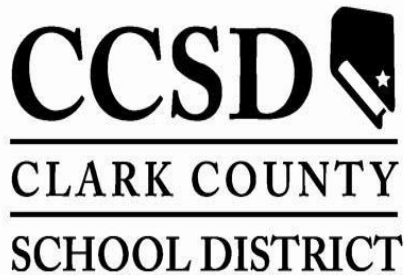


Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student Number # \_\_\_\_\_  
School: \_\_\_\_\_ Sport(s): \_\_\_\_\_



Middle School  
Student Athletic  
Packet 2021-2022

*Please PRINT - All sections must be completed in their entirety.*

**OFFICE USE ONLY**

Entered \_\_\_\_\_  
Zoned school \_\_\_\_\_  
TEF \_\_\_\_\_  
Residential Aff. \_\_\_\_\_  
Other \_\_\_\_\_  
Semester GPA  
2<sup>nd</sup> \_\_\_\_\_ Credits \_\_\_\_\_  
1<sup>st</sup> \_\_\_\_\_ Credits \_\_\_\_\_  
Date entered 6th Grade \_\_\_\_\_  
Approved:  
Coach \_\_\_\_\_  
AA \_\_\_\_\_

Male  Female Grade:  6<sup>th</sup>  7<sup>th</sup>  8<sup>h</sup> Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ School attended last year \_\_\_\_\_  
Student Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Legal Guardian Information**

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Live with:  Both Parents  Father ONLY  Mother ONLY  Other (Specify) \_\_\_\_\_

Circle ONLY those that apply. Be advised that a letter of explanation may be required for circled item.

- Attending on a: Zone Variance Residential Affidavit Guardianship Change Temporary Guardianship  
Conditional/Trial Enrollment Open Enrollment Homeschool Charter School  
Magnet Program (Specify) \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
*None of the Above*

All documents must be signed before an athlete is allowed to try-out, practice or participate. I understand that my signature throughout this athletic packet is an acknowledgement and agreement to abide with the CCSD Policies and Regulations and any other specific requirements set by the school.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Clark County School District  
AUTHORIZATION FOR PARTICIPATION IN MIDDLE SCHOOL ATHLETIC ACTIVITIES  
ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

Parent(s)/Guardian(s) and Students: Please read, sign and return this form with your student-athlete packet prior to the start of any practice or tryout.

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

\*CCSD Athletic Activity \_\_\_\_\_ Select one: Boys  Girls

\*List all sports in which your child will participate.

**NOTICE TO STUDENT AND PARENT(S)/GUARDIAN(S)**

I/We understand that trying out, practicing and playing or participating in any middle school athletic activity can result in **SERIOUS INJURY AND EVEN DEATH**. It is not an exaggeration to state that playing/participating in such activities may involve many **RISKS OF INJURY**, including but not limited to serious injury to virtually any bone, joint, ligament, muscle, tendon or other parts of the muscular-skeletal system, as well as serious injury to any internal organ, brain damage, concussions, nerve damage, serious neck, back and/or spinal injuries, and could result in paralysis or even death. I/We also understand that such injuries may result in partial or complete loss of the ability to earn an income or to engage in social and recreational activities or to generally enjoy life.

**IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY CCSD MIDDLE SCHOOL SPORT, I/WE ASSUME THE RISK OF INJURY TO OUR CHILD THAT MAY RESULT FROM PARTICIPATION, INCLUDING INJURY RESULTING FROM ANY CONDUCT OF CCSD OR ITS STAFF, NOT AMOUNTING TO GROSS NEGLIGENCE.**

I/We hereby authorize and consent to our child's participation in middle school and/or intramural athletics. We understand that the activity or activities in which our child will participate are potentially dangerous. We hereby give our consent and authorize the Clark County School District and its agent, servants, and/or employees to exercise reasonable discretion in seeking emergency medical care on behalf of our child in the event that we cannot reasonably be notified in advance of the need for such emergency medical care and treatment. We understand and agree that we will be responsible for all medical expenses and costs that may be incurred in providing such emergency medical care and treatment for our child. We certify that we have read and completed the Emergency Care Information and Authorization form which addresses these issues.

