

Sports physical



FCS
Medical Consent
Waiver of Liability and Release

Player's First Name Mi Last Name Grade Level Birthday

Address of Player City Zip

Parent/Legal Guardian Full Name

Home Phone Work Phone Cell Phone

Additional Person to Contact in an Emergency

We, _____, the parents/guardian of, _____, do hereby declare our intent to allow our son/daughter to practice, play and participate in the athletic program at Fayetteville Christian School, and to be treated by a licensed physician or emergency treatment center in the event of injury, accident, illness, or other mishap during the course of his/her time of participation.

The undersigned applicant and parent/guardian understands that he/she will be engaged in physical activity as an athlete at Fayetteville Christian School that contains inherent risk of physical injury. Fayetteville Christian School or its athletic coaches will not be held liable for personal injury occurring as a result of this applicant's participation in the activities that comprise the Fayetteville Christian School Athletes.

Player's Signature Date

Parent's Signature Date

Parent's Signature Date

Insurance Information:

Name of Insurance Company
ID Number:
Confirmation Number:

Sports participating in: _____

Player's Name _____

EXAMINATION

(To be completed by a physician)

Height _____ Weight _____ Blood Pressure _____

Age _____ Birthdate _____

Comments

1. _____ Eyes _____
2. _____ ENT _____
3. _____ Heart _____
4. _____ Lungs _____
5. _____ Abdomen _____
6. _____ Genitalia (Males) _____
7. _____ Musculoskeletal _____
8. _____ Neurological _____
9. _____ Skin _____

I certify that I have examined this student and find him medically (qualified, not qualified) to complete in interscholastic sports.

Licensed to practice medicine: Yes _____ No _____

Physician or Provider's Signature: _____

Address: _____ Date: _____

If student is not qualified to complete in interscholastic sports, list reasons for disqualification: _____

Please note the following conditions: acute infections, obvious growth retardation, diabetes, jaundice, severe visual loss, history of convulsions, or concussions, absence of one kidney, eye, or testicle; disqualify the student from participating in school athletics until medical and parental releases are obtained.

Player's Name: _____

Medical History

(to be completed by parents)

Is there a known history of:

- | | | |
|--|----------|---------|
| 1. Birth Deformities (one eye, one kidney, etc.) | Yes_____ | No_____ |
| 2. Known past illnesses of more than one week's duration | Yes_____ | No_____ |
| 3. Medical conditions currently under treatment | Yes_____ | No_____ |
| 4. Fractures or other disabling injuries | Yes_____ | No_____ |
| 5. Any permanent deformity or disability | Yes_____ | No_____ |
| 6. Mental disorder or convulsions | Yes_____ | No_____ |

Explain any above questions answered yes _____

Medications now being taken:

Player is allergic to these medication and substance:

List any unusual Health information:

Parent Signature _____ Date _____



Driving Permission Form

Student Name: _____ Date: _____

Your son/daughter has asked for and will receive permission to drive (alone) to _____
Practice at _____, and all home games throughout the _____ sports
season. Permission to drive will be granted when this form is returned to the athletic offices
signed. All players must drive safely to the specific location. Any violation of the law or other
action that brings negative attention to the team while driving will revoke this privilege.

Please indicate your acknowledgement and approval with your signature below.

Athletic Director

Parent

Student

Date

Date

Date



PLEASE DETACH AND RETURN TO THE ATHLETIC OFFICES

I have read the Fayetteville Christian School athletic handbook for co-curricular activities including the rules, regulations and policies. I fully understand its meaning and consequences and support its enforcement by persons responsible.

Please sign and return this page to the athletic office. This form will be for the current school year and kept in the office. Thank you for your cooperation and support.

Date _____

Signature of athlete _____

Signature of parent/guardian _____

Received in the athletic office on _____

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Parent/Legal Custodian Name(s): _____

____ We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet* which follows. If true, please initial on line

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es).or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and to perform well in class.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	The student athlete will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that my child is much more likely to have another concussion or more serious brain injury if he/she returns to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

**CONCUSSION (keep this form for your review)
 INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS**

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability- things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling Nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/ slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/ play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

*******You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.*******

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association