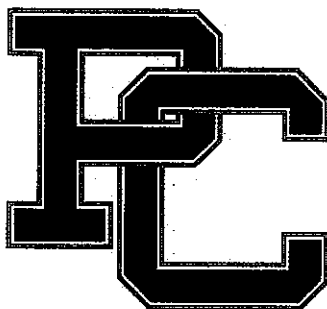


**PIKE COUNTY MIDDLE SCHOOL
PARTICIPATION AND ATHLETICS/ACTIVITIES
HANDBOOK 2024-2025**

Athletic Director: Jacob Boone
bookej@pike.k12.ga.us

Form	Completed By	Check Off
Athletic Handbook Student & Parent/Guardian Acknowledgement Form	Parent/Guardian & Athlete	
Permission to Participate	Parent/Guardian	
Authorization to Carry	Parent/Guardian	
Sudden Cardiac Arrest Awareness	Parent/Guardian & Athlete	
Concussion Awareness	Parent/Guardian & Athlete	
History Form	Parent/Guardian	
Physical Examination Form	Doctor	
Medical Eligibility Form	Doctor	

****Please return the completed Participation Packet to Ms. Sky Slagle in the PCMS front office before your child attends any tryouts, practices, conditioning, or competitions.****



PIKE COUNTY MIDDLE SCHOOL ATHLETICS/ACTIVITIES HANDBOOK 2024-2025

Athletics and extracurricular activities are an integral part of the total educational experience for PCMS students with the potential to enhance physical conditioning, healthful living, skill development, and a positive self-concept. A sense of belonging to a team can enable a student to develop meaningful and lasting relationships. The experience of competition is very much a part of every person's life, and the athletics/activities programs help teach how to win and lose graciously and with good sportsmanship. The opportunity to commit to a team and its needs can enable a student to realize individual potential as a caring and contributing member of a group.

Activities Offered

Middle School Activities Offered for 6th through 8th grade students:

Quarter 1 Fall: Cheer, Cross Country, Dance, Football (7th and 8th grade only), Softball, Swim,

Quarter 2 & 3 Winter: Boys' Basketball, Girls' Basketball, Baseball, Cheer, Dance, Wrestling

Quarter 4 Spring: Soccer, Track and Field, Volleyball (8th only)

Clearance Procedure: All students must complete and submit a PCMS Athletics Permission packet, current physical, and PCMS Athletics Acknowledgement prior to participating in any athletic event/activity. Students and parents may acquire a permission packet through the PCMS main office.

Student-Athlete Eligibility: Student-athletes must be academically eligible to participate in any athletic activity/event. PCMS students who do not pass 3 of 4 core content classes, and 3 of 4 elective courses during the semester immediately preceding participation will not meet academic eligibility. Participation in practices and games can be impacted by current semester behavior and/or academic concerns and will be left up to the coach's discretion.

Attendance and Athletics/Activities: A student must have attended 3 out of 6 classes the day of competition in order to compete/play. Student-athletes who are assigned In-School or Out of School Suspension are not permitted to practice or compete until the suspension has been served in full; participation in practice/games following disciplinary action such as, but not limited, ISS/OSS is subject to the discretion of the coaching staff and PCMS administration. Please see the PCMS Athletic Code of Conduct included in this document.

Participation/Playing Time in an Activity/Sport: Team members of all activities are expected to attend all scheduled meetings, practices, and games. Students who miss may jeopardize their chances for participation. If circumstances should prevent a student from attending, the student or parent/guardian must notify the coach by phone call or written statement prior to the absence. Coaches reserve the right to judge the appropriateness of the reason for the absence. It should be noted that meetings, practices, and games may include Saturdays.

Care of Equipment: Check-in/Loss or damage of any equipment is the participant's financial obligation. Participants are expected to turn in all uniforms at the conclusion of their participation in the sport/activity to avoid being billed for the uniforms/equipment/etc. It is expected that uniforms will be clean and in good repair. Any outstanding fees will be added to participant's student account and may prevent further participation within Pike County Schools.

Discrimination: Students will not participate in or condone discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability. Student-athletes found to be involved in such practices may be subject to dismissal from the team/activity, and/or disciplinary action.

Dress Code: Students must follow the school dress code and wear clothing appropriate for competition in each activity/sport.

Failure to Complete Sport/Activity: If a student ceases to participate in a sport/activity during any part of a game, practice, or meeting he/she will no longer be a part of the team. A student who quits one sport will not be permitted to participate in another sport/activity during that season.