I/We recognize the importance of following coaches or advisors instructions regarding playing techniques, training and other team/group rules or guidelines and do agree to obey such instructions. I/We further acknowledge that failure to follow coaches' instruction may result in negative consequences, including but not limited to, being taken out of a game, being suspended or even being removed from the team.

**INSURANCE**

**CCSD DOES NOT PROVIDE INSURANCE FOR STUDENTS PARTICIPATING IN MIDDLE SCHOOL OR INTRAMURAL ACTIVITIES OR SPORTS.** Every candidate for and participant on a middle school team or activity must obtain and maintain insurance against accident or injury while participating in a school sponsored activity, game, practice session, and during travel to or from athletic activities, games, and practice sessions. Although CCSD has been provided with brochures for distribution to students and their parents/guardians concerning insurance plans offered by private insurance companies, CCSD does not endorse any specific insurance plan. Specific sports or activities may require additional coverage and some insurance policies limit the benefits available for or even exclude coverage for injury suffered while participating in certain activities or sports.

I/WE UNDERSTAND THAT IT IS MY/OUR RESPONSIBILITY TO REVIEW MY/OUR INSURANCE POLICY, OR ANY POLICY THAT I/WE MAY PURCHASE, IN ORDER TO DETERMINE WHETHER THE COMPANY IS SOLVENT AND RELIABLE, THE HEALTH OR OTHER BENEFITS ARE ADEQUATE AND THAT THE PLAN PROVIDES COVERAGE FOR INJURIES SUFFERED WHILE TRYING OUT OR PARTICIPATING IN THE SPECIFIC SPORT OR ACTIVITY IN WHICH MY/OUR CHILD MAY ELECT TO TRY OUT FOR.

I/We hereby agree to hold CCSD harmless from and to indemnify the same for any loss, cost or expense incurred as a result of any claim, demand or litigation, including attorney's fees and costs, in the event a claim is made by or on behalf of the undersigned against CCSD or its staff arising out of any failure on our part to secure adequate insurance for our child. Further, we affirmatively represent that the proof of insurance offered by us to CCSD is adequate for the sport or activity in which our child will participate and expressly relieve CCSD or its employees of any responsibility to review the policy we have or may tender to CCSD in order to determine the validity or adequacy thereof.

**TRANSPORTATION**

If bus transportation is not provided by CCSD, I understand and affirm as the parent/legal guardian of the child named above that I accept full responsibility for the transportation of my child to and from CCSD activities and events, including those events on school property as well as off-site locations. I understand that CCSD is not liable for any resulting injuries or loss associated with these travel arrangements and further acknowledge that any liability is primarily assured by private driver's automobile, other insurance, or as required by law.

**MEDIA RELEASE**

At times, CCSD may seek to release additional personally identifiable student information beyond Directory Information in either print or electronic format to be utilized in either internal or external media sources that may be released to the public. This information may include my child's electronic (digital) photograph, a description of school activities or achievements that contains personally identifiable information, and/or audio/video/film reproduction of my child. This information may be used in media publications, newspaper articles, television coverage, websites (including CCSD.net), school newsletters (including those in electronic formats), yearbooks, video presentations and/or CCSD or public presentations. I understand that I may have completed a prior form regarding release of information; however, by initialing one of the boxes below, I am notifying the coach/advisor of my wishes for release of information specific to my child's participation in CCSD organized athletics and activities.

\*Initial one box

I give permission for my child's information/media to be released as indicated above.

I do not give permission for my child's information/media to be released as indicated above.

**The terms hereof shall serve as a release and assumption of risk for my son's/daughter's heirs, estate, executor(s), conservator(s), administrator(s), assignee(s), and for all members of his/her family. I have read and understand the risks as detailed in this agreement.**

Student Signature: \_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_

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

Print Parent/Legal Guardian Name: \_\_\_\_\_

**CLARK COUNTY SCHOOL DISTRICT  
RESIDENCY/CUSTODY STATEMENT**

To be eligible for athletic participation, parents and student-athletes must comply with the residency and custody regulations set forth by the Clark County School District (CCSD). Please read the statements below and provide both parent and student initials on the spaces to the left of each item.

