

VJ & Angela Skutt Catholic High School

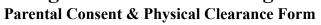
Parental Consent & Physical Clearance Form



School Year: 2020_	Current G	rade: <mark>9th</mark>	10th 11th	12th	To be completed by			
Name of Student:					any student participating in an NSAA Activity			
Date of Birth:/_	<u> </u>							
The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent". The Parent and Student hereby:								
(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;								
(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID 19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;								
(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,								
(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such photographs or recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.								
(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.								
(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.								
I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.								
Name of Stude	nt [Drint Name]		Student	Signatura	Data			
Name of Stude	nt [Print Name]		Student	Signature	Date			
(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:								
BASEBALL BASKETBALL CHEER CROSS COUNTRY	DANCE FOOTBALL GOLF SOCCER	SOFTBALL SWIMMING TENNIS TRACK	VOLLEYBALL WRESTLING PLAY PRODUC MUSIC	JOURNALISM SPEECH TION SHOW CHOIR				



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To Be Filled Out By Athlete and/or Parent Prior to Exam	To Be Filled Out By Physician, As Needed, During Exam			
Sex: Male Female Age: Grade:				Height: Weight: BP:/
Medicine and Allergies:				Pulse: Vision: R 20/ L 20/
				Medical (report any abnormal findings):
A. Has a doctor ever denied participation in any sport or activity? Yes or No				Physical Appearance:
B. List any ongoing medical conditions (examples: asthma, diabetes, infections, etc.)				
C. Have you ever had surgery?	Yes	or	No	
,		or		Eyes/ears/nose/throat:
E. Have you ever had pain or discomfort or shortness of breath while exercising?				
•		or		Heart (murmurs, PMI):
If so, list any heart issues:				
G. Does your heart ever race or skip beats (irregular beats) during exercise?	Yes	or	No	Lymph nedec:
H. Have you ever had an unexpected seizure?		or	No	Lymph nodes:
Do you get more tired or short of breath quicker than your friends?	Yes	or	No	
J. Has a direct family member ever died of a heart related illness?	Yes	or	No	Abdomen:
K. Has a doctor ever ordered a test for your heart (example: ECG/EKG)?	Yes	or	No	
L. Does anyone in your family have hypertrophic cardiomyopathy, Marian syndrome				Pulses (simultaneous femoral and radial pulses):
arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular				
tachycardia?	Yes	or	No	Skin (HSV, lesions suggestive of MRSA, tinea corporis):
M. Does anyone in your family have a heart problem, pacemaker or defibrillator?	Yes	or	No	
N. Has anyone in your family experienced faiting, unexplained seizures or near drowning?	Yes	or	No	Neurologic:
Nave you ever had an injury to bone, muscle, ligament or tendon that				
caused you to miss a practice or game?	Yes	or	No	
P. Have you ever had any broken or fractured bones or dislocated joints?	Yes	or	No	Musculoskeletal (Neck, Back/Spine, Shoulders/Arms, Hip/Thighs, Knee, Leg/Ankle, Foot/Toes):
Q. Have you ever had a stress fracture?	Yes	or	No	
R. Do you regularly use a brace, orthotics, or other assistive device?	Yes	or	No	Other:
S. Do you have a bone, muscle or joint injury that bothers you?	Yes	or	No	
T. Do any of your joints become painful, swollen, feel warm, look red, or do you have any history of juvenile arthritis or connective tissue disease?	Yes	or	No	
U. Do you cough, wheeze or have difficulty breathing during or after exercise?	Yes	or	No	I herewith certify that the student named above has been evaluated and is:
V. Have you ever used an inhaler or taken asthma medicine?	Yes	or	No	Cleared without restriction
W. Is there anyone in your family that has asthma?	Yes	or	No	Cleared, with recommendations for further evaluation or treatment
X. Were you born without or are you missing any organ?	Yes	or	No	Not cleared for: All sports Certain sports
Y. Do you have groin pain or a painful bulge or hernia in the groin area?	Yes	or	No	Reason/Recommendations:
Z. Have you had infectious mononucleosis in the last month?	Yes	or	No	Reason/Recommendations:
AA. Do you have any rashes, pressure sores, or other skin problems?	Yes	or	No	
AB. Have you had herpes or MRSA skin infection?	Yes	or	No	
AC. Have you ever had a head injury or concussion?	Yes	or	No	
AD. Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?	Yes	or	No	Name of Physician (PRINT):
AE. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	Yes	or	No	Phone:
AF. Have you ever been unable to move your arms/legs after being hit or falling?	Yes	or	No	Address:
AG. Have you ever become ill while exercising in the heat or experienced cramps?	Yes	or	No	City: State:
AH. Have you had any problems with your eyes/vision or any recent eye injuries?	Yes	or	No	Signature of Physician: MD or DO
Al. Do you have any other concerns that you'd like to discuss with your doctor?	Yes	or	No	Signature of FuysicianMD or DO
				Date://