GRADE (*Next School Year*) _____ STUDENT NAME (PRINTED): _____

# STILLWATER PUBLIC SCHOOLS

## ATHLETIC PARTICIPATION

## SIGNATURE PAGE

Please read and initial beside each statement below then sign this form acknowledging the Stillwater Public School Policies for Extracurricular Activities. All forms and policies are available on the Stillwater Public Schools website.

☐ **Acknowledgement of Athletic Handbook**

I have read and understand the requirements of The Athletic Handbook and the Athlete Code of Conduct. I understand that I'm expected to perform according to the rules of the Stillwater Public School District, Student & Athletic Handbooks, and Athlete Code of Conduct. I further understand that there may be sanctions or penalties if I do not.

☐ **Acknowledgement of Concussion Warnings**

In compliance with Oklahoma Statute Section 24-155 of Title 70, I acknowledgement that I have read and understand the CONCUSSION FACT SHEET provided by Stillwater Public Schools related to potential concussions and head injuries occurring during participation in athletics. I have read the information material provided to by Stillwater Public Schools related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

☐ **Student Acknowledgement of Activity Student Drug Testing Policy**

I understand after having read the "Activity Student Drug Testing Policy" and "Student Drug Testing Consent," that, out of care for my safety and health, the Stillwater Public School District enforces the rules applying to the consumption of possession of illegal and performance-enhancing drugs. As a member of a Stillwater extra-curricular interscholastic activity, I realize that the personal decision that I make daily in regard to the consumption of possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflects upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs at any time while I am involved in in-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy. I hereby voluntarily agree to be subject to the terms of the Activity Student Drug Testing Policy. I accept the method of obtaining urine specimens, testing and analysis of such specimens, and all other aspects of this policy. I further agree and consent to the disclosure of the sampling, testing and results provided in the policy.

☐ **Parent Acknowledgement of Athletic Medical Consent Form and Insurance Waiver Policy**

Permission is hereby granted to authorize employees of Stillwater Public Schools (hereinafter called "School") and any attending physician to seek and render emergency medical attention for the above named athlete in the event of an injury or illness which occurs during practice, games or travel thereto related to said athlete's participation therein. School and physician agree that all reasonable efforts will be made to contact athlete's parent or authorized representative prior to any treatment. In the event contact cannot be made with athlete's parent or authorized representative, physician may render treatment necessary for the preservation of athlete's immediate health needs. Further the undersigned does state that they have adequate insurance, agree to assume all responsibility for payment of services rendered and decline to participate in the school insurance plan.

**Emergency Contact Information**

Parents: _____ Phone: _____ Cell Phone: _____

Other Authorized Representative's Name: _____ Phone: _____

Family Physician's Name: _____ Phone: _____

Insurance Company: _____ Phone: _____ Policy No. _____

**By initialing beside each of the above policies, I acknowledge that I have read the policies and I understand the responsibilities of competing in extra-curricular activities for Stillwater Public Schools.**

| Print Name of Student-Athlete | Signature of Student-Athlete | Date |
|---|---|---|
| Print Name of Parent or Legal Guardian | Signature of Parent or Legal Guardian | Date |

# OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

| | | YES | NO |
|---|---|---|---|
| **1.** | Have you had a medical illness or injury since your last check up or sports physical? | ☐ | ☐ |
| | Do you have an ongoing or chronic illness? | ☐ | ☐ |
| **2.** | Have you ever been hospitalized overnight? | ☐ | ☐ |
| | Have you ever had surgery? | ☐ | ☐ |
| **3.** | Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | ☐ | ☐ |
| | Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | ☐ | ☐ |
| **4.** | Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | ☐ | ☐ |
| | Have you ever had a rash or hives develop during or after exercise? | ☐ | ☐ |
| **5.** | Have you ever passed out during or after exercise? | ☐ | ☐ |
| | Have you ever been dizzy during or after exercise? | ☐ | ☐ |
| | Have you ever had chest pain during or after exercise? | ☐ | ☐ |
| | Do you get tired more quickly than your friends do during exercise? | ☐ | ☐ |
| | Have you ever had racing of your heart or skipped heartbeats? | ☐ | ☐ |
| | Have you had high blood pressure or high cholesterol? | ☐ | ☐ |
| | Have you ever been told you have a heart murmur? | ☐ | ☐ |
| | Has any family member or relative died of heart problems or of sudden death before age 50? | ☐ | ☐ |
| | Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | ☐ | ☐ |
| | Has a physician ever denied or restricted your participation in sports for any heart problems? | ☐ | ☐ |
| **6.** | Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | ☐ | ☐ |
| **7.** | Have you ever had a head injury or concussion? | ☐ | ☐ |
| | Have you ever been knocked out, become unconscious, or lost your memory? | ☐ | ☐ |
| | Have you ever had a seizure? | ☐ | ☐ |
| | Do you have frequent or severe headaches? | ☐ | ☐ |
| | Have you ever had numbness or tingling in your arms, hands, legs, or feet? | ☐ | ☐ |
| **8.** | Have you ever become ill from exercising in the heat? | ☐ | ☐ |

| | | YES | NO |
|---|---|---|---|
| **9.** | Do you cough, wheeze, or have trouble breathing during or after activity? | ☐ | ☐ |
| | Do you have asthma? | ☐ | ☐ |
| | Do you have seasonal allergies that require medical treatment? | ☐ | ☐ |
| **10.** | 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)? | ☐ | ☐ |
| **11.** | Have you had any problems with your eyes or vision? | ☐ | ☐ |
| | Do you wear glasses, contacts, or protective eyewear? | ☐ | ☐ |
| **12.** | Have you ever had a sprain, strain, or swelling after injury? | ☐ | ☐ |
| | Have you broken or fractured any bones or dislocated any joints? | ☐ | ☐ |
| | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | ☐ | ☐ |

If yes, check appropriate box and explain below.

| | | |
|---|---|---|
| ☐ **Head** | ☐ **Elbow** | ☐ **Hip** |
| ☐ **Neck** | ☐ **Forearm** | ☐ **Thigh** |
| ☐ **Back** | ☐ **Wrist** | ☐ **Knee** |
| ☐ **Chest** | ☐ **Hand** | ☐ **Shin/calf** |
| ☐ **Shoulder** | ☐ **Finger** | ☐ **Ankle** |
| ☐ **Upper arm** | | ☐ **Foot** |

| | | YES | NO |
|---|---|---|---|
| **13.** | Do you want to weigh more or less than you do now? | ☐ | ☐ |
| | Do you lose weight regularly to meet weight requirements for your sport? | ☐ | ☐ |
| **14.** | Do you feel stressed out? | ☐ | ☐ |

**15.** Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles _____

Hepatitis _____ Chickenpox _____

Explain "Yes" answers here: _____

_____

_____

_____

_____

_____

_____

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, trainers or other personnel properly trained.

Signature of parent/guardian _____ SIGN HERE Date _____

Signature of athlete _____ SIGN HERE

**(Complete Back Side)**

# PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____% Pulse_____ BP _____/_____ (_____/_____, _____/_____)
Initial BP Post Exercise 5 Min. Post Ex.

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

_____

| MEDICAL | Normal | Abnormal Findings |
|---|---|---|
| Appearance | | |
| Eyes/Ears/Throat | | |
| Lymph Nodes | | |
| Heart | | |
| Pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitalia (male only) | | |
| Skin | | |
| MUSCULOSKETAL | | |
| Neck | | |
| Back | | |
| Shoulder/Arm | | |
| Elbow/Forearm | | |
| Wrist/Hand | | |
| Hip/Thigh | | |
| Knee | | |
| Leg/Ankle | | |
| Foot | | |

CLEARANCE

( ) Cleared

( ) Cleared after completing evaluation/rehabilitation for: _____
_____
_____

( ) Not cleared for: _____ Reason: _____
_____

Recommendations: _____
_____
_____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____