PLAYER INFORMATION FORM

Please Print (or Type)

NAME: _____

LAST FIRST MIDDLE INITIAL

DATE OF BIRTH: _____

Month Day Year

SOCIAL SECURITY NUMBER: (LAST 4 DIGITS): XXX - XX -_____

GRADE: _____ (IF 9TH GRADER JUNIOR HIGH ATTENDED)_____

PARENTS OR GUARDIANS

NAME: _____

LAST FIRST Relationship

_____

LAST FIRST Relationship

HOME ADDRESS: _____

STREET OR POST OFFICE BOX

_____

CITY STATE ZIP

TELEPHONE NUMBER: _____

Home Work

_____

CELL

MAILING ADDRESS:_____

(IF DIFFERENT THAN HOME) STREET OR POST OFFICE BOX

_____

CITY STATE ZIP

- PLEASE ATTACH COPY OF BIRTH CERTIFICATE TO YOUR PACKET
- PLEASE FILL OUT THIS PACKET COMPLETELY (INCLUDING SIGNATURES).
- PHYSICALS ARE GOOD FOR 1 CALENDAR YEAR

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed ***by the student-athlete's parent*** *prior to a student's participation in an athletic contest and shall be kept on file with the school.* **It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school.** *This form is subject to* ***review****/inspection by the LHSAA* ***or its representative.***

PART I: STUDENT INFORMATION *(Please Print)*

Student's Name: (Last, First, Middle)_____School Year: _____

Date of Birth:_____Last Four Digits of SSN: _____

Home Address: _____

City:_____Zip: _____

My child entered ninth grade in_____(month and year). Last semester/year he/she attended _____ _____High School.

ARE YOU ELIGIBLE?

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

RULE	COMMENTS
BONA FIDE STUDENT	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8th grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
ENROLLMENT	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
AGE	A student shall not become 19 years of age prior to August 1 of this year.
PROOF OF AGE	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
CONSECUTIVE SEMESTERS	Once a student shall enter the ninth grace, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.26.6 of the LHSAA handbook)
SCHOLASTIC	For regular education high school students at the end of the first semester a student shall pass at least six subjects in all subjects taken. At the end of the year and prior to the next school year, a student shall must have earned at least six units with an overall "C" average for the entire previous school year as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester. Special education students must consult the school principal, athletic director, or coach for scholastic information.
RESIDENCE AND SCHOOL TRANSFERS	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
UNDUE INFLUENCE	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
AMATEUR	A student cannot play high school athletics if he/she loses their amateur status.
INDEPENDENT TEAM	In certain sports a student cannot play on a school team and an independent team during the same sport season.

MEDICAL EXAMINATION — A student shall **annually** pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM — A school shall **only** be required to have this form completed and signed prior to **the first time a student participates** in LHSAA athletics at the school **unless the studenttransfers to another member school**.

SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM — A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.

SUSPENDED AND INELIGIBLE STUDENTS — Shall not participate in any interscholastic contest on any team at any school at anylevel.

LHSAA ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS

Eligibility to participate in interscholastic athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBLITY RULES

PART II – PARENTAL PERMISSION

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed **on this form** is my sole bona fide residence and **that I** will notify the school principal immediately of any change in **my** residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or it representative(s) permission to review my child's scholastic records and all required eligibility forms **however submitted by the school or myself**.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for **my child** to participate in ***any*** of the following LHSAA sports:

BASEBALL	GOLF	SWIMMING
BASKETBALL	GYMNASTICS	TENNIS
BOWLING	POWERLIFTING	TRACK AND FIELD
CROSS COUNTRY	SOCCER	VOLLEYBALL
FOOTBALL	SOFTBALL	WRESTLING

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with those standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.

Date:_____ Parent's Signature: _____

Relationship to Student _____ (Print Name) _____

(Principal Signature) April Farrell

LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.

As an LHSAA athlete, I, _____, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, _____, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: _____ _____
Student Athlete

Dated: _____ _____
Parent/Guardian

Dated: _____ April Farrell
Principal

Dated: _____ Robert [illegible]
Head Coach or AD

1.10 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

1.10.1 The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:
1. A school shall be fined $50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed $500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.

