

# **ATHLETIC SPORTS/BAND PARTICIPATION CHECKLIST**

**Students who are participating in Spring sports for the 2009–2010 school year and had a physical dated prior March 15, 2009, will need a new sports physical and need to complete forms # 1 – 7. Forms can be submitted after January 15, 2010 and before March 8.**

**Students whose sports physical are within the past year and is on file in the health office need to complete forms # 3, # 4, ONLY. (#8 is necessary if your child has asthma, any life threatening allergies and/or serious medical conditions).**

**In order to expedite the sports participation process, please use the following checklist to assure completeness of the forms.**

- 1) School Physician's Notification of Sports Participation
  - a. Complete **top only** (student's name, grade and sport)
  - b. **Bottom to be completed by School Physician only**
  
- 2) Physical Examination Form
  - a. Complete top with name, address, name of physician
  - b. **All areas on the physical form are filled in by medical home including height, weight, blood pressure, pulse and VISION**
  - c. **All 4 pages are to be completed by your physician**
  - d. **Physician/provider Signature and Stamp on back of form**
  
- 3) Health History Questionnaire
  - a. Complete **all 3 pages**
  - b. Explain any "yes" responses
  - c. **Parent's signature and DATED WITHIN 60 DAYS OF START OF PRACTICE**
  
- 4) Emergency Information Form
  - a. Complete all information on **TOP only** (leave bottom portion blank)
  - b. Parent's signature and date at bottom
  - c. Student's signature
  
- 5) Drug Testing Consent Form
  - a. Student's signature and date
  - b. Parent's signature and date
  
- 6) Athletic Training Policies and Procedures (**FOR ATHLETES ONLY**)
  - a. Print athletes name at bottom of form
  - b. Athlete's signature and date
  - c. Parent/Guardian's signature and date
  
- 7) Self Addressed Envelope  
**ON FRONT OF ENVELOPE**
  - a. Name of parent/guardian
  - b. Complete mailing address
  
- 8) **IF INDICATED: ANNUAL UPDATES FOR ASTHMA AND LIFE THREATENING ALLERGIES AND/ OR SERIOUS MEDICAL CONDITIONS AND/OR MEDICAL CLEARANCE FOR INJURIES IF NOT ALREADY ON FILE IN HEALTH OFFICE FOR THIS SCHOOL YEAR.**
  - a. Completed by your physician
  - b. Physician's signature and date.
  - c. Parent's signature and date.
  - d. Care Plan completed by parent and physician.

**\*PLEASE RETURN COMPLETED FORM TO THE EMS HEALTH OFFICE. Forms should be submitted at least one week before sports begin in order for the school doctor to clear your child medically.**

**REMINDER: STUDENTS WILL NOT BE CLEARED UNLESS ALL FORMS ARE COMPLETE**