Charles County Public Schools
Athletic Parental Consent Form

School Year 20___ to 20___  Sport____________________  Male ____ Female ____

General Student Information

Name ___________________________________________  Student Id # ____________

(Last)       (First)             (MI)

Home Address

City/Zip Code ________________________________________________________________

Athletic Participation

Students who have elected to participate in the athletic program will be required to
practice and participate in scheduled contests after regular school hours and possibly
on non-school days. Supervision at practice, games and travel will be provided by the
school.

In addition, all student athletes must comply with eligibility regulations that govern
athletics in the Charles County Public Schools as issued by the Board of Education of
Charles County and Maryland Public Secondary Schools Athletic Association and the
Maryland State Department of Education. (Student/Parent Handbook)

Residence Eligibility

I also declare and affirm that my child resides within the attendance zone of
________________________________ School or is attending ___________________________
School with the permission of the Student Services of Charles County Public Schools.
If a student is attending a high school without the benefit of residing (i.e., living with
parents or legal guardian/custodian) within the school’s attendance zone and/or
approval of the School Change Request procedure, the student in question is subject
to disciplinary action which could result in the loss of athletic eligibility for a period of
time as governed by the regulations of the Charles County Public Schools
Interscholastic Handbook. More residency eligibility information can be found on page
6 of the Student/Parent Handbook.

Please respond to the following residency questions:

A. I reside at____________________________, ____________________________ MD

   Street Address             City                 Zip Code

B. This residence is within the boundaries of ______________________ High School
   attendance zone

C. I reside at this residence with a parent or guardian:  ____yes   ____no

D. My current address is the same as last year:  ____yes   ____no

E. I have only played at my current high school:  ____yes   ____no

F. I agree to notify the coach/school of any changes in residence:  ____yes   ____no

Photography Permission

I hereby grant permission for Charles County Public Schools to use my child’s
photograph on the school’s website, the booster’s website, or in any other Charles
County Public Schools publications for educational and/or promotional purposes.
(Student/Parent Handbook, page 16)

☐  Permission Granted  ☐  Permission Not Granted
Insurance Information

We understand that the sport in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. We assume the risk of injury to our child that may occur in an athletic activity. We agree to hold harmless the Board of Education of Charles County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents and agree to indemnify each of them from any claims, costs, suits, action judgments, and expenses arising from our child’s participation in interscholastic athletics and sports and any injuries received there from and expenses related thereto. (Student/Parent Handbook, page 5)

Select one:
(All students must have health insurance coverage to participate in interscholastic athletics)

☐ I have health insurance coverage
   Company Name: ___________________________ Policy Number: ________________

☐ I purchased student accident insurance
   Please specify: Varsity Football Plan _____ School time _____ 24-hour _____

I give my consent and authorize Charles County Public Schools and its agent and/or employees to consent on my behalf and on behalf of my child to emergency medical care and treatment in the event I am unavailable.

I agree and understand that I will be responsible for all medical bills and costs that may be incurred as a result of medical care or treatment of my child for accidents and injuries in school sponsored games and practice sessions, and during travel to and from athletic activities.

In addition, I have received and reviewed the contents of the student/parent handbook, which explains Charles County Public Schools’ athletic guidelines. I understand and accept these guidelines.

I certify that all information is correct.

_____________________________________________________________________________________
Parent Signature                                  Date

_____________________________________________________________________________________
Student Signature                                  Date
Pre-Participation Physical Evaluation

HISTORY
This page to be completed by student and parent/guardian

Name ____________________________  Sex _______ Age _____ Date of Birth ______

Grade _____ School ____________________________  Sport(s) ______________

Address

Personal physician ____________________________

In case of emergency, contact

Name ____________________________  Relationship __________  Phone (H) __________ (W) __________

Explain “Yes” answers below. Circle questions if you don’t know the answers.

