

MISD

Mansfield Independent School District

Athletic Phone: 817-276-5200 Fax 817-453-7145

Name _____

Sport _____ ID # _____

School _____

Athletic Participation Packet

*IF ANY PAGE IS REMOVED OR INCOMPLETE,
PACKET WILL NOT BE ACCEPTED.*

Replacement Cost \$1.00

**Print or Write information Legibly with dark ink.
DO NOT use Pencil or Red Ink.**

Forms to be filled out by Parent or Guardian and Student Athlete

- Steroid Agreement & Dual Participation Forms
- U.I.L Medical History Form
- U.I.L Physical Examination Form
- U.I.L Acknowledgement of Rules Form
- MISD Athletic Department Rules and Regulations
- TWO MISD Medical Emergency Cards
(Both cards must be filled out, signed, & Notarized)

MANSFIELD ISD ATHLETIC DEPARTMENT RULES AND REGULATIONS

Please read and sign verifying that you understand, acknowledge, and will abide by our policies

STUDENT ATHLETE PARTICIPATION

Any student meeting the MISD and UIL residential and eligibility requirements may compete for a position on any athletic team. **Any team placement, position placement, style of play and/or playing time is the sole discretion of the coach and may not be appealed.**

STUDENT INITIAL PARENT INITIAL

ATHLETIC CODE

Students selected to a Mansfield ISD athletic team must recognize this distinction as an honor and privilege and must be held accountable to a greater standard than that of the general school population. The student athlete is a recognized representative of the individual school as well as the district and as such must demonstrate the highest levels of character and behavior.

It is the responsibility of the Athletic Director and each coach to insure this high level of expectation. Coaches must monitor the character and behavior of team members **in and out of season, in and out of uniform, and on and off campus**. The inordinate amount of time coaches spend in various curricular and co-curricular activities provides a unique opportunity to observe, assist, and intercede to help the student athlete make good decisions.

MISD supports education and awareness training on adolescent chemical use issues, including chemical dependency, substance abuse and special issues affecting district student athletes in a helpful, non-punitive way.

Section 1: Athletic Code Violations

The Athletic Code in conjunction with the Student Code of Conduct identifies a broad range of behaviors that are detrimental to the progress and success of our athletic programs:

- Falsification of a signature or information on any UIL required pre-participation forms
- Acts of unsportsmanlike conduct during the sport season in which the athlete is involved including but not limited to cheating, fighting, verbal abuse of officials, contestants, coaches, or spectators
- Violation of dual participation policy
- Any violation of the MISD student code of conduct

Section 2: Progressive Discipline

Any MISD athlete will be subject to disciplinary action if he/she commits any violation of the Athletic Code. The Athletic Code utilizes a philosophy, endorsed by the district, known as “progressive discipline”. Progressive discipline means there are different levels of student misbehavior with corresponding levels of appropriate disciplinary consequences. In a system of progressive discipline, two students who have committed the same offense may receive different consequences. The reason for this is that one student may be a first-time offender, having no previous infractions on record, while the other student may have a previous history of misbehavior.

- A. Level I: Any misbehavior classified as a Level I offense by the MISD student code of conduct or a violation of team rules.**
- B. Level II: Any misbehavior classified as a Level II offense by the MISD student code of conduct, acts of unsportsmanlike conduct, the falsification of UIL forms or repeated Level I violations.**
- C. Level III: Any Level III violation of the MISD student code of conduct or repeated Level I or II violations of the Athletic Code.**
- D. Dual Participation: Any first offense dual participation violation will result in one-game suspension. On the second offense, the athlete will be released from the team.**

Section 3: Consequences

A student has no ordained right to participate in athletics. It is a privilege that has been granted to you. Therefore, it is possible that the privilege can be taken away. This will be the decision of the head coach and could take place at any level after a parent conference has been held.

A. Level I: A Level I violation will be handled on a case-by-case basis by the head coach and will not necessarily result in a report of infraction.

B. Level II: First offense. A Level II violation will result in a report of infraction and suspension from all athletic contests for two (2) consecutive interscholastic events, or two weeks of the season, whichever is greater, with the student expected to participate in all practice sessions during that time. The student will not be allowed to suit up or travel with team for competitions. No exception is permitted for a student who becomes a participant in a treatment program. Any infraction by an athlete requires the coach to conference with the parents.

If drugs or alcohol are involved, a mandatory conference with the substance abuse coordinator and/or the Athletic Director or Campus Coordinator, the head coach, the parent(s) or legal guardian(s), and the student athlete is required for reinstatement. The athlete may not practice until his or her coach determines that it is appropriate and in the best interest of the player and the team.

Level II: Second offense

After confirmation of a second violation, the student shall lose eligibility for six (6) consecutive weeks. The student is required to continue attendance in practice but may not participate in athletic contests. This suspension may be carried over from one sports season into another and/or from one year into the next year. The athlete must complete the season during which the penalty is being served.

If drugs or alcohol are involved, a mandatory conference with the substance abuse coordinator and/or the Athletic Director or Campus Coordinator, the head coach, the parent(s) or legal guardian(s) and the student athlete is required for reinstatement. The athlete may not practice until his or her coach determines that it is appropriate and in the best interest of the player and the team.

C. Level III or Third Level II offense:

After confirmation of a third violation or, a Level III violation of the MISD Student Code of Conduct, the student shall lose interscholastic eligibility for one full calendar year.

If drugs or alcohol are involved, a mandatory conference with the substance abuse coordinator and/or the Athletic Director, the head coach, the parent(s) or legal guardian(s) and the student athlete is required for reinstatement. The athlete may not practice until his or her coach determines that it is appropriate and in the best interest of the player and the team.

These sanctions apply to all athletes whether or not they are actively engaged in their sport(s) at the time of the violation.

