

# **CRAVEN COUNTY SCHOOLS ATHLETIC TEAM PARTICIPATION: INFORMED CONSENT**

The Craven County Board of Education requires that parents/guardians of the students, who participate in sports, as well as the student participant, give evidence of understanding of the possible risks involved in such participation. Therefore, the following statement shall be presented to each student athlete and his/her parents for their signatures BEFORE the student is permitted to participate in the sport of his/her choice.

I understand that participation in sports involves risks of injuries: that participation in sports could result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of player's body, general health, and well being.

My signature here on witness my understand of the possible risks involved for the player named on this form, it also witness my consent for the player named on this form to participate in the sports programs sponsored by the Craven County Board of Education.

Name of Participant \_\_\_\_\_

Consent of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **INSURANCE RELEASE FORM FOR ALL SPORTS**

I hereby certify that \_\_\_\_\_ has our permission to participate in school sponsored interscholastic athletic practices, games, and related travel and activities and that he/she is adequately covered by an accident and health and/or hospitalization insurance policy which is in effect during his/her participation in such activities. This coverage is by virtue of: (check one of the following:

- ( ) Scholastic Athletic Accident Insurance (Offered through the school)  
( ) My/Our personal insurance policy

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

I (we) also acknowledge and certify that this certificate hereby releases and absolves Grover C. Fields Middle School, and its agents and employees from all liability for injuries and related expenses incurred by the student as a result of participating in school sponsored interscholastic athletic practices and games without being adequately covered by insurance protection certified to above.

(Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

Date \_\_\_\_\_

**\*Note:** Both parents, if possible, should sign

## Sports Participation History Form

Form Currently Recommended by the NCMS Sports Medicine Committee

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Physician's Directions: We recommend repeating the thirteen questions listed below and carefully reviewing details of any positive answers.

Yes	No	Don't Know	
			1. Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister) died suddenly before age 50?
			2A Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2B Has the athlete ever been told he/she has a heart murmur or heart problem?
			3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?
			5. Does the athlete have a history of a concussion (getting knocked out)?
			6. Has the athlete ever suffered a heat-related illness (heat stroke)?
			7. Does the athlete have anything he/she wants to talk about to the doctor?
			8. Does the athlete have "a chronic illness or see a doctor regularly for any particular problem?
			9. Does the athlete take any medicine?
			10. Is the athlete allergic to any medications or bee stings?
			11. Does the athlete have only one of any paired organs (eyes, ears, kidneys, testicles, ovaries, etc.)?
			12. Does the athlete wear contacts or eye glasses?
			13. Date of last tetanus booster, DATE

Elaborate on any positive answer:

I have answered and reviewed the questions above and give permission for my child to participate in sports.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Examination

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

BP \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_

Vision (R) \_\_\_\_\_ (L) \_\_\_\_\_

### Musculoskeletal Exam

	Normal	Abnormal	Record: laxity, weakness, instability, decreased ROIV
Neck			
Knee			
Ankle			
Shoulder			
Feet			
Scoliosis/Spine			
Other Orthopedic Problems			

### Cardiovascular Exam

	Normal	Abnormal	Not Done	Comments
ENT				
Chest				
Abdomen				
Genitalia				
Skin				

ASSESSMENT:     No problems identified     Other

**RECOMMENDATIONS:**  Unlimited  Limited to specific sports  Deferred until (e.g., rehab., recheck, consultation, lab, etc.)

**RE-EXAM:**  Yearly and after any injury that limits participation for greater than one week  
 Other

I certify that I have examined the above student and that such examination revealed

Conditions  No conditions that would prevent this student from participation in interscholastic sports.

Licensed to practice medicine in North Carolina?     Yes     No

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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

If student is not qualified, list reasons for disqualification: \_\_\_\_\_

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, testicle, or ovary, etc.)