

Athletes Name: \_\_\_\_\_

2019-2020

# ACTUAL SPORT FORMS

## PLEASE READ THIS

All these forms are available at the business secretary's office, the school web page as well as the clinic in Arlington.

When turning in forms please staple all forms together in order that we can make sure and keep track of all your forms. When all forms from 60 – 80 athletes come in separately there is a tendency to lose track of an individual form at times.

All forms in this packet must be filled out. The only exception is the physical if your child is not due for one. Physicals must be done every three years. It is recommended to have a yearly physical done, but not required. It is also recommended to have physical exams completed during the months of June and July to avoid ineligibility at the time of the expiration of the physical. All other forms must be completed in their entirety. :

## NOTE: THE IMPACT TESTING IS NOW DONE EVERY YEAR!

Which forms you need are based on your grade, past injuries, as well as if you have been involved in athletics all through high school, whether or not you have an annual or a triennial physical and when you were first tested for the IMPACT testing.

IF IN DOUBT FILL OUT ALL OF THE FORMS AND RETURN ALL FORMS AND THE ONES YOU DO NOT NEED WILL BE DESTROYED.

If you have questions feel free to stop in and see Mr. Downes or call and leave a message and I will get back to you at 983-5597 Ext: 7.

# PHYSICAL EXAMINATION INSTRUCTIONS

## I. Requirement of School Boards.

- A. Each governing board shall decide if the exam is to be repeated on an annual basis, on a biennial basis or triennial basis.
- B. Each governing board shall decide whether they want the doctors to evaluate sexual maturity based upon the Tanner Maturation Index. Please white-out item 13 on the Physical Exam form if the decision is NOT to use the Tanner Maturation Index.

## II. Requirements of Member Schools.

- A. Each member school shall make copies of the forms that must be completed by the parents and/or doctors in sufficient quantities to meet your needs.
- B. Member schools must keep on file the following:
  1. A copy of the **PARENT PERMIT FORM**. This form must be submitted annually.
  2. A copy of the **INITIAL PRE-PARTICIPATION HISTORY** report for each student who takes the comprehensive exam for the first time. This form must be made available to the medical examiner at the time the student takes his/her first physical exam.
  3. A copy of the **INTERIM PRE-PARTICIPATION HISTORY** for each student must be submitted annually by the parents except on the very first occasion when the **INITIAL PRE-PARTICIPATION HISTORY** is required.

All questions on the **INTERIM PRE-PARTICIPATION HISTORY** form should be answered with the following in mind: **IN THE PAST YEAR:** Please explain any yes answers in the space provided on the form. Any yes answers may require a re-visit to the medical provider for re-certification of health. The parent/guardian signature denotes that the student is physically able to participate.

4. A copy of the comprehensive **PHYSICAL EXAMINATION** signed by either a Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Physician Assistant or Nurse Practitioner.
- C. Member schools may commence scheduling physical exams as early as April 1 for the ensuing school year.

## III. Role of Doctors, Physician Assistant and Nurse Practitioners.

- A. The certification/signing of the physical exam form is reserved for only a Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, a Physician Assistant or Nurse Practitioner. Stamping the name of a medical clinic or a medical association as a substitute for the authorized signature is unacceptable. All exams must be signed by authorized medical personnel as listed in paragraph two above.
- B. The examiner shall receive a copy of Instructions for conducting the orthopedic screening and other portions of the exam. The instruction sheet follows the other forms located in this section of this publication.
- C. The medical history form must be made available to the person(s) conducting the physical exam at the time the examination takes place.

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION  
ORTHOPEDIC SCREENING GUIDE**

<b>Athletic Activity (Instructions)</b>	<b>Observation</b>
Stand Facing Examiner	General habitus; acromioclavicular joints
Look at ceiling, floor, over both shoulders; touch ears to shoulders	Cervical spine motion
Shrug shoulders (examiner resists)	Trapezius strength
Abduct shoulder 90 degrees (examiner resists at 90 degrees)	Deltoid strength
Full external rotation of arms	Shoulder motion
Flex and extend elbows	Elbow motion
Arms at sides, elbow 90 degrees flexed, pronate and supinate wrists	Elbow and wrist motion
Spread fingers; make fist	Hand or finger motion and deformities
Tighten (contact) quadriceps; relax quadriceps	Symmetry and knee effusion; ankle effusion
"Duck walk" four steps (away from the examiner with buttocks on heels)	Hip, knee and ankle motion
Back to examiner; knees straight, touch toes	Shoulder symmetry; scoliosis, hip motion, hamstring tightness
Raise up on toes, raise heels	Calf symmetry, leg strength

**May require reflex hammer, tape measure, pin, and examination table.**

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION  
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for \_\_\_\_\_ GRADE \_\_\_\_\_  
Name (Please Print) 2019-20 SCHOOL YEAR  
who was born at \_\_\_\_\_ on \_\_\_\_\_  
City, Town, County, State Date of Birth

to compete in SDHSAA approved athletics for \_\_\_\_\_ High School during the 2019-20 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Signed \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_  
Parent or Legal Guardian

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.**

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**INTERIM PRE-PARTICIPATION HISTORY**  
(Used in conjunction with the Biennial/Triennial examination.)

