

DOUGLAS COUNTY SCHOOL SYSTEM ~ RELEASE / EMERGENCY MEDICAL FORM  
PLEASE READ CAREFULLY

EMERGENCY MEDICAL AUTHORIZATION

Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

WHOM CAN WE CONTACT IF NO PARENT/GUARDIAN CAN BE REACHED TO ASSUME RESPONSIBILITY FOR THIS STUDENT?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Activities Agreement

To insure the proper atmosphere for interscholastic competition, the participant and his/her parents or guardians must understand and cooperate in helping establish that atmosphere by adhering to all school rules and regulations. When a violation of school rules occurs proper steps will be taken. A participant may be suspended from participating in interscholastic activities or from a team for violating any of the following standards: (1) falsification of physician's signature, parent or guardian's signature, any information pertaining to school enrollment, school records, or interscholastic activity forms; (2) use of, possession of, or distribution of alcohol or tobacco; misuse of non-prescription drugs, or of controlled substances; (3) theft or destruction to property of any school or individual; (4) repeated acts of unsportsmanlike conduct; (5) failure to follow rules as set for individual activities by coaches.

A student must have his/her parent's or guardian's signed permission to participate. All athletic participation requires a physical examination with the doctor's permission to participate. The participant is required to abide by the rules and regulations of the State Board of Education, the Douglas County Board of Education, and the Georgia High School Association.

Informed Consent

We realize that such activities involve the potential for injury to our son or daughter which is inherent in all activities. We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries to our son/daughter are still a possibility. We recognize that on rare occasions these injuries to our son/daughter can be so severe as to result in total disability, paralysis or even death.

Drug Testing Consent (High School Only)

We understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Douglas County School System. We further understand that refusal to take the test, failure to report for the test, or if the test establishes a violation of the drug testing policy, our son/daughter will be subject to consequences as set forth by the drug testing policy (JCDAB-R (1).

General Release

It is anticipated that my son/daughter, while a participant in interscholastic activities in the Douglas County School System, will travel to many activities off campus. Transportation for my child to these off campus activities may be school buses, private vehicles, or alternate transportation operated by employees or agents of the School System. In consideration of their performing this valuable service for me and my child, I hereby release and discharge any and all claims and causes of action of any kind or nature which may arise out of my child's travel while at school both for myself and my minor child. It is the express intent of this release to forever hold the Douglas County School System, its agents and employees, harmless for any injuries which may occur to my child as a result of travel while he or she is in the custody of the School System.

Insurance Waiver

I fully understand that the Douglas County School System does not provide any insurance and it is my responsibility to provide insurance coverage for my son/daughter. The Douglas County School System will not assume liability for injuries incurred by my son/daughter during participation in or practice of any interscholastic activity.

A parent/guardian may elect to enroll the participant in a supplemental school insurance program which is authorized by the Douglas County School System. If you choose to purchase coverage through this plan, contact the school principal or head coach for additional information.

Authorization:

In case of an emergency or accident during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I authorize the school to take such emergency actions as may be deemed necessary, including the transportation of the student to a hospital or medical center and authorizing medical treatment. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise. I assume the responsibility for any medical expenses incurred during this emergency. The coach, school, or the Douglas County School System will not be held responsible for any medical expenses.

Permission to Participate:

I have carefully read and understand each of the above section and will comply with these policies or statement. Permission is granted to my son/daughter to practice and complete in interscholastic activities.

