

## Instructions for Sports Physical

A yearly sports physical will be required of all students who plan on participating in the sports program of Christ Lutheran School. This decision was based on the suggestion of the American Pediatrics Association.

The physical covers all sports during the school year. It is suggested that this physical be completed during the summer, prior to the new school year. Even if your student is just thinking about playing sports, it would be wise to have the physical completed as your student will not be able to even practice prior to receiving the physical. Also, doctor's offices are usually busy the months of August and September, so the sooner the appointment is made, the better chance of getting the physical completed prior to the beginning of the sports program.

**All incoming 6<sup>th</sup> Graders:** There are additional shots required prior to attending the first day of class – the Meningitis and TDAP shots. Plan on making your sports physical appointment at the same time as the shots appointment.

Attached is the required paperwork for the physical.

Page 2 – To be completed by the examining Physician or Nurse Practitioner

- When making the appointment, be sure that you request a sports physical. This form is to be **returned to the school office** for verification and then will be given to the school nurse for the student file.

Page 3 - To be completed by the student and the parent or guardian and **returned to the school office along with pages 2 and 4** for verification and then will be given to the school nurse for the student file.

Page 4 – To be completed by the parent or guardian and **returned to the school office along with pages 2 and 3.**

- Copies of this form will travel with the team to all games and practices in case of emergency. If an inhaler or epipen are prescribed for your student, please make sure that the coach has these prescribed instruments readily available.

**Pages 2, 3, and 4 must be completed and returned to the CLS office prior to your child participating in any sports activities—this includes practices.**

Christ Lutheran School  
Sports Physical Examination  
Grades 5 through 8

Student Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

	WNL	Abnormal		WNL	Abnormal
Eyes			Cervical Spine/Neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/Elbow/Wrist/Hand		
Teeth			Knees/Hips		
Skin			Ankles/Feet		
Lymphatic			*Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT		
Peripheral Pulses			and/or iron stores		
Abdomen			^Echocardiogram		
Genitalia/hernia (males only)					
<b>*When Medically Indicated</b>			^Neuropsych Testing		
<b>^With Special Indications</b>			^Pelvic Exam		

<b>Planned Sports Participation</b>	
<p><b>Boys</b></p> <p><input type="checkbox"/> Flag Football</p> <p><input type="checkbox"/> Basketball</p> <p><input type="checkbox"/> Baseball</p>	<p><b>Girls</b></p> <p><input type="checkbox"/> Volleyball</p> <p><input type="checkbox"/> Softball</p> <p><input type="checkbox"/> Basketball</p>

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletic.

- CLEARED WITHOUT RESTRICTIONS**
- Cleared **AFTER** further evaluation or treatment for: \_\_\_\_\_
- Cleared for **limited participation**
  - Not cleared for: (specific sports) \_\_\_\_\_
  - Cleared only for: (specific sports) \_\_\_\_\_
- NOT CLEARED FOR PARTICIPATION:** (reasons) \_\_\_\_\_
- Other Recommendations: \_\_\_\_\_
  - Recommend close monitoring during early conditioning because of weight/fitness
  - Recommend restrictions or monitoring of weight loss or gain
  - Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Examiner's name and Degree (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Christ Lutheran School (CLS)**  
**Mild Traumatic Brain Injury (MTBI) / Concussion**  
**Statement and Acknowledgement Form**

I, \_\_\_\_\_ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, athletic director). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- I have fully disclosed to CLS any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the coach and athletic director.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Christ Lutheran School  
Sports Participation**

**Acknowledgement of Risk and Insurance Statement**

I give permission for \_\_\_\_\_ (name of student) to participate in any of the following sports that are not crossed out:

**Boys:** Flag Football, Basketball, Baseball

**Girls:** Volleyball, Softball, Basketball

I understand that my student may choose not to participate in the designated sport and this form does not obligate my student to participate. I have reviewed the individual eligibility rules and I am aware that with the participation in sports come the risk of injury to my child. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I understand that any expenses incurred by an injury will be paid by personal insurance or the parent/guardian of the student. Payment of the expense is not a school responsibility. My student is insured by our family policy with:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physicians and other health care providers to provide treatment for any injury or condition resulting from participation in athletics for his/her school during the school year covered by this form. I further consent to allow said physicians or health care providers to share appropriate information concerning my child that is relevant to participation in athletics with coaches and other school personnel as deemed necessary.

**Emergency Permission Form**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Please list significant health problems that might be significant to a physician evaluating your child in case of an emergency:

\_\_\_\_\_

Please list any allergies to medication, etc. \_\_\_\_\_

Is student presently taking medications? \_\_\_\_\_ If so, what type? \_\_\_\_\_

**My child uses a fast acting inhaler for their asthma.** I give my child permission to carry their inhaler with them on their person at school or during school sponsored events. I know that I am responsible to make sure that my child is equipped to bring, carry and self-administer his or her own MD prescribed rescue inhaler (albuterol, Xopenex, ProAir, Venton, Proventil)  
**YES NO N/A**

**My child uses an Epi Pen for a life threatening allergy.** I give my child permission to carry their Epi Pen with them on their person at school or during school sponsored events. I know that I am responsible to make sure that my child is equipped to bring, carry and self-administer his or her own Epi Pen.  
**YES NO N/A**

**Emergency Authorization:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Christ Lutheran School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) \_\_\_\_\_

Evening time phone number (where to reach you in emergency) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_