**SEE REVERSE SIDE FOR  
HEALTH HISTORY QUESTIONNAIRE**

This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school and another copy should travel with each team on which the athlete competes.

## CONSENT FOR MEDICAL TREATMENT

I am the **PLEASE CIRCLE ONE** Mother Father Legal Guardian of \_\_\_\_\_  
\_\_\_\_\_, who participates in co-curricular activities for \_\_\_\_\_  
\_\_\_\_\_ High School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of the \_\_\_\_\_ School District while on a school-sponsored activity and hereby appoint said employee to act on behalf in securing necessary medical services from any duly licensed medical provider.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Parent(s)/Legal Guardian Signature: \_\_\_\_\_

## CONSENT OF CHILD

I, \_\_\_\_\_, have read the above Consent For Medical Treatment Form signed by my (**PLEASE CIRCLE ONE**) Mother Father Legal Guardian and join with (**PLEASE CIRCLE ONE**) him her in the consent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Student's Signature: \_\_\_\_\_

**CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. I authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2020.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (If Over 18)

\_\_\_\_\_  
Date

**This form must be completed annually and must be available for inspection at the school**

## CONCUSSION FACT SHEET FOR ATHLETES

### *What is a concussion?*

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

### *What are the symptoms of a concussion?*

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

### *What should I do if I think I have a concussion?*

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

### *How can I prevent a concussion?*

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

**It's better to miss one game than the whole season.**

Student's Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL**



**Insurance Application or Insurance Waiver:**

The school district offers the option on a voluntary basis for all families to purchase a school health insurance plan from STUDENT ASSURANCE SERVICES INCORPORATED.

All student/athletes and families have the option of purchasing from this company or providing their own insurance and signing the waiver below. The **completed application for this plan or the waiver below** must be in the hands of the coach or business office before an athlete will be allowed to practice and/or compete.

Since children are particularly susceptible to injuries, we encourage you to review your present health and accident insurance program to determine if your coverage is adequate. If you do not feel your insurance is adequate because of a deductible or coinsurance clause, or if you do not have insurance, we encourage you to review the student insurance program. This plan will provide benefits for medical expenses incurred because of an accident. An explanation of the cost and benefits is explained on the premium envelope.

The program is underwritten by Security Life Insurance Company of America located in Minnetonka, Minnesota and administered by Student Assurance Services, Inc. of Stillwater, Minnesota.

**Please fill out one of the options below:**

\_\_\_\_\_ I have adequate insurance for \_\_\_\_\_ and will not be purchasing the Student Assurance Insurance Plan. Student Athletes Name

\_\_\_\_\_ I will be purchasing the Student Assurance Plan for \_\_\_\_\_ and will need the application given to my child. Student Athletes Name

You may also pick up the insurance application up at the business office after August 5 each year.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Please return this first page to the school after you have read, clarified any questions you may have and signed the form.

I have read and understood the consequences of my failure to follow any and all of the Arlington Cardinal Code of Ethics Rules.

Athletes Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will not be asked to sign another Code of Ethics during my High School 7-12 year unless actual changes have been made in the Code.

### Arlington Cardinal Code of Ethics

Students involved in any athletic programs are under the full direction of the coach along with his/her assistants. Students are expected to abide by the rules and regulations set up by their coaches. Failure to abide by the rules is sufficient cause for a student to be dismissed or dropped from a sport.

No student will be permitted to practice without a physical examination, proof of insurance or insurance waiver, a medical consent form, and an interim pre-participation history form. The physical examination is valid for up to three years.

All S.D.H.S.A.A. policies and procedures will be followed and conformed to along with the Arlington High School policies. The Arlington Cardinal Code of Ethics is in effect from the first day of practice or activity each year until the last day of practice or activity each year. The regulations come into play on the first day of practice for fall sports until the end of all spring sports for every one involved with activities regardless of which activities you are involved in.

All punishment may carry over to the following year if the consequences have not been met by the end of the previous year. In order for a student to carry out their punishment they must be out for the activity within the first week of the season and continue in the activity until after the state tournament or until the team is eliminated from further competition.

These rules are the minimum and may be strengthened by the individual in charge of the activity. Activities under the Cardinal Code of Ethics are, but not limited to the following:

#### ***Girls Sports***

Cross Country  
Basketball  
Volleyball  
Track  
Cheerleading  
Golf

#### ***Boys Sports***

Cross Country  
Football  
Basketball  
Track  
Wrestling  
Golf

#### ***Other Activities***

FHA (Non Graded)  
FFA (Non Graded)  
\*Band (Non Graded)  
\*Vocal (Non Graded)  
\* Plays  
\* Oral Interp

#### ***Extra's***

Prom  
Sr. Priv.  
HC Royalty  
Dances  
Field Trips  
Sr. Skip Day

\*Exceptions may be made as decided by the Administration based on what is best for the group involved.