

HANOVER COUNTY PUBLIC SCHOOLS MIDDLE SCHOOL



Athletic Participation/Parental Consent/Physical Examination Form

otion is required for each school year May 1 of the current year through June 30 of the succession

For School	PART I – A	ATHLETIC PARTICIPATI	ON Male				
Year	ar (To be filled in and signed by the student)						
Name		Stud	ent I.D. #				
		(Middle Initial)					
City/Zip Code							
City/Zip Code							
Γhis is my seme	ster 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				
ndividual eligibility rules	of the Hanover/Henrico	Middle School Athletic League tha	t appear below and believe I am eligible to				
represent my present mid	dle school in athletics.						
Γο be eligible to represent		DIVIDUAL ELIGIBILITY RULI School interscholastic athletic contes	ES t, you must meet the following guidelines:				
school athletic or properly signed at your parents conse	cheerleading team, an Athle testing that you have been earn to your participation.	etic Participation/Parental Consent/Physexamined during this school year and fo	including tryouts or practice as a member of any sical Examination Form, completely filled in and und physically fit for athletic competition and that the, 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 that 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.

Providing false information will	result in ineligibility for one year.	(Revised 2016)
Student Signature:	Date:	
LOCAL SCHOOL DIVISIONS AND THE VHSL MAY REC	QUIRE ADDITIONAL STANDARDS TO THOSE LIS	TED ABOVE.
interpretations and exceptions provided under league rules, and community from being penalized. Additionally, I give or VHSL athletic program, publication, or video.		
questions regarding your eligibility or are in doubt about th	ne effect an activity might have on your eligibility, check wi	ith your principal for
other standards set by the Hanover/Henrico Middle School		
Eligibility to participate in interscholastic atmetics is a priv	rilege you earn by meeting not only the above-listed minimi	um standards, but also all

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

PART II - - MEDICAL HISTORY- Explain "Yes" answers below

This form must be completed and signed, prior to the physical examination, for review by examining practitioner.						
			on. Circle questions you don't know the answers			
GENERAL MEDICAL HISTORY	Yes	No	MEDICAL QUESTIONS (cont)	Yes	No	
 Has a doctor ever denied or restricted your participation in sports for any reason? 			29. Do you have groin pain or a painful bulge or hernia in the groin area?			
2. Do you currently have an ongoing medical condition? If so, Please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:			30. Have you had mononucleosis (mono) within the last month?			
3. Have you ever spent the night in the hospital?			31. Do you have any rashes, pressure sores, or other skin problems?			
4. Have you ever had surgery?			32. Have you ever had a herpes or MRSA skin infection?	' П	· 🗆 і	
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	33. Are you currently taking any medication on daily basis?	□*		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			34. Have you ever had a head injury or concussion? If so, date of last injury:			
Have you ever had discomfort, pain, or pressure in your chest during exercise?			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
7. Does your heart race or skip beats during exercise?			36. Do you have headaches with exercise?			
8. Has a doctor ever told you that you have (check all that apply): High Blood Pressure A heart murmur High cholesterol A heart infection Kawasaki disease Other:			Have you ever been unable to move your arms or legs after being hit or falling?			
Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)			38. When exercising in heat, do you have severe muscle cramps or become ill?			
10. Do you get lightheaded or feel more short of breath than expected during exercise?			39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?			
11. Have you ever had an unexplained seizure?			40. Have you had any other blood disorders?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	41. Have you had any problems with your eyes or vision?			
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			42. Do you wear glasses or contact lenses?			
13. Does anyone in your family have a heart problem?			43. Do you wear protective eyewear, such as goggles or a face shield?			
14. Does anyone in your family have a pacemaker or implanted defibrillator?			44. Do you worry about your weight?			
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?			45. Are you trying to or has any professional recommended that you try to gain or lose weight?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			46. Do you limit or carefully control what you eat?			
BONE AND JOINT QUESTIONS	Yes	No	47. Do you have any concerns that you would like to discuss with a doctor?			
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	П		48. What is the date of your last Tdap or Td(tetanus) immuniza (circle type) Date:	tion?		
18. Have you had any broken or fractured bones or dislocated joints?			49.Do you have an allergy to medicine, food or stinging insects?			
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?			FEMALES ONLY 50. Have you ever had a menstrual period?			
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?			51. Age when you had your first menstrual period?			
21. Have you ever had a stress fracture of a bone?			52. How many periods have you had in the last 12 months?			
22. Do you regularly use a brace or assistive device?			EXPLAIN "YES" ANSWERS BELOW:			
23. Do you currently have a bone, muscle, or joint injury that bothers you?			# »			
24. Do any of your joints become painful, swollen, feel warm, or look red?			#			
25. Do you have a history of juvenile arthritis or connective tissue disease?			#			
MEDICAL QUESTIONS	Yes	No	и			
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		- <u> </u>	# »			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)			*List medications and nutritional supplements you are currently tal			
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?						

