To be completed for Students participating in any NSAA activities.

Student and Parent Consent Form

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School Year: 20	-20			
Member School:				
Name of Student:			#: 	
Date of Birth:		Place of Birth:		

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID-19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even with the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the Student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and athletics, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the Student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities.

Name of Student [Print Name]	Student Signature	Date
(I am)(We are) the Student's [circle appropriate of	choice] (Parent) (Guardian). (I)(We) acknowledge that	(I)(We) have read paragraphs (1) through (6

above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for ______ [insert Student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Basketball	Bowling	Cross Country	Debate	Football	Golf
Journalism	Music	Play Production	Soccer	Softball	Speech	Swim/Dive
Tennis	Track & Field	Unified Bowling	Unified Track & Field	Volleyball	Wrestling	

Parent(s)/Guardian Printed Name(s)*	Parent/Guardian Signature	Date of Signature	

*Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the Student is not living with parents, the Student's legal guardian.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. Name: Date of birth:				
Date of examination:				
Sex assigned at birth (F, M, or intersex):	How do you identify your gender? (F, M, or other):			
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past surg	ical procedures.			
Medicines and supplements: List all current prescri	iptions, over-the-counter medicines, and supplements (herbal and nutritional).			
Do you have any allergies? If yes, please list all yo	our allergies (ie, medicines, pollens, food, stinging insects).			
Patient Health Questionnaire Version 4 (PHQ-4)				

-	rullent realiti Questionnaire version 4 (1110-4)								
	Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)								
١		Not at all	Several days	Over half the days	Nearly every day				
ı	Feeling nervous, anxious, or on edge	0	1	2	3				
ı	Not being able to stop or control worrying	0	1	2	3				
ı	Little interest or pleasure in doing things	0	1	2	3				
ı	Feeling down, depressed, or hopeless	0	1	2	3				
	(A sum of ≥3 is considered positive on either sub	scale [question	is 1 and 2, or que	stions 3 and 4] for scree	ening purposes.)				

	lain "Yes" answers at the end of this form. e questions if you don't know the answer.)	Yes	No
1,0	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

	RT HEALTH QUESTIONS ABOUT YOU NTINUED)	Yes	No
9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10.	Have you ever had a seizure?		
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BON	IE AND JOINT QUESTIONS	Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MED	ICAL QUESTIONS	Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
1 <i>7</i> .	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22.	Have you ever become ill while exercising in the heat?		
23.	Do you or does someone in your family have sickle cell trait or disease?		
24.	Have you ever had or do you have any prob- lems with your eyes or vision?		

Do you worry about your weight? Are you trying to or has anyone recommended hat you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods or food groups?		
Have you ever had an eating disorder?		
LES ONLY	Yes	No
-lave you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
When was your most recent menstrual period?		
How many periods have you had in the past 12 months?		
n "Yes" answers here.		
	Have you ever had an eating disorder? LES ONLY Have you ever had a menstrual period? How old were you when you had your first menstrual period? When was your most recent menstrual period? How many periods have you had in the past 12 months?	Have you ever had an eating disorder? LES ONLY Yes Have you ever had a menstrual period? How old were you when you had your first menstrual period? When was your most recent menstrual period? How many periods have you had in the past 12 months?

I hereby state that, to th	e best of my knowledge,	, my answers to the que	stions on this form ar	e complete
and correct.				

Signature of athlete:	
Signature of parent or guardian:	
Date:	

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■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: Date of birth:								
1. Type of disability:								
Date of disability:								
3. Classification (if available):								
4. Cause of disability (birth, disea	se, injury, or other):							
5. List the sports you are playing:								
		Yes	No					
6. Do you regularly use a brace, o	an assistive device, or a prosthetic device for daily activities?							
7. Do you use any special brace o								
8. Do you have any rashes, pressure sores, or other skin problems?								
9. Do you have a hearing loss? Do you use a hearing aid?								
10. Do you have a visual impairme	nt ^e							
11. Do you use any special devices	for bowel or bladder function?							
12. Do you have burning or discon	ofort when urinating?							
13. Have you had autonomic dysre								
14. Have you ever been diagnosed	as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?							
15. Do you have muscle spasticity?								
16. Do you have frequent seizures	that cannot be controlled by medication?							
Explain "Yes" answers here.								
	The state of the s							
Please indicate whether you ho	ave ever had any of the following conditions:							
		Yes	No					
Atlantoaxial instability	J 1 146	-	_					
Radiographic (x-ray) evaluation fo	r atlantoaxial instability	+	_					
Dislocated joints (more than one)		-	_					
Easy bleeding								
Enlarged spleen		_	_					
Hepatitis		+	_					
Osteopenia or osteoporosis		+	_					
Difficulty controlling bowel		+	-					
Difficulty controlling bladder	T.	+-	-					
Numbness or tingling in arms or han	ds	+	-					
Numbness or tingling in legs or feet		+						
Weakness in arms or hands		+						
Weakness in legs or feet		+	-					
Recent change in coordination		+	-					
Recent change in ability to walk		+	_					
Spina bifida		+-	-					
Latex allergy								
Explain "Yes" answers here.								
-	of my knowledge, my answers to the questions on this form are complete a	nd corre	ct.					
Signature of parent or guardian:								
Date:								
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PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL I	EXAMIN	OITAN	N FORM					
Name:	Name: Date of bi						th:	
 Do you Do you Have yo During t Do you Have yo Have yo Do you 	dditional question feel stresse ever feel sofeel so	d out or ad, hope your ho d cigaret days, d nol or use en anabo en any su t belt, us	under a lot of less, depresse me or residen tes, e-cigarett id you use che e any other dr polic steroids or upplements to se a helmet, a	f pressure? ed, or anxious? nce? tes, chewing tobacco, snuff, or ewing tobacco, snuff, or dip?	enhancing suppleme or improve your perfo			
EXAMINATION	1							
Height:		V	Veight:					
BP: /	(/)	Pulse:	Vision: R 20/	L 20/	Correct	ted: □Y	□N
MEDICAL					The latest and the la		NORMAL	ABNORMAL FINDINGS
myopia, mit	ral valve p	rolapse [d palate, pectus excavatum, a ortic insufficiency)	achnodactyly, hyper	laxity,		
Eyes, ears, nose Pupils equal Hearing		at						
Lymph nodes								
Heart ^a • Murmurs (au	uscultation	standing	, auscultation	supine, and ± Valsalva mane	uver)			
Lungs								
Abdomen								
Skin Herpes simp tinea corpor		HSV), les	ions suggestiv	ve of methicillin-resistant Staph	ylococcus aureus (MR	RSA), or		
Neurological								
MUSCULOSKE	LETAL		1,20				NORMAL	ABNORMAL FINDINGS
Neck								
Back								
Shoulder and a	rm							
Elbow and fore	arm							
Wrist, hand, an	d fingers							
Hip and thigh								
Knee								
Leg and ankle								
Foot and toes								
Functional Double-leg s	squat test, s	ingle-leç	j squat test, ai	nd box drop or step drop test				
Name of health ca	re professio	onal (prin	nt or type):	referral to a cardiologist for abnorma		I	Oate:	
					Pho	ne:		
Signature of healt	h care profe	essional					MD.	DO, NP, or PA

I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.

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Parent or Legal Guardian Signature

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM Date of birth: Name: __ ☐ Medically eligible for all sports without restriction ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of ☐ Medically eligible for certain sports ☐ Not medically eligible pending further evaluation □ Not medically eligible for any sports Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians). ______ Phone: ____ Address: _____ Signature of health care professional: _____, MD, DO, NP, or PA SHARED EMERGENCY INFORMATION Medications: ____ Other information: Emergency contacts:

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