ST. TAMMANY PARISH SCHOOL BOARD STUDENT ATHLETE CONTRACT AND AUTHORIZATION/CONSENT FORM

As a student athlete in St. Tammany Parish schools, and as an LHSAA athlete, I fully realize the importance of being physically, mentally and morally fit. I vow to avoid the abuse or misuse of legal or illegal substances. I hereby grant permission to be tested for substance abuse/misuse during my tenure as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a specimen for testing upon request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action as stated in the St. Tammany Parish School Board Drug Testing and Referral Program for Athletes and in The Official Handbook of the Louisiana High School Athletic Association. I understand that, since athletics is an extra-curricular activity, St. Tammany Parish School Board takes added precautions to assure that an athlete will be afforded reasonable safety measures. I further understand that athletics is not an essential part of the educational process and thus is not mandated by the St. Tammany Parish School Board. I also understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of St. Tammany Parish School Board Policy and/or School Policy.

I understand that to pursue excellence on the playing field, I must not experiment with alcohol, illegal drugs or banned substances. I understand that the St. Tammany Parish School Board's main purpose of the random drug testing program is not to invade the privacy of the student athlete, but rather its intent is to identify a health or controlled substance dependence which by its very nature would be counterproductive to the safety of the athlete and his/her companions. I have received and read, and I am fully aware of and thoroughly understand the St. Tammany Parish School Board Drug Testing and Referral Program for Athletes, which includes (1) a Policy for Random Drug Testing of St. Tammany Parish School Board High School Students Participating in Interscholastic Sports; and (2) Procedures for Random Drug Testing of St. Tammany Parish School Board District Students Participating in Interscholastic Sports, dealing with drug use and also the additional rules set forth by the St. Tammany Parish School Board and my school's athletic department.

I understand and realize that there is risk of injury in participating in athletic activities, and I understand that when I participate in any athletic program, I will be subjected to random drug testing, and if I refuse, I will not be allowed to participate in any athletic activities. I have read the St. Tammany Parish School Board Student Athlete Contract and Authorization/Consent Form and agree to its terms. I understand that these tests will be strictly enforced and participation will be mandatory, since the parent(s)/guardian(s)/custodian(s) have freely chosen to allow their son(s)/daughter(s)/ward(s) to participate in athletic programs. No athlete will be tested unless at least one parent/guardian/custodian and the athlete sign a form giving permission to have drug testing performed. By signing, the parent(s) and athlete acknowledge that they have consented to the administration of the test and waive any claim of invasion of privacy and waive any objection to the necessary action in the furtherance of these safety proceedings. The undersigned do hereby authorize the St. Tammany Parish School Board to have the tests enumerated herein to be administered as part of its athletic program. I understand and agree that my refusal to allow and/or submit to these tests to be administered by the St. Tammany Parish School Board will immediately serve as notice that I, the student may not participate in any athletic extra-curricular activity, and do further agree and understand that failure and/or refusal to allow and/or submit to these tests shall be considered by the St. Tammany Parish School Board as a Positive result under the (1) Policy for Random Drug Testing of St. Tammany Parish School Board High School Students Participating in Interscholastic Sports; and (2) Procedures for Random Drug Testing of St. Tammany Parish School Board District Students Participating in Interscholastic Sports.

I understand that this is binding while I am a student in the St. Tammany Parish School Board school system and I understand the consequences that I will face should I violate these rules and/or policies, and understand that I am subject to penalties, including loss of athletic participation privileges.

I understand that should I have the need to discuss or seek assistance in reference to a drug or alcohol related matter, it is my responsibility to do this immediately. This can be done with a member of the coaching staff, a guidance counselor, or administrator. I know that if I ask for help I will receive help. I also understand that this does not relieve my obligation through the mandatory drug testing program.

As a Parent/Guardian/Custodian:
We have received and read, and we are fully aware of and thoroughly understand the St. Tammany Parish School Board Drug Testing and Referral Program for Athletes, which includes (1) a Policy for Random Drug Testing of St. Tammany Parish School Board High School Students Participating in Interscholastic Sports; and (2) Procedures for Random Drug Testing of St. Tammany Parish School Board District Students Participating in Interscholastic Sports, dealing with drug use and also the additional rules set forth by the St. Tammany Parish School Board and my student's athletic department. We have also read the St. Tammany Parish School Board Student Athlete Contract and Authorization/Consent Form and agree to all of its terms and conditions. As such, we pledge to promote healthy lifestyles for all student athletes of the School District.

