



HANOVER COUNTY PUBLIC SCHOOLS MIDDLE SCHOOL

Athletic Participation/Parental Consent/Physical Examination Form



Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

For School _____
Year _____

PART I – ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male _____
Female _____

Name _____ Student I.D. # _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ Middle School, and my _____ semester since first entering the sixth grade.
Last semester I attended _____ School and passed _____ credit subjects. I have read the condensed individual eligibility rules of the Hanover/Henrico Middle School Athletic League that appear below and believe I am eligible to represent my present middle school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any Middle School interscholastic athletic contest, you must meet the following guidelines:

- You must have submitted to your principal or coach before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found physically fit for athletic competition and that your parents consent to your participation.
- **Academic Requirements** - According to the Hanover Henrico Athletic Council Guide, to be eligible to try out and participate in Athletics, Hanover County students must meet the guidelines for promotion under HCPS Policy 6-4.3.
 - For First Semester Sports, students must be promoted from the previous school year. Promotion policy below:
 - 6th grade students are eligible first semester with promotion from the 5th grade.
 - 6th to 7th Grade: Students shall be eligible for promotion into the seventh grade if they receive passing yearly averages in at least four of the following required subjects: Reading/language arts, mathematics, science, social studies, & health/physical education.
 - 7th to 8th Grade: Students shall be eligible for promotion into the eighth grade if they receive passing yearly averages in at least four of the following required subjects: Reading/language arts, mathematics, science, social studies, & health/physical education **AND** if they receive a passing grade in the equivalent of one full year of elective offering(s).
 - For Second Semester Sports eligibility, students must have passed five subjects (English, Math and 3 others) at the end of the first semester of the current school year. This requirement is for all grade levels.
- You shall not have reached the age of fifteen (15) on or before August 1 of the school year in which he or she wishes to compete.
- A participant in middle school athletics may have six semesters of active participation, providing the age limit requirement is met. A participant may not represent a team in any sport during more than three seasons.
- A member of a team who is absent on the day of a contest may not participate unless written consent is obtained from the principal. A team member who has been suspended from school may not participate during the period of either in-school or out-of-school suspension.
- All eligible middle school students shall play on middle school teams only and will not participate in high school athletics. Exceptions are for eighth graders when playing a sport for which there is no middle school team. If there is an unusual case, it shall be brought before the Hanover/Henrico Middle School Athletic Council review committee.
- A student may not practice or compete with more than one interscholastic athletic team at a time.

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by the Hanover/Henrico Middle School Athletic League, the VHSL, Hanover County, and your school. If you have any questions regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, check with your principal for interpretations and exceptions provided under league rules. Meeting the intent and spirit of league standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any middle school or VHSL athletic program, publication, or video.

LOCAL SCHOOL DIVISIONS AND THE VHSL MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: _____ Date: _____

Providing false information will result in ineligibility for one year.

(Revised 2016)



PART III – PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME _____ Date of Birth _____ School _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting Pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site Inhaler Epinephrine Glucagon Other: _____

Comments: _____

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS
- CLEARED WITH FOLLOWING NOTATION: _____
- Cleared AFTER documented further evaluation or treatment for: _____
- Cleared for Limited participation (check and explain "reason" for all that apply): "Limited Until Date" when appropriate
 - Not cleared for (specific sports) _____ Until Date: _____
 - Reason(s): _____
- NOT CLEARED FOR PARTICIPATION Reason _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: _____ (+MD, DO, LNP, PA) . Date** _____
Circle one

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

+ Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-3-1 (3) Physical Examination Rule/Transfer Student (10-90) – When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League's Form #2, the student is in compliance with physical examination requirements.



PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of Medical Insurance Company: _____
Policy Number: _____ Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855.242.8282

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____ DOB _____

HIGH SCHOOL _____ CITY _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

Please list any allergies to medications, etc. _____

Is the student currently prescribed an inhaler or Epi-Pen? _____ List the emergency medication: _____

Is student presently taking any other medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Date of last Tdap or Td (tetanus) shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Cell phone _____

☀▶▶ Signature of parent or guardian _____ Date _____

Relationship to student _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct _____

☀▶▶ Parent/Guardian Signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

**Part VI: Concussion & Return to Play Policy
(Attached to VHSL Physical Form)**

State law mandates that school divisions provide information to parents and students concerning the risk of concussion, its consequences, and procedures for returning to participation after an incident. The goals of the “Student-Athlete Protection Act (SB 652)” are to ensure that student-athletes who sustain concussions are properly diagnosed, given adequate time to heal, and are comprehensively supported until they are symptom free.

I. Definition of Concussion

A brain injury that is characterized by an onset of impairment of cognitive and /or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

II. Signs and Symptoms

Signs observed by parents or guardians

- | | |
|--|--|
| + appears dazed or stunned | + is confused about assignment or position |
| + forgets an instruction | + is unsure of game, score, or opponent |
| + moves clumsily | + answers questions slowly |
| + loses consciousness (even briefly) | + shows behavior or personality changes |
| + can’t recall events prior to hit or fall | |
| + can’t recall events after hit or fall | |

Symptoms reported by athlete

- | | |
|----------------------------------|--|
| + headache or “pressure” in head | + nausea or vomiting |
| + balance problems or dizziness | + double or blurry vision |
| + sensitivity to light | + sensitivity to noise |
| + confusion | + feeling sluggish, hazy, foggy, or groggy |
| + does not “feel right” | + concentration or memory problems |

III. Return to Learn

Many of the signs and symptoms associated with a concussion can affect a student’s ability to participate in normal academic activities. With different rates of recovery, students may need modifications in their academic setting. Adjustments could include cognitive and physical rest with no school, part-time school, or full day school with minimal instructional modifications.

IV. Return to Play Progression

If an athlete is suspected of having incurred a concussion during practice or play, this policy will be followed:

1. removal from activity
2. notification of parent/guardian regarding the incident
3. doctor’s release on the “HCPS Concussion Medical Evaluation Form”
4. begin a 7 stage return to play progression per school’s licensed athletic trainer / coach / nurse
5. return to full participation after completing steps 1-4 above.

V. Acknowledgement by Parents/Guardians and Student-Athletes

I have reviewed the information concerning concussion and return to play procedures.

Student-Athlete Name (PRINTED)

Student-Athlete Name (SIGNATURE)

Date

Parent/Guardian Name (PRINTED)

Parent/Guardian Name (SIGNATURE)

Date