**Parent      Student**  
**Initials    Initials**

- |       |       |  |
|-------|-------|--|
| _____ | _____ | <b>RESIDENCY:</b> We understand this student must reside with a parent/legal guardian in the attendance zone of this middle school as listed on the Athletic Packet. Failure to do so is considered an attempt to circumvent residency policies and may result in loss of eligibility and forfeitures.   |
| _____ | _____ | We understand that if we move to another attendance zone, we must entirely abandon our former residence to be eligible for middle school athletics.  |
| _____ | _____ | <b>RESIDENTIAL AFFIDAVIT:</b> We understand that if we are living with someone else on a residential affidavit the student is ineligible for middle school athletics and an appeal must be submitted to be considered for athletic eligibility.  |
| _____ | _____ | <b>TRANSFERS:</b> We understand that if a student transfers from a private to a public school or from a magnet school he/she is ineligible for 180 days for middle school athletics and an appeal must be submitted to be considered for athletic eligibility.   |
| _____ | _____ | <b>ZONE VARIANCE:</b> We understand that if a student is enrolled on a zone variance he/she is ineligible for 180 days for middle school athletics and an appeal must be submitted to be considered for athletic eligibility.  |
| _____ | _____ | <b>GUARDIANSHIP:</b> We understand that notarized guardianships and parent appointed guardianships are not accepted for athletic eligibility.  |
| _____ | _____ | We understand a legal guardian must be court appointed by a judge <b>in accordance with NAC 385B (Sec. 3a-b), and an appeal must be submitted</b> to be considered for athletic eligibility.   |
| _____ | _____ | <b>SEPARATED PARENTS:</b> We understand that if a parent /guardian is separated, the student's athletic eligibility will remain at the current school of enrollment.   |
| _____ | _____ | <b>DIVORCED PARENTS:</b> We understand if a parent/guardian is divorced, the student's eligibility is in the zone of the primary physical custodial parent.  |
| _____ | _____ | <b>FALSE DOCUMENTATION:</b> We understand falsification of any portion of the Athletic Packet may result in the loss of athletic eligibility for up to 360 school days (two years), as well as forfeiture of any events in which this student was a participant. <b>Forfeiture of games has a serious effect on all members of a team. Final standings are impacted and League, Region and District Championships may be lost.</b> |

**Please answer the following questions (Yes) or (No):**

1. Is your son/daughter transferring from another school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, name of school \_\_\_\_\_
2. Did your son/daughter attend any other CCSD middle school at any time during the previous school year?  
\_\_\_\_\_ Yes \_\_\_\_\_ No                      If yes, name of school \_\_\_\_\_
3. Is your son/daughter attending a charter school? \_\_\_\_\_ If yes, name of school \_\_\_\_\_
4. Is your son/daughter being home schooled? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Was your son/daughter or any member of your family recruited by any member of the faculty or coaching staff for the purpose of participating in athletics at the school you will be attending? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Note: Provide explanation for Yes response)

**PLEASE SIGN THE APPROPRIATE LINE BELOW:**

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Dear Parent or Legal Guardian:

(CCSD FORM A)

Enclosed is an information packet for your child's sport's history and physical examination. The purpose of this exam is to detect any conditions that may increase your child's risk of injury or death while practicing or competing in his or her sport. Although there are many beneficial aspects of participating in high school sports (improved self-image, self-motivation and health habits), as with any activity there are some associated risks. Overall, the risk of death in high school sports is extremely low; fewer high school students die due to their sports each year than in automobile accidents. In recent years there has been an average of 20 to 40 non-traumatic deaths in high school sports each year, or one per 100,000 to 200,000 student athletes per year.