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Ţ►I	Parent/Guardian Signature:	I	Date:	Athlete's Signature:	



PART III - PHYSICAL EXAMINATION

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(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	
A.			
Height	Weight	☐ Male ☐ Female	
BP /	Resting Pulse	Vision R 20/ L 20/ Corrected ☐ Yes	□ No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance			
Eyes/ears/nose/throat			
Lymph nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
		3.	
Neurologic			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck		ş =	
Back			
Shoulder/arm		*	
Elbow/forearm			
Wrist/hand/fingers	S .		
Hip/thigh		The state of the s	
Knee			
Leg/ankle			
Foot/toes			
Functional			
Medical Practitioner to S	School Staff (ple	ease indicate any instructions or recommendations here)	
Emergency medications require	d on-site		
6	∐ Inha	aler	
Comments:			
I have were away the date chave	marrianned bio/bon m	nedical history form and make the following recommendations for his/her participatio	n in athlatics
CLEARED WITH		ANSTONIAN STATE CONTINUE NO. 10 10 10 10 10 10 10 10 10 10 10 10 10	ii iii aiiiieties.
☐ CLEARED WITH			
☐ Cleared AFTER do	cumented further	evaluation or treatment for:	
Cleared for Limited	d narticination (c	check and explain "reason" for all that apply): "Limited Until Date" when appro	
Cleared for Emintee	i participation (c	shock and explain Teason for an that appropria	pridie
☐ Not cleared	d for (specific spo	orts)Until Date:	
Reason(s):			
		ATION Reason	
		the above student and completed this pre-participation physical including a review of Part II – Medical H.	istory.
Physician Signature:		(*MD, DO, LNP, PA) . Date**	
		Phone Number	
Address:	26 (v (12000000 value 0000	City State Zip Plactor of Osteonathic Medicine Nurse Practitioner or Physician's Assistant lie	- os
* Only cianatures of I	Jactor of Medicina	Doctor of Octaonathic Madicina Nursa Practitionar or Physician's Assistant lie	rensed to



PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

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(To be completed and signed by parent/guardian)

			of the following sports that
are not crossed out: baseball, basketball, cheerleading, cross courswimming/diving, tennis, track, volleyball, wrestling, other (identity			
I have reviewed the individual eligibility rules and I am a child/ward. I understand that the degree of danger and the serio contact sports carrying the higher risk. I have had an opportuni handouts, or some other means. He/she has student medical/accidenticipation insurance coverage through the school (yes no);	ware that with the participusness of the risk varies ty to understand the risk dent insurance available t	pation in sports co significantly fror inherent in sport hrough the school	omes the risk of injury to my n one sport to another with s through meetings, written
Name of Medical Insurance Company: Name of Medical Insurance Company Name of Medical Insurance Compa	ame of Policy Holder:		
K			
I am aware that participating in sports will involve travel and with the travel involved and with this knowledge in mind, gravith the team. By this signature, I hereby consent to allow the physician perform a pre-participation examination on my child and to proviathletics/activities for his/her school during the school year cover	(s) and other health care page treatment for any injured by this form. I furthe	nild/ward to partic provider(s) selectery or condition re- er consent to allow	cipate in the sport and travel and by myself or the school to sulting from participating in a vaid physician(s) or health
care provider(s) to share appropriate information concerning my coaches and other school personnel as deemed necessary.	child that is relevant to	participation in	athletics and activities with
Additionally I give my consent and approval for the above	e named student's picture	e and name to be p	orinted in any high school or
VHSL athletic program, publication or video.			
To access quality, low-cost comprehensive health insuragoing to www.coverva.org or calling 855.242.8282	ance through FAMIS for	your child, please	e contact Cover virginia by
PART V - EMERGEN (To be completed and	CY PERMISSION FO signed by parent/guardian)	ORM	
STUDENT'S NAME	GRADE	AGE	DOB
HIGH SCHOOL_ Please list any significant health problems that might be significant to a physician			
Please list any allergies to medications, etc			
Is the student currently prescribed an inhaler or Epi-Pen? Is student presently taking any other medication? Does student wear contact lenses?	List the emergency If so, what type?	medication:	
EMERGENCY AUTHORIZATION: In the event I cannot selected by the coaches and staff of for and to order injection and/or anesthesia and/or surgery for the p	ot be reached in an emerg High person named above.	gency, I hereby gi School to hospita	ve permission to physicians lize, secure proper treatment
Daytime phone number (where to reach you in emergency)	-		
Evening time phone number (where to reach you in emergency)			8
Cell phone			
⇒ ► Signature of parent or guardian	William .		Date
Relationship to student*Emergency Permission Form may be reproduced to travel with	respective teams and is a	cceptable for eme	ergency treatment if needed.
I certify all the above information is correct	925		
	arent/Guardian Sig	nature	

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

Symptoms reported by athlete

- + headache or "pressure" in head + balance problems or dizziness
- + sensitivity to light
- + confusion
- + does not "feel right"

- + nausea or vomiting
- + double or blurry vision
- + sensitivity to noise
- + feeling sluggish, hazy, foggy, or groggy
- + 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"

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

- 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	• 1	Acknow	ledgement	by	Parents/	Guardian	s and	Stud	lent-A	\th	letes
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Student-Athlete Name (PRINTED)	Student-Athlete Name (SIGNATURE)	Date
Parent/Guardian Name (PRINTED)	Parent/Guardian Name (SIGNATURE)	Date