ATHLETE RELEASE INFORMATION

The Family Education Rights and Privacy Act (“FERPA”) prohibits the release of student information to third parties without consent. I (parent/guardian/adult student) grant Mansfield ISD my permission to release information regarding the height and weight of the above named student for limited school sponsored purposes (i.e. athletic related materials, rosters, and sports programs).

DUAL PARTICIPATION

All athletes participating in MISD Athletics make a commitment to the team, their teammates and their school. Each program demands the dedication of time and energy of the athlete. Part of this commitment is to be a student first and strive for academic excellence. Another integral part of that commitment is to place the MISD Athletic team above participation in any non-school sanctioned activity and attend all practices and games scheduled by MISD Coaches.

If an athlete chooses to miss an MISD Athletic practice or event because of participation in an activity not under the auspices of MISD, the student athlete will be suspended for one game. On the second offense, the athlete has chosen the outside activity over an MISD sport, and he/she will be released from the team.

VERIFICATION OF RESIDENCE

As the parent/legal guardian* of the above-named student-athlete, I (we) understand that participation in any UIL athletic activity in the Mansfield Independent School District requires that the student be a bona fide resident of the District and the specific school attendance zone of the school in which UIL participation is requested. A bona fide residence, as defined in Section 442(h) of the UIL's *Constitution and Contest Rules*, is as follows:

“The residence shall be the domicile which is a fixed, permanent, and principal home for legal purposes. The residence is not bona fide under UIL rules unless it complies with all the following criteria:

1. Does the student's parent, guardian, or other person whose residence determines the student's residence own a house or condominium or rent a house, apartment or other living quarters in the school district and attendance zone? *Parents must provide documentation to verify the purchase, lease, or rental of a home located in the new attendance zone. A lease agreement should be for a reasonable duration.*
2. Do the student and the parent or guardian have their furniture and personal effects in the district and attendance zone? *There should be no personal effects or furniture belonging to the family in the previous residence.*
3. Do the student and the parent or guardian receive their mail (other than office mail) in the district and attendance zone? *The family should have submitted a change of mailing address to the Post Office.*
4. Are the parents or guardians registered to vote in the district and attendance zone? *If either of the parents was registered to vote at the previous address, they should have applied for a new voter registration card at the new address.*
5. Do the parents or guardians regularly live in the district and attendance zone and intend to live there indefinitely? *The new residence should accommodate the entire family. The former house should be on the market at a reasonable price, or sold, or the lease or rental agreement terminated. All utilities and telephone service should be disconnected or no longer in the family's name. All licensed drivers in the household should have complied with DPS regulations for changing their address.”*

*Parent / Legal Guardianship for UIL eligibility must meet the criteria specified in the UIL's Constitution and Contest Rules at Section 442 (a)-(h).

I certify by signing below that I have read, understand, and will abide by all MISD and UIL rules and regulations.

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

DATE _____

UIL RULES AND REGULATIONS

Please read and sign verifying that you understand, acknowledge, and will abide by UIL policies

Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.utexas.edu. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

• have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer,

Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.

• have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not allow their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.

• did not change schools for athletic purposes.

I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. (To acquire this information, access the internet address below). I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

http://www.uil.utexas.edu/athletics/manuals/pdf/parent_information.pdf

I certify by signing below that I have read, understand, and will abide by all MISD and UIL rules and regulations.

STUDENT SIGNATURE

PARENT SIGNATURE

DATE



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last times? _____ concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *** Local district policy may require an annual physical exam.**

NORMAL

ABNORMAL FINDINGS

INITIALS*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

Both cards must be filled out, signed, & notarized.
MANSFIELD ISD EMERGENCY INFORMATION CARD

Please use Black or Blue ink.

Name _____ Sport _____
Grade _____ Age _____ Date of Birth _____ Sex M F School _____
Home Address _____ City/Zip _____
Home Phone _____ Is this student athlete covered under a health insurance plan? Y N
Insurance Name _____ Policy / Group Number _____
Father _____ Mother _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

Medical History: Does this student have any allergies? Take any Medications? Have asthma or any other ailment?

In the event a parent or guardian cannot be reached, please list a close relative or friend as an emergency contact:

Name _____ Relationship to student _____ Phone _____

Consent Statement: If, in the judgment of any school representative the above named student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative, this includes the athletic trainer dispensing OTC medication as deemed necessary. I also authorize any physician to release confidential information concerning an athletic injury to the athletic trainer involved. **NOTE: Students are not insured under the MISD General Liability insurance policy.**

Date _____ Signature of Parent/Guardian _____

Subscribed and sworn to me this _____ day of _____, 20 _____

Notary Public / Tarrant County _____

Both cards must be filled out, signed, & notarized.
MANSFIELD ISD EMERGENCY INFORMATION CARD

Please use Black or Blue ink.

Name _____ Sport _____
Grade _____ Age _____ Date of Birth _____ Sex M F School _____
Home Address _____ City/Zip _____
Home Phone _____ Is this student athlete covered under a health insurance plan? Y N
Insurance Name _____ Policy / Group Number _____
Father _____ Mother _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

Medical History: Does this student have any allergies? Take any Medications? Have asthma or any other ailment?

In the event a parent or guardian cannot be reached, please list a close relative or friend as an emergency contact:

Name _____ Relationship to student _____ Phone _____

Consent Statement: If, in the judgment of any school representative the above named student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative, this includes the athletic trainer dispensing OTC medication as deemed necessary. I also authorize any physician to release confidential information concerning an athletic injury to the athletic trainer involved. **NOTE: Students are not insured under the MISD General Liability insurance policy.**

Date _____ Signature of Parent/Guardian _____

Subscribed and sworn to me this _____ day of _____, 20 _____

Notary Public / Tarrant County _____