PRINCE WILLIAM COUNTY PUBLIC MIDDLE SCHOOLS
Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form is required for each school year May 1 of the current year through June 30 of the succeeding year.

For School Year _______  

PART I - ATHLETIC PARTICIPATION  
(To be filled in and signed by the student) 

PRINT CLEARLY  

Male_________  
Female_________  

Name_________________________________________ Student I.D # ____________________________  

(Last)  
(First)  
(Middle Initial)  

Home Address_________________________________________________________________________________________

City/Zip Code__________________________________________  

Home Address of Parents_________________________________________________________________________________________

City/Zip Code__________________________________________  

Date of Birth ___________________________ Place of Birth ________________________________________________________  

MIDDLE SCHOOL INTERSCHOLASTIC ATHLETICS – GENERAL ELIGIBILITY RULES

ELIGIBILITY
A student may not participate as a player in a sport if the student becomes fifteen (15) years of age on or before September 1 of the current school year. A student may not participate in junior varsity basketball if the student is fourteen (14) years of age on or before October 1 of the current school year. Eighth graders may NOT participate on middle school junior varsity teams. Sixth grade students are allowed to participate in middle school varsity sports when, in the opinion of the coach, athletic coordinator, and principal, the student is mature enough and has the skills necessary to compete at the varsity level.

PARTICIPATION
A student may participate on only one school team during a given sports season. Furthermore, a student may not leave one school team and join another school team during the season.

ACADEMIC ELIGIBILITY
If a student fails more than one subject, the student shall be declared ineligible for the next grading period. This rule applies to practice as well as game participation and is effective the day after report card distribution. Interim reports will allow ineligible students meeting eligibility criteria to try out for the next sports season. Students who were previously ineligible become eligible the day after grades are due. Ineligible students who become eligible after team selections may not join a team.

CONDUCT ELIGIBILITY
To be eligible to represent a school in any activity, students must receive no more than (1) U in conduct. If a student receives more than (1) U, he/she shall be declared ineligible for the next grading period. This rule applies to practice as well as game participation and is effective the day after report card distribution. Students who were previously ineligible become eligible the day after the grades are due.

MEDICAL EXAMINATION/PARENTAL PERMISSION
In all interscholastic activities, each participant must have a physical examination by a Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant and have permission from said examiner and parent/guardian before the participant may engage in any sport. An Emergency Permission Form shall be completed by each participant and signed by the participant’s parent/guardian. The cards shall be readily available to coaches at practices and games.

SELECTION OF TEAM
Team selection should include as many participants as possible. Each student trying out will receive a letter from their school specifying length of practice, criteria for squad selection, equipment needed, and a schedule of games. All squad selections will be implemented in a positive and objective manner. There will be three designated days for tryouts for all athletic teams.

INSURANCE
All students participating in the athletic program shall be covered by some type of accident insurance. The accident insurance policy made available by the Prince William County Public Schools covers all athletic activities, including middle school football.

Student Signature: __________________________________________________________________ Date: ________________________

Providing false information will result in ineligibility for one year.
PART II - MEDICAL HISTORY - Explain “Yes” answers below

This form must be completed and signed, prior to the physical examination, by review by examining practitioner.

Explain “Yes” answers below with number of the question. Circle questions you don’t know the answers to.

GENERAL MEDICAL HISTORY

1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No
2. Do you currently have an ongoing medical condition? If so, please identify: Asthma Anemia Diabetes Infections Other:
3. Have you ever spent the night in the hospital? Yes No
4. Have you ever had surgery? Yes No

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise? Yes No
6. Have you ever had discomfort, pain, or pressure in your chest during exercise? Yes No
7. Does your heart race or skip beats during exercise? Yes No
8. Has a doctor ever told you that you have (check all that apply):
   - High Blood Pressure
   - A heart murmur
   - High cholesterol
   - A heart infection
   - Kawasaki disease
   Other:
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram) Yes No
10. Do you get lightheaded or feel more short of breath than expected during exercise? Yes No
11. Have you ever had an unexplained seizure? Yes No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)? Yes No
13. Does anyone in your family have a heart problem? Yes No
14. Does anyone in your family have a pacemaker or implanted defibrillator? Yes No
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T? Yes No
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? Yes No