The major causes of non-traumatic deaths in sports are heart problems, with a syndrome called "Hypertrophic Cardiomyopathy (HCM)" being the most common. Fortunately, not all athletes with HCM are at risk for sudden death. Our goal is to identify those student-athletes who may be at risk. Currently, the method for doing this is by having a physician perform a specific "Preparticipation Exam" (PPE). By taking the appropriate history and performing the appropriate physical, we can detect some of the student-athletes at risk for sudden death. Unfortunately, this is not a perfect system and some athletes with HCM will be missed and many others without HCM or other heart problems will be referred for other tests, which will turn out to be normal.

Other parts of the history and physical focus on areas that may not lead to death but are more commonly associated with problems. The musculoskeletal and neurologic history and exam is critical in detecting old injuries or other problems that need special attention in order to prevent future injuries.

The final role of the PPE is to provide the student-athlete with a chance to ask a physician health related questions and receive some health counseling. While this exam is very limited and should not replace a regular visit to his or her personal doctor, the limited contact that young adults have with doctors is a recognized fact. Therefore, this provides a much needed opportunity for young athletes to have contact with a physician.

We hope that this letter explains some of the reasons that this history and physical is so important and we urge you to take the time to complete the history form carefully.

**Explanation of CCSD Forms:**

**Form A** – Parent / Legal Guardian Letter.

**Form B** – Pre-Participation Letter History Form. Must be completed by the Parent / Legal Guardian and signed off by the physician or approved Health Practitioner.

**Form C** – Health Practitioner Letter.

**Form D** – Physical Form. Must be completed and signed off by the physician or approved Health Practitioner.

Published by the Nevada Interscholastic Activities Association (NIAA) Sports Medicine Advisory Committee. Approved: February 2000

**CCSD FORM B -- CCSD PRE-PARTICIPATION HISTORY FORM**

**HISTORY**

DATE OF EXAM: \_\_\_\_\_  
 NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SPORT(S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PERSONAL PHYSICIAN: \_\_\_\_\_  
 IN CASE OF EMERGENCY, CONTACT - NAME: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ PHONE (H): \_\_\_\_\_ (W): \_\_\_\_\_

**EXPLAIN "YES" ANSWERS BELOW.  
 CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

	<i>YES</i>	<i>NO</i>
1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?	_____	_____
2. Have you ever been hospitalized overnight?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	_____	_____
5. a. Have you passed out or been dizzy during exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	_____	_____
e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
f. Has a physician denied or restricted your participation in sports for any heart problem?	_____	_____
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	_____	_____
7. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Do you have frequent or severe headaches?	_____	_____
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
8. Have you become ill from exercising in the heat?	_____	_____
9. Do you cough, wheeze, or have trouble breathing during or after activity?	_____	_____
10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	_____	_____
b. Are you missing an eye, kidney, testicle or ovary?	_____	_____

YES NO

11. a. Have you had any problems with your eyes or vision? \_\_\_\_\_  
b. Do you wear glasses, contacts, or protective eyewear? \_\_\_\_\_

12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints? \_\_\_\_\_

b. If yes, check appropriate item below.

__ Head	_____ Shoulder	__	Wrist	__	Hip	_____ Ankle
__ Neck	_____ Upper arm	__	Hand	__	Thigh	_____ Toes
__ Back	_____ Elbow	__	Finger(s)	__	Knee	_____
__ Chest	_____ Forearm	__	Foot	__	Skin	_____ Calf

13. Are you actively trying to gain or lose weight?

14. Would you like to talk to someone about stress, anger, depression or other issues?

15. Record the dates of your most recent immunizations (shots) for:

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_  
Hepatitis B \_\_\_\_\_ Chickenpox \_\_\_\_\_

**FEMALES ONLY**

16. When was your first menstrual period? \_\_\_\_\_  
When was your most recent menstrual period? \_\_\_\_\_  
How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
How many periods have you had in the last year? \_\_\_\_\_  
What was the longest time between periods in the last year? \_\_\_\_\_

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

Approved: February 2000; June 2012

**Note: Physicians must sign Form B and Form D**

Name of physician (print/type): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

I, \_\_\_\_\_ hereby certify that I am a licensed \_\_\_\_\_, and have reviewed the information in this FORM B prior to conducting a physical examination for the assigned student.

