



**Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades
5-8 participating in competition for grades 6-8)**

KHSAA Form MS01
Middle School
Parent Permission and Consent
Rev. 4/1/5, page 1 of 2
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The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).

**ATHLETE INFORMATION
(This part must be completed by the student and family)**

Name (Last, First, Initial) _____ School Year _____
 Home Address (Street, City, State, Zip): _____
 Gender _____ Grade _____ School _____
 Date of Birth: _____ Birth Place (County, State): _____

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other _____ | |

EMERGENCY CONTACT INFORMATION

 Name (please print) _____ Relation to Student _____

 Emergency Contact Address, including City, State and Zip _____

 Daytime Phone _____ Cell Phone _____

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

 Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

OPTIONAL EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

 Social Security Number _____ Birth Date _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES,
LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

Students' Name (please print) School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.

Preparticipation Physical Evaluation HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

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**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 9060-F**

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

The undersigned as parent/guardian of student _____ / /
(Student's Name) (Birthdate)

hereby grant permission for my child to participate in:

(Circle all that apply for the 2017-2018 school year:

Baseball	Cross Country	Golf	Swimming	Volleyball
Basketball	Dance	Soccer	Tennis	Wrestling
Cheerleading	Football	Softball	Track	Other _____

(For sports, attach schedule for competition and practices)

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law.

Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intra-murals. Participation will be denied until insurance coverage is verified.

Insurance Company (Indicate Private or Student Accident Insurance) Policy Number

I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.

(Signature of Parent/Guardian)(Circle One) (Date) (Parent Day Phone #)

(Signature of Student Required if 18 years or older) (Date) (Parent Evening Phone #)

Other Emergency Contact In Event Parent Cannot Be Reached: _____

Phone _____

Adopted: December 19, 1988
Revised: January 19, 1990
Revised: July 15, 1993

Revised: May 6, 1994
Revised: February 12, 1998
Revised: August 15, 1998

Revised: July 14, 2000

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION – 4055.01-F**

FIELD TRIP PERMISSION FORM AND RELEASE

Related to Board Policy 4055

The undersigned parent/guardian of _____ / /
Student's Name Birthdate

hereby grants permission for the above named student to participate in the following field trip; including all organized activities and transportation:

Date: July 1, 2017 – June 30, 2018 Fee (if any) _____

Trip Description/Location: ANY & ALL AWAY SPORTING EVENTS

Supervising Staff Member: HEAD COACH AND STAFF

Approximate time of departure TO BE DETERMINED BY SCHEDULE OF EVENTS

Approximate time of return TO BE DETERMINED BY INDIVIDUAL EVENT & DISTANCE

Purpose (state expected learning outcome or recreational) TO COMPETE IN SCHOOL ATHLETIC
EVENTS

Transportation will be by: Commercial Bus School Bus Other _____

Students must have proof of private insurance or student accident insurance to participate in co-curriculars or extra-curricular activities or field trips away from school.

Name of Insurance Carrier Policy Number / Group Number

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of _____ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Date Signed: _____ Phone Number: _____

Signature of Parent/Guardian Alternative Phone: _____

Adopted: March 16, 1981 Revised: July 16, 2008
Revised: July 17, 1983
Revised: February 22, 1993
Revised: February 10, 1998
Revised: August 15, 1998
Revised: September 1, 1998
Revised: June 23, 1999
Revised: July 14, 2000
Revised: June 26, 2006

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION – 8005.001-F**

SPORTS & EXTRACURRICULAR ALTERNATIVE TRANSPORTATION CONSENT

Related to Board Policy 8005
Related to 8005-AR; 8005.01-F

The Oldham County Board of Education offers a broad range of sports and extracurricular activities to students enrolled in middle and high school. This broad range of activities places constraints on the ability of the district to provide transportation for all these activities at all times. As a result, there are events, practices and extracurricular activities that will require the student's parent to arrange transportation to and/or from the event or activity. The coach or activity sponsor will provide information regarding the level of transportation provided by the district.

Name of Student: _____ Date of Birth: ___/___/___

Name of School: **EAST OLDHAM MIDDLE SCHOOL** Grade: _____

Sport/Extracurricular: _____ Season: **2017-2018**

The district will provide transportation to events, games and activities in accordance with 8005-AR. When the district is unable to provide transportation to events, games and activities, I consent to the following means of transportation for my child (*Check all that apply*):

- Van/automobile driven by team coach/activity sponsor.
- Automobile driven by another parent for whom I have provided written permission to the coach.
- Automobile driven by my student.

- None. I will be responsible for transporting my child to and from all practices, scrimmages, games and activities for this sport or extracurricular activity for which the district does not provide transportation.

In consideration of the advantages to my child of participating in this sport or extracurricular activity, to the extent allowable by law I hereby release and hold harmless the Oldham County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this consent and release individually and on behalf of my student.

Parent/Guardian of the Above Named Student

Date

Parent/Guardian of the Above Named Student

Date

Adopted: May 26, 2000
Revised: August 10, 2006
Revised: March 10, 2008