (does not apply to college recruiting as permitted by rule)
- Have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a 7th grade-12th grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, 9, may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six (6) consecutive days each summer in each type of sports camp. Baseball, basketball, football, soccer, softball, and volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July, and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the Superintendent or his designee, shall approve the schedule of fees.
- Have observed all provisions of the Amateur Athletic Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is useable, wearable, saleable, or consumable) for participating in any athletic sport during any part of the year. Athletes shall not allow their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within thirty (30) days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within thirty (30), they remain ineligible for one (1) year from when they accepted it. During the period of time from when student receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. The minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- Did not change schools for athletic purposes.



CONCUSSION ACKNOWLEDGEMENT FORM



Name _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician’s assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district’s Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student’s parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician’s professional judgment, it is safe for the student to return to play; and
- (4) the student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician’s written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician’s written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

Grade _____

School _____



University Interscholastic League



Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Parent/Legal Guardian and Student Athlete Signature

As evidenced with my signature below, I do hereby swear, confirm and attest that I have read and understand and agree to abide by all UIL and FBISD Rules as described on the forms contained in this Athletic Participation Packet.

- Fort Bend ISD Athletic Policies for the Student Athlete
- UIL Acknowledgement of Rules
- UIL Concussion Acknowledgement Form
- Coach/Student Communication Waiver
- Parent and Student Agreement/Acknowledgement Form; Anabolic Steroid Use and Random Steroid Testing

Parent/Guardian Name (Print): _____

Student Name (Print) _____

Signature: _____

Signature: _____

Relationship to student: _____

Date Signed _____



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised June 2013

Name of Student: _____

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- **Conditions present at birth**
 - ***Inherited (passed on from parents/relatives) conditions of the heart muscle:***
 - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
 - ***Inherited conditions of the electrical system:***
 - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
 - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.
 - ***NonInherited (not passed on from the family, but still present at birth) conditions:***
 - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
 - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
 - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
 - ◆ **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
 - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
 - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised June 2013

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- American Heart Association (www.heart.org)
- August Heart (www.augustheart.org)
- Championship Hearts Foundation (www.championshipheartsfoundation.org)
- Cypress ECG Project (www.cypressecgproject.org)
- Parent Heart Watch (www.parentheartwatch.com)

Parent/Guardian Signature

Date

Parent/Guardian Name (Print)

Student Signature

Date

Student Name (Print)

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last times? _____ concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____) brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. ** Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

Fort Bend I.S.D.
EMERGENCY INFORMATION FORM
(This form must accompany the Athlete on team trips.)



Athlete's Name: _____ Campus: _____

Age: _____ Date of Birth: ____/____/____ Grade: ____ Sport: _____

Home Address: _____ Student ID #: _____

_____ Zip Code: _____

Home Phone #: (____) - ____ - ____ Subdivision: _____

Allergies: YES / NO If YES, What Type: _____

Medications YES / NO If YES, What Type / Dosage): _____

Physician: _____ Office Phone#: (____) - ____ - ____

Medical Health Insurance Coverage: YES / NO If YES, What Type: HMO / PPP / OTHER

Insurance Provider: _____

Parents(s)/Guardian(s): _____

Father's Work #: (____) - ____ - ____ Cell Phone #: (____) - ____ - ____

Place of Employment: _____

Email Address: _____

Mother's Work #: (____) - ____ - ____ Cell Phone #: (____) - ____ - ____

Place of Employment: _____

Email Address: _____

PARENT / GUARDIAN PERMIT WAIVER:

If, in the judgement of any representative of the schools, the said student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomever on account of such care and treatment of said student.

Signature of Parent / Guardian

Date

Please return this form to the Athletic Trainer or Head Coach.



Coach / Student Communication Waiver

Communication has become increasingly easier between coaches and athletes due to the fact most student athletes carry cell phones with the ability to text. To ease communications with team members, our coaches would like to have the opportunity to text pertinent information—changes in practice, game time, team picture times, uniform color changes, etc. Signing this waiver will grant FBISD coaches permission to call or text important information to your student at the number you provide on this form. Any inappropriate communication by a coach should be reported to the campus Athletic Coordinator.

I, _____, agree that a coach may
(Name of Parent/Guardian)
contact my student athlete by cell phone to communicate important team and/or practice information on an “as needed” basis.

Student’s Name: _____

Appropriate phone number for communication: _____

Parent’s Signature Date

Student’s Signature Date