

THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

Athletic Competition Health Screening Form

NAME:			
SCHOOL:			
AGE:	GRADE	BIRTHDATE:	SEX:

Health History: The information below is current and correct to the best of my knowledge.		
Signature of Parent/Guardian		
Answer yes or no only	YES	NO
Family history of sudden cardiac death		
Chronic/Recurrent illness		
Hospitalization		
Surgery other than tonsils		
Injuries treated by physician		
Current medication		
Organs missing		
Dizziness, fainting, convulsions and/or headaches		
Concussion or knocked out		
Has athlete ever had a seizure		
Wear glasses/contacts		
Hearing defects		
Dental appliances of any kind		
Cough pain		
Problems with blood pressure		
Problems with liver, spleen, kidneys		
Hernia		
Recurrent skin disease		
Bone/joint injury		
Sprain/dislocation		
Injury that caused a missed practice or game		
Allergies		
Allergy to medications		
If yes above, what meds?		
Asthma		
Does athlete use inhaler		
Tetanus booster in last 10 yrs.		

Family Physician:	
Address:	Phone:
City:	Zip:

VITALS	SATISFACTORY		PHYSICAL EVALUATION COMMENTS	RECOMMENDED FOLLOW-UP
	YES	NO		
Ht:				
Wt:				
BP:				
GENERAL				
Head				
Eyes			Acuity: L R	
ENT				
Dental				
Chest				
Heart				
Abdomen				
Genitalia				
Skin				
Extremities, Back, Neck				

SPORTS PARTICIPATION APPROVED

YES _____ NO _____

Limitations:

Comments:

Physician Signature: _____

Date: ____/____/20____

CALAVERAS HIGH SCHOOL ATHLETIC PROGRAM POLICY

General Statement: Interscholastic athletics is a voluntary program. Students are not obligated to participate and participation is not a requirement for graduation. Competition in high school athletics/extra curricular activities is a PRIVILEGE, not a right. Accompanying that privilege is the responsibility of the student to conform to standards established by the school. Athletics are conducted subject to the rules and regulations of Calaveras High School, the Mother Lode League, the Sac-Joaquin Section and the California Interscholastic Federation (CIF).

Eligibility: All students are eligible to participate if they qualify by the following: 1. must not be on academic probation. 2. *must have insurance protection as prescribed by CIF and State law. 3.*must have parental and medical consent. 4. *must not have reached 19th birthday prior to September 1. 5.*must be enrolled in at least four classes on CHS campus.

Disciplinary Action: Disciplinary measures for any action detrimental to the Athletic Program at Calaveras High School and/or violation of team rules will be handled by coach(es) of the sport. Appeal procedures to disciplinary actions by coaches must be directed to the Athletic Director who will render a decision to any appeal.

1. The use of tobacco, alcohol or drugs is detrimental to health and conditioning. It is also a flagrant affront to the major team objective, playing the best game.
 - A. The use of tobacco in any form, at school or any school activity is prohibited. The penalty for the first instance shall be a five-day competitive week suspension starting with the first or next athletic contest, and dismissal from the team on the second. A student on competitive suspension will be allowed to remain on a team at the discretion of the coach.
 - B. The use or possession of alcohol at school or at any school activity will result in dismissal from the team as well as ineligibility for the following 45 school days, exclusive of summer school.
 - C. The use or possession of controlled substance (as specified in sections 11054, 11055, 11056, and 11058 of the California Health and Safety Code) will result in an immediate dismissal from the team, as well as ineligibility for 45 school days following the incident, exclusive of summer school. (The student is also subject to school rules, including arrest, suspension, and/or expulsion).
2. Any student who is proven to be in possession of stolen school equipment or uniforms will be suspended from participation for a period of 45 school days, exclusive of summer school, from the time following the incident as well as immediate dismissal from the team.
3. Until a student is cleared from a sport by the head coach, he/she is not eligible for another sport. Clearance would include but is not limited to payment of bills, return of uniform and equipment, and the ending of the season of the sport.
4. Students who have remained on a team after the team has had four practices shall not be eligible for any other team that season without the concurrence of both coaches.
5. Must, in order to participate in an athletic activity on a day excused by a note of illness, have attended at least four class periods that day, except for medical appointments or administrator approval. An athlete who violates this rule will not be allowed to participate in the next athletic contest.
*not applicable to non-athletes.

Student Signature

Date

Parent/Guardian Signature

PARENT TO COMPLETE

Does athlete have health or accident insurance: Yes No

If yes, list company name, policy number and local claims address:

Company Name

Policy #

Claim's Office Address

CALAVERAS UNIFIED SCHOOL DISTRICT
MEDICAL TREATMENT AUTHORIZATION
WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY SPORTS PROGRAM

Participant: _____

Name of School: _____ **Activity:** _____

By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. I realize that sport activities are voluntary as part of the Calaveras Unified School District school sports program. I understand that participation in sport activities could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware that the District assumes no responsibility for any transportation arrangements and no District coverage for medical treatment is provided in connection with sport activities. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participant in school sport activities, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she has been advised of all rules and safety regulations pertaining to sport activities and the use of protective equipment by all participants. I understand these safety regulations will be enforced during all games and practices. I fully understand that participants are to abide by all rules and regulations governing conduct during sport activities.

As provided for in California Education Code, Section 35330, I agree to waive all claims against the Calaveras Unified School District. I, the undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury and/or death to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in sport activities and I am fully aware of the legal consequences of signing this instrument.

Health or special needs: Check as appropriate.

_____ Participant has no special health needs the staff should be aware of, and no medication is required.
_____ Participant has a special need. Explain: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis, treatment, emergency transportation, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. **This form must be signed before student can participate.**

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Please Print)

_____/_____/20_____
Date Phone Number (home) (work)

Street Address

City State Zip Code