BONE AND JOINT QUESTIONS

17. Have you ever had an injury, such as a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game? Yes No
18. Have you had any broken or fractured bones or dislocated joints? Yes No
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? Yes No
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem? Yes No
21. Have you ever had a stress fracture of the bone? Yes No
22. Do you regularly use a brace or assistive device? Yes No
23. Do you currently have a bone, muscle, or joint injury that bothers you? Yes No
24. Do any of your joints become painful, swollen, feel warm, or look red? Yes No
25. Do you have a history of juvenile arthritis or connective tissue disease? Yes No

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)? Yes No
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ? Yes No

EXPLAIN “YES” ANSWERS BELOW:

# ____________
# ____________
# ____________
# ____________
# ____________

List medications and nutritional supplements you are currently taking here:

►► Parent/Guardian Signature: ___________________________ Date: ____________ Athlete’s Signature: ___________________________
**PART III – PHYSICAL EXAMINATION**
(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30th of the current school year) **

<table>
<thead>
<tr>
<th>NAME</th>
<th>Date of Birth</th>
<th>School</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Male</td>
</tr>
<tr>
<td>BP /</td>
<td>Pulse</td>
<td>Vision R 20/</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/ears/nose/throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph nodes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pules</td>
<td></td>
<td></td>
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<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (males only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic</th>
</tr>
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<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
<td></td>
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<tr>
<td>Wrist/hand/fingers</td>
<td></td>
<td></td>
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<tr>
<td>Hip/thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
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<tr>
<td>Leg/ankle</td>
<td></td>
<td></td>
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<tr>
<td>Foot/toes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site | Inhaler | Epinephrine | Glucagon | Other: |

Comments:

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- ☐ CLEARED WITHOUT RESTRICTIONS
- ☐ CLEARED WITH FOLLOWING NOTATION: ________________________________________________________________
- ☐ Cleared AFTER documented further evaluation or treatment for: ____________________________________________________________
- ☐ Cleared for Limited participation (check and explain “reason” for all that apply): “Limited Until Date” when appropriate
  - ☐ Not cleared for (specific sports) ______________________ Until Date: ______________________
    Reason(s): __________________________________

- ☐ NOT CLEARED FOR PARTICIPATION Reason ____________________________________________________________

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: ____________________________ (MD, DO, LNP, PA) Date ____________________________

Circle one

Examiner’s Name and degree (print): __________________ Phone Number ____________________________

Address: ____________________________ City ____________________________ State ____________________________ Zip __________

+ Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant licensed to practice in the United States will be accepted.
PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for ______________________ (name of child/ward) to participate in any of the following sports that are not crossed out:  baseball, basketball, cheerleading, football, soccer, softball, track, volleyball, and wrestling.

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes  no); has athletic participation insurance coverage through the school (yes  no); is insured by our family policy with:

Name of Medical Insurance Company: ____________________________

Policy Number: ____________________________ Name of Policy Holder: ____________________________

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any middle school athletic program, publication or video.

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME ____________________________ GRADE ________ AGE ________

MIDDLE SCHOOL ____________________________ CITY ____________________________

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency:

________________________________________________________

________________________________________________________

Please list any allergies to medications, etc. __________________________________________

Is the student currently prescribed an inhaler or Epi-Pen? ______ List the emergency medication: ____________________________

Is student presently taking any other medication? ______ If so, what type? ____________________________

Does student wear contact lenses? ______ Date of last tetanus shot ____________________________

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of ____________________________ Middle School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in an emergency) : ____________________________

Evening time phone number (where to reach you in emergency) : ____________________________

Cell phone: ____________________________

☀►►Signature of parent or guardian______________________________Date ____________________________

Relationship to student ____________________________

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct ____________________________

☀►►Parent/Guardian Signature ____________________________