1. Have you had a medical illness or injury since your last check up or sports physical?
   - Yes □  No □
   - Do you have an ongoing or chronic illness?
     - Yes □  No □
   - Have you ever been hospitalized or in the hospital overnight?
     - Yes □  No □
   - Have you ever taken any prescription or nonprescription (over-the-counter) medications or
     - Yes □  No □
   - Have you ever had surgery?
     - Yes □  No □
   - Do you have any allergies (for example, to pollen, medicine, food, or stingling insects)?
     - Yes □  No □
   - Have you ever had a rash or hives develop during or after exercise?
     - Yes □  No □
   - Have you ever passed out during or after exercise?
     - Yes □  No □
   - Have you ever been dizzy during or after exercise?
     - Yes □  No □
   - Have you ever had chest pain during or after exercise?
     - Yes □  No □
   - Do you get tired more quickly than your friends do during exercise?
     - Yes □  No □
   - Have you ever had racing of your heart or skipped heartbeats?
     - Yes □  No □
   - Have you had high blood pressure or high cholesterol?
     - Yes □  No □
   - Have you ever been told you have a heart murmur?
     - Yes □  No □
   - Has any family member or relative died of heart problems or of sudden death before age 50?
     - Yes □  No □
   - Have you had a severe viral infection (for example, myocardiartis or mononucleosis) within the last month?
     - Yes □  No □
   - Has a physician ever denied or restricted your participation in sports for any heart problems?
     - Yes □  No □

6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
   - Yes □  No □

7. Have you ever had a head injury or concussion?
   - Yes □  No □
   - Have you ever been knocked out, become unconscious, or lost your memory?
     - Yes □  No □
   - Have you ever had a seizure?
     - Yes □  No □
   - Do you have frequent or severe headaches?
     - Yes □  No □
   - Have you ever had numbness or tingling in your arms, hands, legs, or feet?
     - Yes □  No □
   - Have you ever had a stinger, burn, or pinched nerve?
     - Yes □  No □
   - Have you ever become ill from exercising in the heat?
     - Yes □  No □

8. Do you cough, wheeze, or have trouble breathing during or after activity?
   - Yes □  No □

9. Do you have asthma?
   - Yes □  No □

10. Do you have seasonal allergies that require medical treatment?
    - Yes □  No □

11. Do you use any special protective or corrective equipment or devices that aren’t usually used for your sport
    - Yes □  No □

12. Do you wear glasses, contacts, or protective eyewear?
    - Yes □  No □

13. Have you ever had a sprain, strain, or swelling after injury?
    - Yes □  No □

14. Have you broken or fractured any bone, or dislocated any joints?
    - Yes □  No □

15. If yes, check appropriate box and explain below.
    - Head □  Upper arm □  Hand □  Knee □  Back □  Elbow □  Finger □  Shin/calf □  Chest □  Forearm □  Hip □  Ankle □  Shoulder □  Wrist □  Thigh □  Foot □

16. Do you feel stressed out?
    - Yes □  No □

17. Do you want to weigh more or less than you do now?
    - Yes □  No □

18. Do you lose weight regularly to meet weight requirements for your sport?
    - Yes □  No □

19. Record the dates of your most recent immunizations (shots) for:
    - Tetanus □  Measles □  Hepatitis B □  Chickenpox □

20. FEMALES ONLY
    - When was your first menstrual period?
      - ________
    - When was your most recent menstrual period?
      - ________

FEMALES ONLY

21. How much time do you usually have from the start of one period to the start of another?
    - ________

22. How many periods have you had in the last year?
    - ________

23. What was the longest time between periods in the last year?
    - ________

Explain “Yes” answers here:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

We hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.

Signature of athlete ____________________________  Signature of parent/guardian ____________________________  Date ______

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American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine
Pre-Participation Physical Evaluation
(This page to be completed by physician/nurse practitioner/physician assistant)

PHYSICAL EXAMINATION

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<tr>
<th>NAME</th>
<th>DATE OF EXAM</th>
<th>DATE OF BIRTH</th>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>% BODY FAT (optional)</th>
<th>PULSE</th>
<th>BP</th>
<th>VISION R 20/</th>
<th>L 20/</th>
<th>CORRECTED?</th>
<th>Y</th>
<th>N</th>
<th>PUPILS:</th>
<th>EQUAL</th>
<th>UNEQUAL</th>
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**NORMAL**

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<th>ABNORMAL FINDING</th>
<th>INITIALS *</th>
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<td>Eyes/Ears/Nose/Throat</td>
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<td>Lymph nodes</td>
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<td>Heart</td>
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<td>Pulses</td>
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<td>Foot</td>
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</table>

*Station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for:

☐ Not cleared for [Sport(s)]:

Recommendation:

Name of physician/nurse practitioner/physician assistant

[PRINT OR TYPE]

Date:

Address:

Phone:

Signature of physician/nurse practitioner/physician assistant

PHYSICIANS STAMP:

Endorsed by the MPSSAA