Note: Any student who is dismissed from a sport/activity for disciplinary reasons may NOT go out for another sport/activity until that season is over. Participation fees will not be returned for failure to complete a sport/activity or dismissal from team.

Hazing and Harassment: Hazing is defined as any activity where a person recklessly endangers the health or safety or causes a risk of bodily injury to an individual for purposes of initiation, admission into or affiliation with any student organization. Harassment is an act of insensitivity. Harassment at school can take many forms. The most common of which are: verbal abuse, racial or gender slurs or threats. Harassment or hazing in any form will not be tolerated. Any student involved in hazing will be subject to discipline, which may include suspension from school in accordance with the Pike County Schools Student Handbook.

Inclement Weather: If school must be canceled or dismissed early because of inclement weather, practices and contests will be canceled. Weather delays during competition will be communicated by the coaching staff, and PCMS Administration.

Parent/Guardian Expectations:

1. Parents are expected to contact coaches **first** with any concerns regarding the sport/activity. If the coach or parent feels the conversation is unproductive, the issue will then be referred to the PCMS Athletic Director and/or Administration. Parents are to refrain from addressing any potential concerns for 24 hours after a contest has been completed. PCMS coaches and administrative members are not expected to discuss any concerns post-contest while responsible for the supervision of student-athletes, post-contest requirements, etc.
2. Spectators at home or away events are expected to be role models for our students. Being disrespectful to officials, coaches or participants will not be tolerated and may result in removal from current and future contests. Please cheer for our participants using only positive comments and support.
3. Middle school coaches are transitioning student-athletes to a higher level of play and expectation; with this we are focused on participants listening to the coaching staff during events. Please refrain from offering additional coaching during PCMS athletic contests.

Team Rules: The head coach of each program will establish team rules. The rules will be in writing and reviewed with team members. A copy will be on file with the PCMS Athletic Director. Parents/Guardians of participants will receive information about rules and expectations from the coach.

Team Size: In some sports, resources and team size may limit the number of students who can participate. Choosing team members for a particular sport is the role of the coaching staff. Any student who does not make the team remains eligible for other sports/activities offered in the same season.

Transportation: Transportation to and from all PCMS Athletic events will be provided by PCS Transportation.

Written documentation from a student's parent/guardian is required to transport students to practice/competition off-campus i.e., practice/competition at Pike County High School, etc.

PCMS Student-Athlete Code of Conduct:

Interscholastic extracurricular programs are an integral component of the total educational program and a means of developing positive attitudes, knowledge, and skills. Pike County Schools encourage participation in a variety of extracurricular activities.

Participation in extracurricular activities, including athletics, is a privilege and not a property right. The Code of Conduct establishes high expectations regarding behavior by establishing minimum and consistent consequences when violations occur.

Non PCMS Participation

8th grade students/athletes may try out for offered sub-varsity teams. Homeschooled students follow the Dexter Mosley Act (Senate Bill 42) [SB42 Guidance-Dexter Mosely Act.pdf \(gadoe.org\)](#) for eligibility information.

Violations and Consequences

Students enrolled in Alternative Program = Ineligible to participate in extracurricular activities

ISS assignments

1 day = Notify in season coaches / activity sponsors

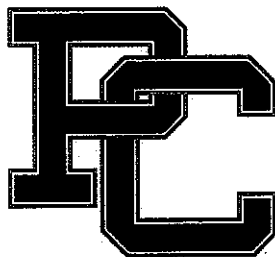
2 or more days = Notify in season coaches / activity sponsors, no participation until completion of ISS

Out-Of-School Suspension

1st offense = One contest / activity suspension, not including any missed competition during OSS

2nd offense = Suspension equal to 25% of the season or removal from the activity based on remaining contests.

3rd offense = Dismissed from team / activity, no participation in extracurricular activities for the remainder of the current semester and the following semester.



**PIKE COUNTY MIDDLE SCHOOL ATHLETICS/ACTIVITIES
Student & Parent/Guardian Acknowledgement Form**

By signing and returning this form, the student and parent/guardian acknowledge the following statements:

I have received the Pike County Middle School Athletics/Activities Handbook and understand that it is my obligation to become familiar with the contents.

I understand that, as a parent/guardian, I have the right to prohibit my child from participating in any extracurricular activities/clubs that I feel are inappropriate for him/her.

I have read and understand the Pike County Middle School Athletics' Clearance and Eligibility protocol.

