



Athlete's Name \_\_\_\_\_

Grade \_\_\_\_\_

Transfer Student Yes\_\_ No\_\_

This side to be completed by athletic participant.

**PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT ATHLETIC DEPARTMENT**

Article VII36.14(1) Physical Examination. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician/surgeon, osteopathic physician/surgeon, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

Father's place of work \_\_\_\_\_

Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Mother's place of work \_\_\_\_\_

Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

**In an emergency when parents cannot be contacted, please notify:**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Hospital \_\_\_\_\_

Phone \_\_\_\_\_

**Please check the appropriate sports you plan to participate in:**

- Football     Volleyball     Cross Country     Golf     Swimming     Basketball     Bowling
- Wrestling     Track     Tennis     Soccer     Baseball     Softball     Cheerleading     Dance

**Parents: Please complete this health history for your son/daughter**

Has this student had any. . .

**YES**

**NO**

- |   |       |       |
|---|-------|-------|
| 1. Chronic or recurrent illness, injury or health problems ?  | _____ | _____ |
| 2. Head or neck injuries ?                                    | _____ | _____ |
| 3. Had any illness lasting more than 1 week ?                 | _____ | _____ |
| 4. Been under a doctor's care in the last month ?             | _____ | _____ |
| 5. Had heat exhaustion, heat stroke or heat related problems? | _____ | _____ |
| 6. Racing or skipping heart beats ?                           | _____ | _____ |
| 7. Chest pain with exercise ?                                 | _____ | _____ |
| 8. Frequent headaches, convulsions, dizziness, fainting ?     | _____ | _____ |
| 9. Dental braces, bridges, plates ?                           | _____ | _____ |
| 10. Does the athlete wear glasses or contacts ?               | _____ | _____ |
| 11. Is the athlete on medication at this time ?               | _____ | _____ |

Please explain any **YES** answers here:

- The School District does not purchase an insurance policy for athletes.  
 -It is agreed that the cost of any and all treatment for injuries sustained by my son/daughter shall be the responsibility of the parents/guardians and that all such costs will be paid for by the parents/guardians, thus releasing the school from all financial obligations.  
 -I give permission for the Team Physician/Athletic Trainer to give treatments to my son/daughter at any athletic event, and for my son/daughter to participate in athletics.  
 -I am aware that participating in athletics may involve risks of injury, and that participation may result in catastrophic injury or death.  
 -I recognize the importance of my son/daughter following coaches' instructions regarding playing techniques, training and other team rules and agree that my son/daughter should obey such instructions.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Athlete's Signature \_\_\_\_\_

Date \_\_\_\_\_

# HEADS UP: Concussion in High School Sports

**The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:**

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
  - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
  - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

## What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
  - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
  - b. Seek medical attention right away.
2. Teach your child that it’s not smart to play with a concussion.
3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

## What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

## STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

**IT’S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.**

## Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## PARENTS:

### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

## Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- 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 mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Student’s Signature

Date

Student’s Printed Name

Parent’s/Guardian’s Signature

Date

Student’s School