

SOUTHERN LEHIGH SCHOOL DISTRICT

Sports Participation Permission

The Governor's Council on Physical Fitness and Sports and the Pennsylvania Interscholastic Athletic Agency (PIAA) developed this Health Record and Questionnaire cooperatively. This fulfills the PIAA requirement of consent from a parent or guardian.

The five pages of the Health Record and Questionnaire Parent/Guardian Consent should be completed and signed by a parent or guardian once a year. For students who participate in more than one sport in a school year, a parent/guardian will only need to complete a one-page permission form for the next sport. As in the past, a medical examination is needed for all students who are participating in interscholastic sports.

Due to the fact the information on the health records and questionnaire is very personal, we will continue to use the existing Athletic Emergency Information form. The Athletic Emergency Information will continue to be disbursed to the trainer and team coach.

All parent permission forms and the physical forms must be in the nurse's office before a student will be allowed to practice in a sport.

The school district provides the required examination for all sports at a charge of \$7.00. If the proper paper work is not submitted to the nurse's office on time and your child neglects to get a school physical, it is your responsibility to provide us with a physical from your family physician. All physicals must be dated within six weeks prior to the start of the current season.

The following forms must be submitted to the nurse's office prior to the scheduling of a physical:

- _____ Health Record and Questionnaire Parent/Guardian Consent Form
- _____ Sports Participation Permission
- _____ Athletic Emergency Information Form

If you would prefer your child to have his/her examination by a private physician the above forms and the private physical form must be submitted to the nurse's office prior to the start of practice.

If you have any questions, you may call the athletic director, Mr. Don Harakal at 610-282-1421 ext. 7570.

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Sports Participation Permission

Name of Student _____
Sport _____
Grade _____

Insurance Waiver Information

I hereby certify that my child now, and for the remainder of the current school year is insured in a manner satisfactory to me to cover any injuries sustained by him/her in going to and from school and participation in school activities including interscholastic athletics.

Signature of Parent/Guardian _____

Parent/Guardian Permission

I hereby give my permission for my daughter/son to engage in the state association approved athletic activities as a representative of his/her school. I give consent for the above student to accompany the team as a member on its out-of-town trips. I realize that participation in school athletics involves some medical risks.

Signature of Parent/Guardian _____

Publication Permission

At times, representatives of various news media cover certain school events. This coverage includes both public media and School District media. An outcome may be a desire to publish information and/or picture about these events and our schools. This could occur, for example, in local newspapers or television programs, as well as the District or building newsletter. We would like to have your permission on file so that, in the event that your child's picture, comments, and/or name are selected for publication, we can proceed.

Signature of Parent/Guardian _____

Sports Physical

I give my consent for the above-named student to be examined by the St. Luke's physician. The doctors will be providing a comprehensive sports history and physical pre-participation screening examination. The purpose of this exam is to ensure that your child can safely participate in athletics. This exam is not intended to replace your child's routine health maintenance examination with their primary physician. Discussions regarding high-risk teen-age behaviors, the importance of diet and exercise, testicular exams, and treatment of injuries or illnesses will not be conducted.

Signature of Parent/ Guardian _____

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Athletic Emergency Information Form

(please print clearly in pen)

Name _____ Sport _____
 (Last, first name)
 Address _____ DOB _____
 _____ Grade _____

Parent/Guardian Information

Parent/Guardian _____ Home Phone _____
 Mother's Work Phone _____ Father's Work Phone _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Alternate Emergency Contact _____ Phone _____
 Family Physician _____ Phone _____
 Primary Health Information _____
 Do you need a referral from your family doctor? Yes ___ No ___

Medical History

1. Previous fracture/dislocation/separation: _____	Have you ever had or do you have now?
	Yes No
2. Previous surgery: _____	Concussion ___ ___
	Heat Illness ___ ___
3. Are you an insulin dependent diabetic? _____	Dizziness ___ ___
	Convulsions/Seizures ___ ___
4. Do you wear glasses or contacts? _____	Epilepsy ___ ___
5. Do you have asthma? _____	Heart Trouble ___ ___
Do you use an inhaler? _____	Chest Pains ___ ___
6. Do you have allergies? _____	High Blood Pressure ___ ___
If yes, please explain _____	Hernia or Rupture ___ ___
7. Do you take medication? _____	Mononucleosis ___ ___
If yes, please explain _____	
8. Do you use an Epi-pen? _____	If yes to any of the above, please explain _____

If you have any medical conditions not listed, please explain _____

Authorization for Emergency Medical Treatment

I, hereby give permission for emergency treatment by the team of physician and/or trainer for conditions arising from participation in athletics. This will include, but not be limited to; initial diagnostic x-rays and other procedures as the physician may see necessary for the preservation of health. In the event that it is necessary to have my child transported by ambulance to a hospital, I give permission for my child to be taken to _____.

Parent/Guardian Signature

Date _____