

DATE OF EXAM:

# STUDENT-ATHLETE REGISTRATION FORM

#### STUDENT INFORMATION

STUDENT NAME:	GRADE:	DATE OF BIRTH (mm/dd/yyyy):		AGE:
ADDRESS:	CITY:		ZIP:	

#### **PARENT/GUARDIAN INFORMATION**

LEGAL PARENT / GUARDIAN 1						
NAME:		RELATIONSHIP TO STUDENT:				
DAY PHONE:	EVENING PHONE:		EMAIL:			
LEGAL PARENT / GUARDIAN 2						
NAME:		RELATIONSHIP TO STUDENT:				
DAY PHONE:	EVENING PHONE:		EMAIL:			

### PHYSICAL EXAMINATION

All students who participate in IHSAA/IGHSAU athletics are required by Iowa Law to have a current physical examination by a licensed healthcare provider. Physicals are valid for 12 months from the date of the last exam.

PHONE:

### CONSENT FOR MEDICAL TREATMENT

lowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.

As the parent(s), or legal guardian(s), of the child named on this form, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Additionally, by signing below you are giving your consent to district athletic trainers, their staff and other medical providers working in conjunction with the district to provide routine medical treatment of common health problems which arise among student athletes, including the diagnosis, care and treatment of minor medical and physical health problems typically associated with participating in athletics.

PARENT / GUARDIAN SIGNATURE

DATE

### DCSD SCHOOL BOARD POLICY #5305 PARTICIPATION CODE FOR ACTIVITIES

By affixing my signature to this form, I affirm that I have read the Participation Code for Activities. I understand all the rules governing participation in the Dubuque Community School District activities programs and I agree to abide by those rules.

STUDENT SIGNATURE

PARENT / GUARDIAN SIGNATURE

### » PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL ACTIVITIES OFFICE, ALONG WITH THE FOLLOWING:

Iowa Heads Up: Concussion in High School Sports (page 2 of this packet)

#### Iowa Medical Eligibility Form (page 3 of this packet)

The Iowa Athletic Pre-Participation Physical Examination includes a Medical History Questionnaire (p1-2), Physical Examination (p3) and Medical Eligibility Form (p4). **ONLY the Medical Eligibility Form (p4) is required to be on file at the school for athletic participation.** 

**DO NOT RETURN** the Medical History Questionnaire (p1-2) OR Physical Examination (p3) to the school activities office. The parent/guardian may retain a copy of these pages for their records, as well as the healthcare provider who performs the physical examination. These pages are NOT REQUIRED to be on file at the school for athletic participation and should only be given to the school health office for medical purposes.

# A FACT SHEET FOR PARENTS AND STUDENTS HEADS UP: Concussion in High School Sports

The lowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from lowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and
- other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation. (3) Key definitions:

"Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.

"Extracurricular interscholastic activity" means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

# What parents/guardians should do if they think their child has a concussion?

### 1. OBEY THE NEW LAW.

- a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
- b. Seek medical attention right away.
- 2. Teach your child that it's not smart to play with a concussion.
- 3. Tell all of your child's coaches and the student's
  - school nurse about ANY concussion.

# What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

# STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents –** Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.

• **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

# IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

### Signs Reported by Students:

- Headache or "pressure" in head
- •Nausea or vomiting
- •Balance problems or dizziness
- •Double or blurry vision
- •Sensitivity to light or noise
- •Feeling sluggish, hazy, foggy, or groggy
- •Concentration or memory problems
- •Confusion
- •Just not "feeling right" or is "feeling down"

# PARENTS:

### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### 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 mood, behavior, or personality changes
- •Can't recall events prior to hit or fall
- •Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student's Signature

Student's Printed Name

# **Medical Eligibility Form**

Studer	nt Athlete Name:	Date	of Birth:	Date of Examination:			
		r a copy of this entire form to b Id alter this form that I will info	-	nt's school record. I agree that should student's pon as possible.			
Signat	ure of Parent or Guardian: _			Date:			
Share	ed Emergency Informati	i <b>on</b> (To be filled out by athlete	e/athlete's caregive	)			
Allerg	ies:						
Medio	cations:						
Other	Information:						
Emer <u></u> Name	gency Contacts:	Relationship	<u>Cont</u>	act Information			
Partio	Medically Eligible for sp	e filled out by medical provid ports without restriction. I sports without restriction v		tions for further evaluation or treatment of:			
	Medically eligible for certain sports:						
	Not medically eligible pending further evaluation						
	Not medically eligible f	or any sports					
	Recommendations:						
appare examii arise a	ent clinical contraindications nation findings is on record i fter the athlete has been cle	to practice and can participate n my office and can be made a	in the sport(s) as o vailable to the scho vider may rescind th	n physical evaluation. The athlete does not have utlined in this form. A copy of the physical ol at the request of the parents. If conditions he medical eligibility until the problem is resolved s or guardians).			

Name of health care professional (print):	Date:		
Address:	Phone:		
Signature of health care professional:			