

Moriarty-Edgewood School District

Athletics

Authorization for Participation & Athletic Physical Form

2017-2018

- Parent/Student-Athlete Forms
 - Permission to Participate
 - Authorization for Medical Services
 - Acknowledgment, Assumption and Consent of Athletic Risks
 - Emergency Contact Information
 - Athletic Physical Form
 - Concussion in Sports Fact Sheet
 - Copy of Insurance Card-Proof of Insurance
- Complete online Concussion for students course nfhslearn.com print certificate attach to physical packet

Moriarty High School Athletics

Emergency Contact Information

This form is required to be filled out in full and on file with the head coach prior to any travel for athletic event. This is information that will be used in the event that your athlete needs medical attention while on the road with their team. Please be as accurate and informative as possible while filling out this form.

Athlete's name: _____ DOB: __/__/_____

Home Address: _____

Medical Insurance Provider: _____

Primary Care Physician: _____

Any Known Allergies: _____

Any Known medical conditions: _____

Any Restrictions: _____

In Case of injury or illness requiring medical intervention please contact the following:

1st Emergency
Contact: _____ Relationship: _____

Primary Phone #: (____) _____

Secondary Phone #: (____) _____

2nd Emergency Contact: _____ Relationship: _____

Primary Phone # (____) _____

Secondary Phone# (____) _____

Moriarty-Edgewood School District

Agreements/Conditions for Participation in MESD Athletic/Activity
(The following agreements must be executed and returned to the athletic office before the students will be allowed to practice, compete, perform or participate in extracurricular activities)

- Permission/Consent to Participate
- Authorization for Medical Services
- Acknowledgment, Assumption and Consent of Athletic Risk
- Brain Injury/Concussion Disclosure
- Emergency Contact Form
- Athletic Physical

Student:

Last Name:	First Name:	MI:
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Parent/Guardian:

Father Last Name:	First Name:
Mother Last Name:	First Name:
Physical Address:	

Permission/Consent to Participate

We have read and understand the Moriarty-Edgewood School District Student-Athletic Handbook related to extracurricular activities (published on the MESD web site: www.mesd.us. Click on the "Athletics Link" and "Handbooks." Paper copies are available through the athletic office. We further understand the New Mexico Activities Association eligibility rules (www.nmact.org Click on "Handbooks" sections 6 and 7) and, to the best of our knowledge, are in compliance with them. We agree to abide by these rules as a student and parent/guardian.

Consent is hereby given for _____ to engage in extracurricular activities, including interscholastic athletics, approved by the Moriarty-Edgewood School District, and to accompany any school group of which he/she is a member on any local or out-of-town trips. I/We authorize the Moriarty-Edgewood School District to release to the New Mexico Activities Association any information needed to determine eligibility for participation.

Authorization For Medical Services

I/We understand and agree that the financial responsibility for securing care of injuries sustained as a result of extracurricular participation is a matter between the parent/guardian and health care providers, and that the Moriarty-Edgewood School District cannot pay health care providers for treatment of any student. It is agreed that the parent/guardian and student will assume all legal responsibility for the personal safety and actions of the above-named student while the student is traveling to extracurricular activities when parents choose alternative transportation from that sponsored by the school.

I/we authorize the school to obtain through a physician, any medical care, including care that may become necessary to the student in the course of extracurricular activities including travel.

I/we also agree not to hold the school, or anyone acting on its behalf, responsible for any injury to the above named student occurring, in the absence of negligence, during the course of such extracurricular activities, including travel.

The above-named student is covered by medical insurance provided by _____ (name of insurance company) which will cover the cost of medical care resulting from injuries sustained while participating in the extracurricular activities sponsored by the Moriarty-Edgewood School District.

I/we have completed a physical examination(attached) dated after April 1 of the fiscal year of extracurricular participation.

I/we accept the opportunity to participate with full knowledge of my physical limitations. I realize that any pre-existing conditions, lingering or prolonged illness creates additional risk for me. It is my responsibility to discuss these conditions with my physician and with the coaching staff, before participation.

I/we understand the catastrophic nature of the athletic injury and recognize that an athlete might die, become paralyzed, or suffer brain damage or other serious permanent injury as a result of participation.

