

ROME HIGH SCHOOL
INSURANCE AND CONSENT FORM
(Do NOT FOLD)

PLEASE PRINT IN INK:

Name of Student _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Names of Parents/Guardian You Live With _____

Date of Birth: _____ Phone # (home) _____ (work) _____

Date entered 9th Grade _____ Grade Level for the school Year _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

By completing and signing this form, I/we the Parent(s)/Guardian(s) of _____ agree to all of the aspects of the following which includes:

RELEASE FOR MEDICAL TREATMENT, PERMISSION TO TRAVEL, AND INSURANCE LIABILITY

I/We do hereby give permission for the above named student to participate in any athletic program during the school year, realizing that such participation involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

By signing below, I/we extend our permission for the above named student to participate in all high school athletics except as noted on the physical examination. Furthermore, I/we understand that the above named student must have a completed Georgia High School Association Physical Examination Form signed by a licensed physician before he/she will be permitted to try out for any athletics.

I/We further give permission for the above named student to accompany any school team of which the student is a member on any of its local or out-of-town trips. I / We understand that these trips may involve motor vehicle travel away from the school premises and that the method of transportation is within the discretion of Rome City Schools.

I/We understand and agree to release individually Rome City Schools, Rome City Board of Education, and any and all employees of same from liability for death, personal injury, and/or property damage that may be sustained by the above referenced student while involved in this travel and related activities.

I/We give the coaching staff the authority to admit the above named student for emergency treatment which may arise from an accident on the school grounds or during any school activity involving my child. I/We hereby grant permission to said school authorities to obtain physicians to treat any injuries unless I am present and request otherwise. By signing below, I understand that this permission will cover all extracurricular activities at Rome High School.

I/We furthermore state that I/we are adequately and currently covered by the accident insurance named below and that this policy will cover injuries sustained while participating in any school authorized activities (including, but not limited to, Varsity or Junior Varsity football) ; and/or, I/we have purchased the Benefit Plan provided by the Rome City School System.

Company Providing Insurance: _____	Name of Insured: _____	Policy Number: _____
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_____ I have purchased or _____ I have been offered the Benefit Plan provided by the Rome City School System.

I/We, by signing below, do hereby agree to all aspects of the above-stated permits and releases pertaining to the student named above for the school year stated.

Signature of
Parent(s)/Guardian(s): _____

Date: _____

• PREPARTICIPATION PHYSICAL EVALUATION
CLEARANCE FORM

Name _____ Sex D M D F Age _____ Date of birth _____

D Cleared for all sports without restriction

D Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

D Not cleared

D Pending further evaluation

D For any sports

D For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

• PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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, 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 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 (questions 5---14).

EXAMINATION			
Height	Weight	D Male	D Female
BP	(/)	Pulse	Vision R 20/ L 20/ Corrected D y D N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 Consider GU exam if in private setting. Having third party present is recommended.
 Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

D Cleared for all sports without restriction

D Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

D Not cleared

D Pending further evaluation

D For any sports

D For certain sports _____
Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO