

# **CENTRAL PARK SCHOOL FOR CHILDREN**



## **Middle School Athletics Participation Packet**

Pre-Participation Physical Exam Form

Athlete Emergency Information Form

Student Athlete Pledge

Student-Parent/Guardian Athletic Participation Form

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

***This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

**Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Elaborate on any positive (yes) answers**

*By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.*

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ ( \_\_\_\_\_ % ile) / \_\_\_\_\_ ( \_\_\_\_\_ % ile) Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

***Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)***

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

**Optional Examination Elements – Should be done if history indicates**

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:  
  A. Cleared  
  B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_  
  \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)  
  D. Not cleared for:      Collision                        Contact  
      Non-contact    \_\_\_\_\_ Strenuous    \_\_\_\_\_ Moderately strenuous    \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP

(Signature and circle of designated degree required) Date of exam: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Physician  
Office Stamp:

(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.) This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors. This form is current as of April 2017



# CENTRAL PARK SCHOOL FOR CHILDREN

## STUDENT ATHLETE PLEDGE



**I, \_\_\_\_\_, hereby acknowledge that playing on a school athletic team at Central Park Middle School is a privilege. As a student at CPSC, I will be kind and respectful to my teachers, coaches, teammates, and community. I will positively and peacefully represent my school. I will pridefully play for my peers, teachers, and CPSC community with hard work ethic and integrity.**

**Before playing, I must take this pledge document to my CREW teacher to discuss my involvement in CPSC athletics. To maintain a place on the team, I must consistently meet or exceed the academic and behavior standards in all my classes.**

**If, at any time, I fail to meet the Student Eligibility expectations listed on page 5 of the Wellness Program Handbook, my CREW teacher, administrator or athletic director has the authority to communicate warnings and/or restrict my access to participating in practices and games.**

Student Athlete Signature: \_\_\_\_\_

### CREW Teacher Endorsement

CREW Teacher Name: \_\_\_\_\_

CREW Teacher Signature: \_\_\_\_\_

CREW Teacher Email: \_\_\_\_\_

Additional Comments:

# STUDENT-PARENT/GUARDIAN ATHLETIC PARTICIPATION FORM

I/We hereby authorize and consent to our child's participation in interscholastic athletics and sports at Central Park School for Children. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment.

I/We assume the risk of injury to our child that may occur in an athletic activity. In consideration of the acceptance of our child by CPSC in its athletic program, and the benefits derived by our child from participation, I/we agree to release and hold harmless the Central Park School for Children, its members, the directors, all coaches, and any and all other of their agents apart of the school system's athletic program, and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child's participation in interscholastic athletics.

I, \_\_\_\_\_, and I, \_\_\_\_\_  
*(parent/legal guardian's name)* *(student's name)*

have carefully reviewed the Central Park Middle School Athletics Participation Packet information and school wellness philosophy I/We understand the conditions for participation in the CPSC athletic program, and I/we understand there are inherent risks associated with participation.

I/We agree as follows:

My student has my/our permission to participate in \_\_\_\_\_ at Central  
*(athletic team/ sport)*  
Park School for Children.

I/We understand and conform to all the statements in the agreement and provide our signatures below:

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*      \_\_\_\_\_ *Date*      \_\_\_\_\_ *Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Signature of Students*      \_\_\_\_\_ *Date*