Parent/ Guardian Signature	Date: ____ / ____ / ____	Student Signature	Date: ____ / ____ / ____
	Mo. Day Year		Mo. Day Year

**DOUGLAS COUNTY SCHOOL SYSTEM CONDUCT AGREEMENT FOR ATHLETIC PARTICIPATION**

Participation in athletic activities is a *privilege* in schools and *not a property right*. It is to be understood by all students, parents/guardians, and coaches that the top priority is academic progress. Everyone involved in these activities will make every effort not to interfere with that ultimate goal. The purpose of this Athlete Conduct Agreement is to establish minimum standards of behavior. Therefore, *coaches and/or administrators may establish rules and consequences that are more severe than those stated below*. Team rules must be approved by the administration of each school. As a precondition to participate in GHSA governed athletics, the student and his/her parent/guardian agree that the following rules will apply:

**VIOLATIONS and CONSEQUENCES**  
(Violations are cumulative throughout a student's 9<sup>th</sup>-12<sup>th</sup> grade educational career)

	<b>VIOLATION</b>	<b>CONSEQUENCES</b>
<b>A.</b>	Violation of school rules resulting in In-School Suspension (ISS) or Out-of-School Suspension (OSS) during the season.	The student may resume participation when: 1. The student is released from ISS; or 2. The student returns to school on the next school day upon completion of OSS.
<b>B.</b>	Violation of school rules resulting in assignment to alternative school	Dismissed from athletics while attending alternative school.
<b>C.</b>	Student has been criminally charged with a misdemeanor, regardless of location or time, so long as such charges are pending or conviction is had. *	1 <sup>st</sup> Offense – School administration and the coach will meet with the student and parent/guardian and discuss consequences determined by the school, which may include suspension from athletic participation. 2 <sup>nd</sup> Offense – Suspension from athletic participation for 25 calendar days and a minimum of 10% of competition dates beginning with the date of the charges. 3 <sup>rd</sup> Offense – Suspension of 1 calendar year from athletic participation beginning with the date of the charges. 4 <sup>th</sup> Offense – Permanent suspension from athletic participation
<b>D.</b>	Student found to have been in possession of, or criminally charged with, the use/possession of alcohol, illegal drugs, unauthorized use/possession of prescription drugs or other behavior altering substances.*	1 <sup>st</sup> Offense – Suspension from athletic participation for 25 calendar days and a minimum of 10% of competition dates beginning with the date student is found to be in possession or charged. 2 <sup>nd</sup> Offense – Suspension of 1 calendar year from athletic participation beginning with the date student is found to be in possession or charged. 3 <sup>rd</sup> Offense – Permanent suspension from athletic participation.
<b>E.</b>	Student has unresolved felony charges or felony conviction.*	1 <sup>st</sup> Offense – Suspension for 1 calendar year from athletic participation beginning with the date of arrest. 2 <sup>nd</sup> Offense – Permanent suspension from athletic participation.
<b>F.</b>	A student who commits any of the following offenses may be suspended or permanently dismissed from a team: missing practice unless excused, truancy or skipping classes, acting in an unsportsmanlike manner when representing the school, any act at school or away from school which results in any discipline by school administration, or any act at school or away from school which in the opinion of the Principal reflects in a negative manner on the school or athletic program.	

\* If out of season, consequences will begin on the GHSA start date for the next season with which the student is affiliated

*NOTE: Parent/guardian must report any criminal charge or arrest of the student and related details to school athletic director or coach within 1 week of the charge or arrest, even during school breaks. Failure to do so may result in the student being suspended from athletic participation for (1) calendar year.*

**APPEAL PROCEDURE-** Any student and/or parent/guardian wishing to appeal an athletic suspension must submit in writing through the Principal to the County Athletic Director the reason(s) why he/she should not be disciplined. This request will then be forwarded to the members of the review committee for their consideration. The review committee will consist of the Douglas County School System Athletic Director and two (2) system level administrators. Parent/guardian will be given a written statement on the decision of the committee.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic*		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
 \*Consider 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

# PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- 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

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information \_\_\_\_\_

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# STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: \_\_\_\_\_

## **DANGERS OF CONCUSSION**

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

## **COMMON SIGNS AND SYMPTOMS OF CONCUSSION**

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**BY-LAW 2.68: GHSA CONCUSSION POLICY:** In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.
- c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at [www.nfhslearn.com](http://www.nfhslearn.com) at least every two years – beginning with the 2013-2014 school year.
- d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

***I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.***

SIGNED: \_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Parent or Guardian)

DATE: \_\_\_\_\_