\_\_\_\_\_  
Signature of Health Practitioner

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Date

**Dear Health Practitioner;**

**(CCSD FORM C)**

Enclosed is the CCSD Middle School Athletics Pre-participation Physical Evaluations (PPE's). You will notice that the form we are using incorporates recommendations from the Second PPE Task Force (1997)(supported by the AAFP, AAP, AMSSM, AOSM and AOASM) and separately from the AHA. We anticipate that this form will be reviewed every few years and we will keep you apprised of any changes. Also, for young athletes with known cardiovascular abnormalities, we recommend following the guidelines of the 26th Bethesda Conference. We recommend you reference the Task Force monograph, the AHA recommendations or the 26<sup>th</sup> Bethesda Conference before performing high school athletic physicals in Nevada.

While many of you have been performing these evaluations for years, we would like to bring your attention to a few points. As discussed in the introduction to the monograph, there are multiple reasons for performing PPE's; the foremost reasons are to prevent injury and sudden cardiac death.

It is estimated that between 1 and 2 deaths (predominantly cardiovascular in etiology) per 200,000 high school athletes occur per year. The prevalence of cardiovascular disease capable of causing sudden cardiac death in these athletes is around 1/20,000. The most common cause of cardiac death in this population is hypertrophic cardiomyopathy (HCM).

Since the vast majority of PPE's will be completely normal, and, conversely, most students with abnormalities on history or physical exam do NOT have significant cardiac pathology, extreme diligence is required when performing these exams so that the few students with serious conditions are not missed.

**ANSWERS ON THE HISTORY FORM THAT WOULD SUGGEST A NEED FOR A CARDIOLOGY CONSULTATION INCLUDE:**

- **Excessive shortness of breath, syncope or chest pain during exercise.**
- **Family history of premature death or cardiovascular morbidity. (Before age 50)**
- **Family history of HCM, dilated cardiomyopathy, long QT syndrome, or Marfan's syndrome.**

**ABNORMALITIES ON THE PHYSICAL EXAM THAT SUGGEST THE NEED FOR ECHOCARDIOGRAPHY OR CARDIAC CONSULTATION INCLUDE:**

- **Any systolic murmur greater than II/VI.**
- **Any diastolic murmur.**
- **A murmur that increases in intensity from supine to standing (suggests HCM).**
- **Stigmata of Marfan's syndrome. (Attachment 7).**

A second goal of the PPE is to detect chronic illnesses or old injuries that may hamper the athlete's performance (such as Exercise Induced Asthma) or lead to injury ("the most common cause of injury is reinjury").

The final goal of the PPE is to provide our young athletes with a chance to talk to a physician about health issues. While this exam does not replace ongoing care by a personal physician, it may be the only contact these students have. Therefore, a brief discussion of health issues such as breast and testicular cancer screening, alcohol and tobacco use, automobile safety, etc., may be appropriate during the PPE.

Thank you for your willingness to help ensure a safer future for Nevada's young athletes.

Published by the NIAA Sports Medicine Advisory Committee.

Approved: February 2000; June 2012

**Attachment 7**

Suggested Screening Format for Marfan's Syndrome

Screen all men over 6 feet and all women over 5 feet 10 inches in height with echocardiogram and slit lamp examination when any two of the following are found:

1. Family History of Marfan's syndrome\*
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
7. Arm span greater than height
6. Upper to lower body ration more than one standard deviation below the mean
7. Myopia
8. Ectopic lens

\*This finding alone should prompt further investigation.

From Hara JH, Puffer JC. In Mellion MD: Sports Injuries & Athletic Problems. Philadelphia. Hanley & Belfus, Inc., 1988.