We understand and realize that there is an assumed risk of injury involved for our son/daughter/ward as a participant in athletic activities. We also understand that our son/daughter/ward, when participating in any athletic program, will be subjected to random drug testing, and if they refuse, will not be allowed to participate in any athletic activities. We do hereby consent to allow the student named in this St. Tammany Parish School Board Student Athlete Contract and Authorization/Consent Form to undergo drug testing for the presence of illicit drugs or banned substances in accordance with the St. Tammany Parish School Board Drug Testing and Referral Program for Athletes.

We do hereby give our consent to the medical Vendor selected by the St. Tammany Parish School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor, to conduct random drug testing on the student named herein below. We understand these results will be forwarded to the Building Principal and will also be made available to us.

We understand that consent pursuant to this Informed Consent Agreement will be effective for all athletic sports in which this student athlete might participate during the current school year, and we do hereby release the St. Tammany Parish School Board and it's employees, designees and agents from any legal responsibility or liability for the release of such information and records, and for any responsibility in connection with the administration of test results, warranties as to accuracy of said tests and medical procedures used by the Vendor and/or any referring laboratory.

We further agree and understand that the St. Tammany Parish School Board and its Athletic Department assumes no responsibility for diagnosing or treating any disease that may become known as a result of said laboratory test(s), and that if the athlete has been taking medication, we should indicate this prior to the administration of the tests and notify the School Principal of the prescribing physician.

_____
Student Athlete (print and sign name)

Date:_____

SS#:_____

_____
Parent/Guardian/Custodian (print and sign name)

Date:_____

Telephone No.:_____

Address:_____

_____
Parent/Guardian/Custodian (print and sign name)

Date:_____

Telephone No.:_____

Address:_____

UPDATED 7/16/2015

SCHOOL WAIVER FORM
EXTRACURRICULAR ACTIVITES

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE STUDENT'S AND PARENT'S/LEGAL CUSTODIAN'S SIGNATURE.

PARENTS, LEGAL CUSTODIANS, OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student and parent/legal custodian recognize that participation in interscholastic athletics and related extracurricular activities involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs and related extracurricular activities, it is impossible to eliminate all risk. Because of these inherent risks, the student and their parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student") is under the supervision of the St. Tammany Parish School Board school. I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student being a minor, but that, if necessary, the student will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student's personally identifiable health information should treatment for illness or injury become necessary.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation.

The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the St. Tammany Parish School Board, its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics or sports and related extracurricular activities. **The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.**

Student's Name _____ Sports/Activities _____ Sex M F

School _____ Grade _____ Age_____ Date of Birth__/__/__

Parent's/Guardian's Name _____

Father's/Guardian's SS# XXX-XX_____ Mother's/Guardian's SS# XXX-XX_____

Work Address _____

Phone Number ( )_____

Home Address _____

Phone Number ( )_____

Another Person to Contact _____

Relationship _____ Phone Number ( ) _____

Insurance Company _____

Policy Number and/or Group Numbers _____

ALLERGIES _____

Parent's Signature _____ Student's Signature _____

Date _____ Date _____

IMPORTANT NOTICE – It is the policy of the St. Tammany Parish School Board that ALL athletes participating in our school sports programs MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE! Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians

APPENDIX B

ST. TAMMANY PARISH SCHOOL BOARD

CONCUSSION MANAGEMENT PILOT PROGRAM
STUDENT PARTICIPATION APPLICATION

My child, _____, has my permission to participate in the
Name of Student

Concussion Management Pilot Program at _____ High School. We have studied the requirements for participation and agree to its terms. We understand that the collected data from the ImPACT testing on my child will be confidential and can be reviewed only by the athletic trainer of my child's school and a physician. The viewing of my child's records by any other person must have my expressed permission in writing. Questions can be answered by contacting the coach, principal or athletic trainer of the sport/school. ☐ Yes I approve participation. ☐ No I do not want my child to participate.

