

PRE-PARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY Revised 3-12-09

This MEDICAL HISTORY FORM must be completed annually by parent (guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Hm Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Grade 2009-2010 \_\_\_\_\_ School Attending 2009-2010 \_\_\_\_\_ Sport(s) \_\_\_\_\_
Personal Physician \_\_\_\_\_ Physician's Office Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_
Father \_\_\_\_\_ Hm \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Wk \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_
Mother \_\_\_\_\_ Hm \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Wk \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_
Relative/Friend \_\_\_\_\_ Hm \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Wk \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches

1. Have you had a medical illness or injury since your last check up or sports physical? Yes No
2. Have you been hospitalized overnight in the past year? Yes No
3. Have you ever passed out during or after exercise? Yes No
4. Have you ever had a head injury or concussion? Yes No
13. Have you ever gotten unexpectedly short of breath with exercise? Yes No
14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position? Yes No
15. Have you ever had a sprain, strain, or swelling after injury? Yes No
16. Do you want to weigh more or less than you do now? Yes No
17. Do you feel stressed out? Yes No
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? Yes No
Females Only
19. When was your first menstrual period?
When was your most recent menstrual period?
How much time do you usually have from the start of one period to the start of another?
How many periods have you had in the last year?
What was the longest time between periods in the last year?

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL
Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL. For School Use Only:

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
brachial blood pressure while sitting

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected:  Y  N Pupils:  Equal  Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *\* Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**

Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_



Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

## GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: school coaches may hold one 6-day camp in their school district for incoming 7th, 8th and 9th grade students),
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

## GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped exception.)
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules*).
- have observed all provisions of the Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not allow their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.
- **I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**

I have read the regulations cited above and agree to follow the rules.

**X**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

- To the Parent: [ ] Baseball [ ] Football [ ] Softball [ ] Tennis [ ] Wrestling
Check any activity in which this student is allowed to participate. [ ] Basketball [ ] Golf [ ] Swimming & Diving [ ] Track & Field [ ] Cross Country [ ] Soccer [ ] Team Tennis [ ] Volleyball

Date \_\_\_\_\_

X Signature of parent or guardian \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home area code and telephone \_\_\_\_\_

Business telephone \_\_\_\_\_

The student's signature is required on the reverse side of this form.



**Parent and Student Agreement/Acknowledgement Form  
Anabolic Steroid Use and Random Steroid Testing**

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

**STUDENT ACKNOWLEDGEMENT AND AGREEMENT**

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil.utexas.edu](http://www.uil.utexas.edu). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

**X** Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil.utexas.edu](http://www.uil.utexas.edu). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): \_\_\_\_\_

**X** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**'09 - '10**

**CYPRESS-FAIRBANKS I.S.D. - ATHLETE EMERGENCY INFORMATION CARD**

**X** *Signature of Parent or Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of *injury or serious illness* to my son/daughter, I hereby grant permission for a Physician, Athletic Trainer, Coach or school employee to secure medical services and/or administer any medications checked **YES** on the reverse side of this card.

**Athlete's Name** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Sport(s)** \_\_\_\_\_ **Circle Grade Entering ('09-'10)** 7 - 8 - 9 - 10 - 11 - 12

**School Attending ('09-'10)** \_\_\_\_\_ **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Athlete's Cell** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Dad's Work** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Dad's Cell** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Mom's Work** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Mom's Cell** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Parent's E-Mail** \_\_\_\_\_ **Insurance Co.** \_\_\_\_\_

**Is the athlete allergic to any medication(s)?** YES \_\_\_\_ NO \_\_\_\_ **If yes, list medication(s):** \_\_\_\_\_

**Medical History: Please list Month and Year for Surgeries, Fractures, or other Chronic Problems:**

\_\_\_\_\_  
\_\_\_\_\_

# PARENT/GUARDIAN AUTHORIZATION FOR ELECTROLYTE DRINKS AND ORAL MEDICATIONS

PLEASE CHECK "YES" OR "NO" TO ALLOW THE ATHLETIC TRAINER TO  
GIVE YOUR CHILD THE FOLLOWING:

- A. Electrolyte Drinks: ..... Gatorade/Powerade \_\_\_\_\_  YES  NO
- B. Anti-Inflammatory / Pain Medications: ..... Ibuprofen - (Advil) \_\_\_\_\_  YES  NO
- C. Anti-Inflammatory / Pain Medications: ..... Acetaminophen - (Tylenol) \_\_\_\_\_  YES  NO
- D. Antacids / Anti-Nausea: ..... Maalox - (Heartburn, Sour Stomach, and Acid Indigestion) \_\_\_  YES  NO
- E. Antacids / Anti-Nausea: ..... Pepto Bismol - (Heartburn, Nausea) *CONTAINS ASPIRIN* \_\_\_  YES  NO
- F. Throat / Cough Lozenges: ..... Cepacol - (Temporary relief for sore throat) \_\_\_\_\_  YES  NO
- G. Allergies: ..... Benadryl - (Allergic Reactions) \_\_\_\_\_  YES  NO
- H. Medication(s) or inhaler(s) prescribed by a Physician for your son / daughter \_\_\_\_\_  YES  NO

<<<<< (OVER) Please fill out ATHLETE EMERGENCY INFORMATION on reverse side (OVER) >>>>>

# Cypress Fairbanks Athletic Department

## Sportsmanship Standards

### Parent Expectations

Youth sports are for the players. All parents associated with Cypress-Fairbanks I.S.D. are welcome to share in the pleasure of watching their children participate so long as their behavior does not distract the players and officials from the free flow of play. Any issues a parent may have with any coach, official or player should be submitted in writing to the school athletic office and addressed at a proper time and place, not on the field or during a game.

**A parent should:**

- Make no remarks to referees or to the players, coaches or spectators of the opposing team unless intended to convey genuine interest, friendship or encouragement.
- Avoid sharp remarks directed to players on your own team who make mistakes on the field. They already know what they have done. Allow them to learn from their mistakes.
- Applaud superior play by both teams.
- Support coaches consistently regardless of the result on the court or field. Coaches contribute many hours of their time to your children. They deserve your congratulations when the team wins and your encouragement when it doesn't.
- Always remain in the spectator area.

Your cooperation with these standards before, during and after each game will make CFISD athletics more enjoyable for everyone.

**A parent must:**

- Never use foul language or obscene gestures at a game.
- Avoid persistent comments and gestures which express disagreement with referee decisions.
- Cooperate immediately with any request by the game officials.

Any parent who fails to adhere to these standards will be required to leave the playing area. CFISD reserves the right to suspend any spectator who does not abide by the rules of the sportsmanship plan. This policy applies to everyone. Please confirm that you have read these standards by signing below and returning one copy to your coach.

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Student Athlete\_\_\_\_\_

Parent Signature\_\_\_\_\_

Parent Signature\_\_\_\_\_