

Cecil County Public Schools

Interscholastic Athletics

This packet is used for ALL MIDDLE & HIGH SCHOOL sports.

Name (Last): _____ (First): _____

Grade: _____ School: _____ Date Completed: _____

Packet Contents:

Page

Medical History Form (to be completed by parent BEFORE physical and given to physician) ----- 1

Athletic Physical Examination Form - to be completed by physician

- Parents must sign this form AFTER the doctor completes the physical exam ----- 2

Parent's Permission for Care and Insurance Signature Form ----- 3

Concussion & Sudden Cardiac Arrest Information / Permission to Participate ----- 4

COVID-19 Awareness Acknowledgement Statements ----- 5

Separate Items:

Emergency Card (inserted in package or handed to you for completion by parent) ----- Insert

Keep this packet together and return it all to the coach when complete.

Be sure you have SIGNED next to any place in the booklet that has this symbol.

Parent's signature must be on ALL forms prior to participation.

If you have any questions, please contact your child's school.



RETURN THIS
ATHLETIC FORMS PACKET
TO YOUR SCHOOL

YOUR SCHOOL

**Cecil County Public Schools
ATHLETICS PHYSICAL EXAMINATION FORM**

**BLOOD
PRESSURE**

Patient's Name: _____ DOB: _____ Height: _____ Weight: _____

Vision: R 20/ _____ L 20/ _____ Corrected? Yes No Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/ Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Beighton-Horan Laxity Screen Score: _____ (Out of 9)

CLEARANCE: I have on this date, personally examined this pupil, reviewed the history and other data recorded on both sides of this form. I find this student physically able to compete in the interscholastic sports listed below which are NOT crossed out.

Basketball	Cheerleading	Field Hockey	Football	Golf	Lacrosse
Soccer	Baseball	Softball	Tennis	Track & Field	Volleyball
Wrestling	Cross Country	Bocce	Bowling	Flag Football	Marching Band

This student is physically able to work in the "Construction Field" at the School of Technology YES NO

NOT Cleared Reason/ Recommendations: _____

Name of physician and Office (print/type): _____

Address: _____ Office Phone: _____

Signature of Attending Physician: _____ Date Signed: _____

TO BE SIGNED BY PARENT AFTER THE PHYSICAL IS COMPLETED.

I HAVE ON THIS DATE REVIEWED THE INFORMATION RECORDED ON BOTH SIDES OF THIS FORM.

Date Signed: _____ Signature of Parent/Guardian: _____



CARE AUTHORIZATION

I give my consent for the Certified Athletic Trainer (ATC), within the scope of their training and certification, to render immediate care to my child in the event of a medical emergency and to evaluate and treat non-emergency sport-related injuries and health problems (at practices, contests, and in the athletic training room).

They may dispense equipment and supplies (e.g., crutches, braces, compression wraps, etc.) as may be required for the prevention or treatment of sport-related injuries and communicate to my child and my child's coach(es) such medical information as pertains to my child's readiness to participate safely in athletics. They may share medical information with only other health care providers (e.g. my pediatrician or family physician, specialists, physical therapists, other athletic trainers, etc.) as appropriate.

The foregoing consents will remain valid unless, and until, written notification to the contrary is made by me. I may revoke them at any time.

Parent/Guardian

Signature: _____

Date: _____



HEALTH INSURANCE

I KNOW THAT MY CHILD MUST BE COVERED BY HEALTH INSURANCE TO PARTICIPATE IN ANY CCPS ATHLETIC PROGRAM. MY SIGNATURE VERIFIES THAT MY SON/DAUGHTER IS COVERED BY EITHER PRIVATE HEALTH INSURANCE OR SCHOOL PURCHASED INSURANCE.

Further, in the event of an accidental injury sustained by my daughter/son while in the Interscholastic Athletic Program, I/we shall save harmless the Board of Education, the school and its staff from any liability. **Also, I/we will inform the school in writing if my/our insurance is terminated.**

Parent/Guardian

Signature: _____

Date: _____



CONCUSSION & SUDDEN CARDIAC ARREST INFORMATION

State law requires that all parents and athletes be made aware of the dangers a concussion may have on an athlete. Cecil County Public Schools is providing concussion information sheets for both parents/guardians and athletes to review **before** participation may occur. This information is also available on the CCPS website.

MY SIGNATURE BELOW VERIFIES THAT:

I _____ the parent/guardian of _____
(Parent/Guardian Printed) (Name of Student-Athlete Printed)

Acknowledge that I have received and read the information provided about concussions:

- the definition of a concussion
- the signs and symptoms of a concussion to observe for or that may be reported by my athlete
- how to help my athlete prevent a concussion
- what to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and/or report symptoms to the school nurse

Acknowledge that I have received and read the information provided about Sudden Cardiac Arrest:

- description
- warning signs
- removal/return-to-play

PARENT PERMISSION TO PARTICIPATE

BY SIGNING BELOW...

I GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE. I have read all of the statements in this packet and have received the **Student and Parent Concussion Information Sheets**, the **Sudden Cardiac Arrest Parent Information Sheet**, and any **school-related expectations**. I hereby give my written consent.

Student Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

