LAFAYETTE COUNTY ATHLETICS
PRE-PARTICIPATION HISTORY AND PHYSICAL SCREENING FORM

CONFIDENTIAL INFORMATION

This Pre-Participation Medical History and Physical Screening does not take the place of a comprehensive physical examination which should be performed by your physician.

SCHOOL: _____ **SCHOOL YEAR: 20**_____

Full Name: _____ Gender: M / F Date of Birth: _____/_____/_____ Age: _____

Sport(s): _____ Name of Family Physician: _____

List any FOOD or MEDICATION Allergies: _____

_____

MEDICAL HISTORY (Mark **YES**, **NO**, or **DON'T KNOW** for each question.)	**YES**	**NO**	**DON'T KNOW**
1. Have you ever become dizzy, passed out or fainted during or after an activity?	☐	☐	☐
2. Have you ever been told you have a heart murmur or other heart-related problems?	☐	☐	☐
3. Does anyone in your immediate family have heart-related or heart problems?	☐	☐	☐
4. Has anyone in your family died suddenly (due to an illness or medical condition) before age 50?	☐	☐	☐
5. Have you ever had a concussion, head injury, neck injury, or been knocked unconscious?	☐	☐	☐
6. Have you ever suffered a seizure or been diagnosed as having Epilepsy?	☐	☐	☐
7. Do you have any illnesses or conditions that require you to see a physician on a regular basis?	☐	☐	☐
8. Have you ever been treated for medical conditions such as: Meningitis, Hepatitis, HIV/AIDS, Mononucleosis, Diabetes, Hemophilia, Cancer, Scoliosis of the Spine, Sickle Cell or Asthma?	☐	☐	☐
9. Have you ever suffered from a heat-related illness? (Heat Exhaustion or Heat Stroke)	☐	☐	☐
10. Are you missing any major body organ? (Eye, ear, lung, kidney, spleen, testicle, ovary, etc.)	☐	☐	☐
11. Has a medical doctor ever advised you NOT to participate in athletic related activities?	☐	☐	☐
12. Have you been hospitalized for any reason in the past year?	☐	☐	☐
13. Do you take any medications on a regular basis for a medical condition?	☐	☐	☐

Please provide information to any question that you answered YES to.

CONSENT FORM

I, The Parent/Guardian do hereby give my permission for the above child to participate in the sports program at Lafayette County School System. As the Parent/Guardian, I will take responsibility for cost due to athletic injury while participating in the sport of choice. Due to the rising cost of insurance premiums, the Lafayette County School District no longer carries any insurance to cover athletic injuries.

Parent Signature: _____ Date: _____

WAIVER FORM

The above athlete has opted to waive their rights under the US Department of Health and Human Resources guidelines. The above mentioned athlete is aware that this waiver can be revoked by submitting in writing the intention of doing so. By signing this release, the athlete allows the sharing of medical information between his/her medical provider, Endurance Physical Therapy, the coaches of athlete's sport, and school administration.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

TREATMENT FORM

In the event of an emergency, I grant permission for the above child to receive any medical treatment deemed necessary to Endurance Physical Therapy and _____.

Parent/Guardian: _____ Card Holder Name and Date of Birth: _____

Parent/Guardian Phone Number(s):_____

Group Number:_____ ID Number of Insurance: _____

FOR PHYSICIAN ONLY. DO NOT WRITE IN THE FOLLOWING SECTION.

Height: _____**ft** _____**in** **Weight:** _____**lbs** **Blood Pressure:** _____/_____ **Pulse:**_____ **bpm**

GENERAL	NORMAL	ABNORMAL	COMMENTS
Ear, Nose Throat	☐	☐	_____
Chest, Heart, Lungs & Abdomen	☐	☐	_____
MUSCOLOSKELETAL			
Cervical Neck & Spine	☐	☐	_____
Upper Extremities	☐	☐	_____
Lower Extremities	☐	☐	_____
General Flexibility	☐	☐	_____

PHYSICIAN RECOMMENDATIONS FROM THIS LIMITED SCREENING

☐ CLEARED - NO RESTRICTIONS

☐ CLEARED - After evaluation/rehabilitation for _____

☐ NOT CLEARED - Reason _____

PHYSICIAN SIGNATURE: _____

EXAM DATE: _____

MISSISSIPPI HIGH SCHOOL ACTIVITIES ASSOCIATION, INC.

CONCUSSION INFORMATION FORM

(Required by MHSAA Annually)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns

Amnesia
"Don't feel right"
Fatigue or low energy
Sadness
Nervousness or anxiety
Irritability
More emotional
Confusion
Concentration or memory problems
(forgetting game plays)
Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in-coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key to a student-athlete's safety.

MHSAA Concussion Policy:

- An athlete who reports or displays any symptoms or signs of a concussion in a practice or game setting should be removed immediately from the practice or game. The athlete should not be allowed to return to the practice or game for the remainder of the day regardless of whether the athlete appears or states that he/she is normal.
- The athlete should be evaluated by a licensed, qualified medical professional working within their scope of practice as soon as can be practically arranged.
- If an athlete has sustained a concussion, the athlete should be referred to a licensed physician preferably one with experience in managing sports concussion injuries.
- The athlete who has been diagnosed with a concussion should be returned to play only after full recovery and clearance by a physician. Recovery from a concussion, regardless of loss on consciousness, usually take 7-14 days after resolution of all symptoms.
- Return to play after a concussion should be gradual and follow a progressive return to competition. An athlete should not return to a competitive game before demonstrating that he/she has no symptoms in a full supervised practice.
- Athletes should not continue to practice or return to play while still having symptoms of a concussion. Sustaining an impact to the head while recovering from a concussion may cause Second Impact Syndrome, a catastrophic neurological brain injury.

Remember, it is better to miss one game than to miss the whole season.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____ _____ _____

Student-Athlete Name Printed | Student-Athlete Signature | Date

_____ _____ _____

Parent Name Printed | Parent Signature | Date