## CCSD PRE-PARTICIPATION PHYSICAL EVALUATION

### CCSD FORM D -- Health Practitioner, please refer to the letter & references provided on Form

<b>PHYSICAL EXAMINATION</b>		DATE OF EXAMINATION: _____	
NAME: _____		DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	% BODY FAT (optional): _____	PULSE: _____ BP: _____ / _____ ( _____ / _____ )
VISION: R 20/ _____	L 20/ _____	CORRECTED: Y / N	PUPILS: Equal _____ Unequal _____

<u><b>MEDICAL</b></u>	<b>NORMAL / ABSENT</b>	<b>ABNORMAL FINDINGS</b>	<b>EXPLAIN</b>	<b>INITIALS</b>
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<b><u>CARDIOVASCULAR</u></b>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<b><u>MUSCULOSKELETAL</u></b>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

**CLEARED** after completing evaluation/rehabilitation for: \_\_\_\_\_

**NOT CLEARED FOR:** \_\_\_\_\_ **REASON:** \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

**Name of physician (print/type):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  

Street
City
State
Zip Code

I, \_\_\_\_\_ hereby certify that I am a licensed \_\_\_\_\_, qualified to perform CCSD Pre-Participation Evaluations, and that on the date set forth below I performed all aspects of the CCSD Pre-Participation Evaluation on the above student. This student meets all physical examination requirements for participation in CCSD sanctioned sports.

\_\_\_\_\_  
**Signature of Health Practitioner**                      **License Number**                      **Office Phone Number**                      **Date**  
 Revised 5-2010; June 2012

**STUDENT INFORMATION**

**STUDENT ATHLETICS**

**EMERGENCY CARE INFORMATION & AUTHORIZATION**

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact parent, a legal guardian, or a designated emergency contact.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender  
 Male  
 Female

School Attending: \_\_\_\_\_ Student #: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN CONTACT INFORMATION**

Parent LastName: \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Home: \_\_\_\_\_

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

Relationship:  Mother  Father  Legal Guardian Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Parent/Legal Guardian: \_\_\_\_\_ Phone

Parent LastName: \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Home: \_\_\_\_\_

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

Relationship:  Mother  Father  Legal Guardian Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Resides With:  Mother  Father  Both Parents  Legal Guardian(s)

**EMERGENCY CONTACT(S) INFORMATION**

Please list two people we may call if the parent(s)/legal guardian(s) cannot be reached in the event of an emergency. Those listed will have permission to pick up your child from the school or at the location of a school activity.

Name of Person:  Relationship:  Contact #:  Other #:

Name of Person:  Relationship:  Contact #:  Other #:

**MEDICAL AND INSURANCE INFORMATION**

Medical Insurance Carrier Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group: \_\_\_\_\_ Group #: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Special Health Concerns:**

Check all that apply:  Asthma  Seizures  Diabetes  Heart Condition  Allergies  Hearing Problems  Vision Problems  Other

Explanation(s) of items checked above - Be specific (Include pregnancy, recent surgery, or other chronic conditions)

Other Info: \_\_\_\_\_

List all medications and dosages your child receives on a regular basis:

Medication: <input type="text"/>	Daily Dosage: <input type="text"/>
Medication: <input type="text"/>	Daily Dosage: <input type="text"/>
Medication: <input type="text"/>	Daily Dosage: <input type="text"/>

**\*Note:** If your child is taking medication regularly, please bring a supply in a labeled container. Prescription medication requires a current prescription label. Over-the-counter medication must be accompanied by an order from a licensed health care provider.

I, the parent/legal guardian of (minor child) \_\_\_\_\_ authorize and direct the Clark County School District, (CCSD) to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment of such care. I certify that my child has full health and accident insurance coverage. The policy covers any and all accidents and injuries that may be sustained during participation in this activity. I will immediately notify the Athletic Office of the school my student attends if there are any changes to this insurance policy. I will complete a new form **immediately** should any information need to be changed or updated. I release CCSD, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing, in good faith, medical care for my child.

Parent/Legal Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_