I have read and understand the Pike County Middle School Athletics' Attendance and Participation policy.

I understand that the student and parent/guardian are financially responsible for the loss and/or damage of all assigned athletic uniforms/equipment, and that any outstanding fees will be added to participant's student account and may prevent further participation within Pike County Schools.

I understand that my student participating in any after-school event/activity must be picked up no later than 15 minutes after the scheduled end of the event/activity. A student who is picked up late from two after-school events/activities will not be allowed to stay for any more events during the school year.

I understand that if a student ceases to participate in a sport/activity during any part of a game, practice, or meeting he/she will no longer be a part of the team. A student who quits one sport will not be permitted to participate in another sport/activity during that season.

I understand that harassment or hazing in any form will not be tolerated. Any student involved in hazing will be subject to discipline, which may include suspension from school in accordance with the Pike County Schools Student Handbook.

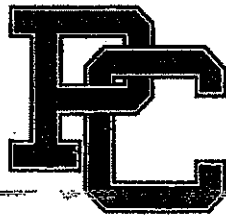
I have read and understand the individual team rules and expectations set forth for PCMS _____ and the behavioral consequences if necessary for violation of team rules and/or Pike County Schools Student Code of Conduct.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Name: _____

Student Signature: _____ Date: _____



Pike County Middle School

Permission to Participate

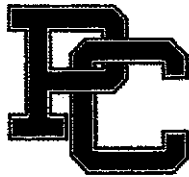
I/We, the undersigned parent(s) and/or guardian(s) do hereby give permission for my son/daughter, _____ to participate in (sport): _____ for the 20__ - 20__ school year.

I/We understand that if an injury occurs to my son/daughter during practice/play I am responsible for filing school insurance within 90 days of the injury.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



Pike County School System

Authorization to Carry Student to Hospital

Authorization for Third Party to Consent to Treatment of Minor Lacking Capacity to Consent

I/We hereby authorize a representative of the **Pike County School System** to take my child to the hospital emergency room for treatment. I/We understand that I am legally responsible for any financial obligations incurred in the emergency treatment of my child.

I/We, the undersigned, parent(s)/legal guardian(s) of _____, a minor do hereby authorize a representative of the **Pike County School System** to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon duly licensed, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

These Authorizations shall remain effective until _____, 20____ unless sooner revoked in writing and delivered to the **Pike County School System**.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Student Name:	Student Birthday:
Student Social Security Number:	Student Address:
Student Insurance Carrier:	Insurance Policy Number:
Parent/Guardian Cell Phone Number:	Parent/Guardian Home Phone Number:
Other Emergency Contact Name:	Other Emergency Contact Number:

Georgia High School Association

Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: Pike County Middle School

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPI. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give Pike County Middle School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2021-2022 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Pike County School System.

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

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: Pike County Middle 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.

By signing this concussion form, I give Pike County Middle School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2015-2016 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Pike County School System.

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

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ (First Name) _____ (Last Name) Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth: _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

(First Name) _____

(Last Name) _____

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU		
(CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>	
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>	
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
FEMALES ONLY		Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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2022 This form has been modified for use by the GHSA

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ (First Name) _____ (Last 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, e-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-enhancing 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 (Q4-Q13 of History Form).

EXAMINATION		NORMAL	ABNORMAL FINDINGS
Height:	Weight:		
BP: / (/)	Pulse:	Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL			
Appearance	• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	<input type="checkbox"/>	
Eyes, ears, nose, and throat	• Pupils equal • Hearing	<input type="checkbox"/>	
Lymph nodes		<input type="checkbox"/>	
Heart*	• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	<input type="checkbox"/>	
Lungs		<input type="checkbox"/>	
Abdomen		<input type="checkbox"/>	
Skin	• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis	<input type="checkbox"/>	
Neurological		<input type="checkbox"/>	
MUSCULOSKELETAL			
Neck		<input type="checkbox"/>	
Back		<input type="checkbox"/>	
Shoulder and arm		<input type="checkbox"/>	
Elbow and forearm		<input type="checkbox"/>	
Wrist, hand, and fingers		<input type="checkbox"/>	
Hip and thigh		<input type="checkbox"/>	
Knee		<input type="checkbox"/>	
Leg and ankle		<input type="checkbox"/>	
Foot and toes		<input type="checkbox"/>	
Functional	• Double-leg squat test, single-leg squat test, and box drop or step drop test	<input type="checkbox"/>	

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