I/we understand that it is our responsibility to make the coach aware of any injuries incurred during the season, and follow all prescribed treatment by the physician. It is also my/our responsibility to inform the coach anytime I visit a physician for treatment of a disease or athletic injury.

Acknowledgement, Assumption & Consent of Athletic Risk

I/we voluntarily express a desire to participate in extracurricular activities offered by the Moriarty-Edgewood School District.

I/we understand the athlete's responsibility to follow established rules and procedures of the Moriarty-Edgewood School District. I/we understand the athlete's responsibility to follow established rules and procedures of the Moriarty-Edgewood School District and all other governing bodies whose purview covers participation in extracurricular and interscholastic activities and athletics.

I/we understand the importance of properly worn and maintained equipment and attire.

I/we understand that proper technique can minimize but not completely eliminate injury. Wearing proper protective equipment and padding, following safety rules and procedures and coaching instruction, is essential but will not guarantee my safety from injuries that might be sustained as a result of participation.

I/we understand that missing practice will lead to the loss of knowledge and technique in the sport or activity engaged in. As a result it is important that all scheduled practices are attended.

Brain Injury/Concussion Disclosure

A brain injury is a disturbance in the function of the brain caused by a blow to the body or head, occurring in any sport or activity. It results in a variety of symptoms (headache, nausea, dizziness, memory or balance problems)

with or without loss of consciousness. I (we) understand that Senate Bill 1 (concussion law) requires students and parents to annually complete the "Concussion in Sports Fact Sheet" as a condition of athletic participation. We the student-athlete and parent or court-appointed guardian acknowledge and agree that we have read, understand and will abide by the above stated conditions. The MESD brain injury/concussion protocol is located on pages 14 and 15 of the Student-Athlete Athletic Handbook.

Athlete

Date: _____

Signature: _____

Parent/Guardian

Date: _____

Signature: _____

Parents/Guardians:

Please remember to turn in a Doctors note to the Athletic office anytime your student athlete has had a Doctors visit. The note needs to specify if your student athlete is cleared for participation or not.

Thank you.



MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

(Cover sheet)

New Mexico Activities Association
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

NOTE: The NMAA does not need a copy of this form. Please return to your school's athletic department.

Medical History – Parent/Guardian please fill out prior to examination.

Student Athlete Name (Last, First, M.I.):			
Home Address:			Grade:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
DOB:			AGE:
Name of Parent/Guardian			
Home Address:			Phone: Work:
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
			Cell:
Emergency Contact			Phone: Work:
<i>Name</i>		<i>Relationship</i>	
			Cell:
Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)

Sports/Activities				
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Cheer/Drill	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Bowling
<input type="checkbox"/> Track/Field	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Golf	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cross country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Basketball	

Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.

Concussion Management

A concussion is a disturbance in the function of the brain that can be caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory loss, balance problem) with or without a loss of consciousness. I/we understand there is a concussion management protocol established that includes care and return to play criteria.

Student-Athlete Signature	Date
Parent or Court Appointed Legal Guardian Signature	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		Male	Female
Height	Weight		
BP	Pulse	Vision R 20'	L 20'
		Corrected	Y N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marten stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperaxia, 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)*			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/leg			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Deck-walk, single leg hop 			

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

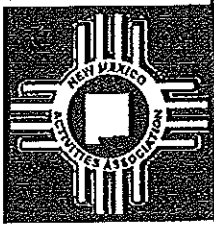
- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- 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 _____



NMAA

New Mexico Activities Association

CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

Observed by the Parent / Guardian

- 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 behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It's better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER SB38

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES

Senate Bill 38:

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

For more information on brain injuries check the following websites:

<http://www.nfhs.org/resources/sports-medicine>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



SIGNATURES

By signing below, parent/guardian and athlete acknowledge the following:

- ◆ Both have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*.
- ◆ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
- ◆ Athlete has received brain injury training pursuant to Senate Bill 38.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

ATTENTION

All students (middle school and high school) participating in athletic competition must complete a student concussion course (online) before they are allowed to begin participation. The course is free and can be found on the nfhslearn.com website. After completing the course (**Concussion for students**) the athlete must print off a certificate that will be turned in with their physical forms. We have computers available in the athletic office if needed.