_____ _____
Student's Signature Date

_____ _____
Parent or Legal Guardian's Signature Date

_____
Print Parent or Legal Guardian's Name

Please complete all information requested below:

Name of student: _____

Address: _____

Home phone: _____ Age: _____ Grade: _____

Mother's name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Father's name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Louisiana High School Athletic Association
Parent and Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

Parent Initial	Student Initial	
_____	_____	A concussion is a brain injury, which I am responsible for reporting to my coach , athletic trainer, or team physician.
_____	_____	A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance
_____	_____	You cannot see a concussion, but you might notice some of the symptoms right away. 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 my coach, athletic trainer, or team physician.
_____	_____	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.
_____	_____	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
_____	_____	In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____ _____
Signature of Student-Athlete Date

_____
Printed name of Student-Athlete

_____ _____
Signature of Parent/Guardian Date

_____
Printed name of Parent/Guardian

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed *annually*, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name:_____ School:_____ Grade:_____ Date:_____

Sport(s):_____ Sex: M / F Date of Birth:_____ Age:_____ Cell Phone:_____

Home Address:_____ City:_____ State:_____ Zip Code:_____ Home Phone:_____

Parent / Guardian:_____ Employer:_____ Work Phone:_____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
☐	☐	Head Injury / Concussion	_____	☐	☐	Neck Injury / Stinger	_____	☐	☐	Shoulder L / R	_____
☐	☐	Elbow L / R	_____	☐	☐	Arm / Wrist / Hand L / R	_____	☐	☐	Back	_____
☐	☐	Hip L / R	_____	☐	☐	Thigh L / R	_____	☐	☐	Knee L / R	_____
☐	☐	Lower Leg L / R	_____	☐	☐	Chronic Shin Splints	_____	☐	☐	Ankle L / R	_____
☐	☐	Foot L / R	_____	☐	☐	Severe Muscle Strain	_____	☐	☐	Pinched Nerve	_____
☐	☐	Chest	_____			Previous Surgeries: _____					

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
☐	☐	Heart Murmur / Chest Pain / Tightness	☐	☐	Asthma / Prescribed Inhaler	☐	☐	Menstrual irregularities: Last Cycle:_____
☐	☐	Seizures	☐	☐	Shortness of breath / Coughing	☐	☐	Rapid weight loss / gain
☐	☐	Kidney Disease	☐	☐	Hernia	☐	☐	Take supplements/vitamins
☐	☐	Irregular Heartbeat	☐	☐	Knocked out / Concussion	☐	☐	Heat related problems
☐	☐	Single Testicle	☐	☐	Heart Disease	☐	☐	Recent Mononucleosi
☐	☐	High Blood Pressure	☐	☐	Diabetes	☐	☐	Enlarged Spleen
☐	☐	Dizzy / Fainting	☐	☐	Liver Disease	☐	☐	Sickle Cell Trait/Anemia
☐	☐	Organ Loss (kidney, spleen, etc)	☐	☐	Tuberculosis	☐	☐	Overnight in hospital
☐	☐	Surgery	☐	☐	Prescribed EPI PEN	☐	☐	Allergies (Food, Drugs)_____
☐	☐	Medications _____						

List Dates for: Last Tetanus Shot:_____ Measles Immunization:_____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.....Yes No
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately.....Yes No
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.....Yes No
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s) .....Yes No

_____ Date Signed by Parent

_____ Signature of Parent

_____ Typed or Printed Name of Parent

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____ Weight _____ Blood Pressure_____ Pulse_____

GENERAL MEDICAL EXAM:

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Hernia (if Needed)	☐	☐

COMMENTS: _____

OPTIONAL EXAMS:

VISION:

L:_____ R:_____ Corrected: _____

DENTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM:

	Norm	Abnl
I. Spine / Neck		
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐
II. Upper Extremity		
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Hand / Fingers		
III. Lower Extremity		
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐

From this limited screening I see no reason why this student cannot participate in athletics.

[ ] Student is cleared

[ ] Cleared after further evaluation and treatment for:___

[ ] Not cleared for: __contact __non-contact

_____ Printed Name of MD, DO, APRN or PA

_____ Signature of MD, DO, APRN or PA

_____ Date of Medical Examination

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.