

MARIETTA CITY SCHOOLS' ATHLETIC PHYSICAL, INSURANCE, AND CONSENT FORM
(Physical and all signatures must be dated on or after April 1, 2019 for the 2019-20 school year.)

Name _____ Sex _____ Age _____ 2019-20 Grade _____ Date of Birth _____
 (First Name) (Last Name)

Address _____ SS# _____
 (No. & Street) (Apt. #) (City) (Zip)
(School must be notified if student moves from the above address.)

In case of emergency contact: (Name of parent/guardian you live with): _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

CONSENT FOR ATHLETIC PARTICIPATION

Warning: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (we) herby give consent for _____ to:
 (1) Compete in athletics at Marietta High School/Marietta Middle School in Georgia High School Association approved sports;
 (2) Accompany any school team of which the student is a member on any of its local or out-of-town trips;
 (3) Have his/her injuries evaluated and receive appropriate treatment/OTC medication from the MCS Athletic Trainers;
 (4) and, I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
 (5) Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.
 Has your student attended a Marietta City school for at least one full school year? Yes _____ No _____

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S) _____	Date: _____
SIGNATURE OF STUDENT/ATHLETE _____	Date: _____

INSURANCE AND AUTHORIZATION INFORMATION

Insurance

All MCS athletes are responsible for having medical insurance coverage prior to participation in any athletic activity. Please complete the information below. If you do not have insurance, please check line 2 and pick up a school insurance packet in the Sports Medicine Office or the Athletic Office at the high school.

_____ My son/daughter is adequately and currently covered by health insurance that will cover injuries sustained while participating in interscholastic athletics (including, but not limited to, varsity and junior varsity football).

Company providing insurance: _____ Phone number of insurance company: _____

Name of Insured: _____ Policy #: _____ Group # _____

_____ My son/daughter is NOT covered by health insurance. I will purchase coverage through the policy-carrier arranged by the school.

Authorization

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, _____, may compete in high school athletics in Marietta City Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present and request otherwise or until I later request otherwise.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S) _____	Date _____
Relation to Student: Mother _____ Father _____ Other _____	

**** ATHLETES WITH SPECIAL NEEDS WILL NEED TO COMPLETE A SUPPLEMENTAL HISTORY FORM THAT IS AVAILABLE WITH THE PHYSICAL FORM ON-LINE OR IN THE TRAINING ROOM OR ATHLETIC OFFICE.**

COMPETITIVE INTERSCHOLASTIC ACTIVITY CODE

The Marietta Board of Education believes that a properly controlled, well-organized competitive interscholastic activities program allows a student the opportunity to develop to his or her fullest physical, mental, and emotional potential. Students involved in competitive interscholastic activities enjoy high visibility and serve as role models for their peers and younger students. Therefore, the Marietta Board of Education requires students to abide by the Competitive Interscholastic Activity Code (Board Policy IDF-R), as well as the Marietta City Schools Discipline Handbook (Board Policy JCDA).

TRAINING RULES AND RULES OF CONDUCT

I. General Rules

1. Attendance

- a. A student involved in competitive interscholastic activities must be in school at least one-half of the school day (2 blocks or 11:00 a.m.) in order to participate in any game, performance, practice, tryout, or conditioning. Documentation must be provided to school officials.
- b. If a student is illegally absent, truant, suspended, or placed in an alternative education environment for any part of a school day, he/she may not participate in any competitive interscholastic activity that day, including games, performances, practices, tryouts or conditioning.
- c. Students should report to school on time each day. Students should be in school the day following a competitive interscholastic event. If a pattern of unexcused absences or tardiness develops, it would indicate that the individual is unable to cope with the demands of being involved in competitive interscholastic activities. Appropriate disciplinary measures will be taken.

2. Travel

Marietta City Schools will provide transportation to and from most competitive interscholastic events. Students are expected to ride school transportation when provided.

II. Infractions

Regardless of whether infractions occur on or off campus, during or after the school day, during or after the school year, the following infractions may result in suspension or dismissal from a competitive interscholastic activity. Each case will be evaluated on an individual basis.

- a. Use, possession, distribution, or being under the influence of alcohol, tobacco products, illegal drugs or related paraphernalia, and the abuse of prescription or non-prescription drugs.
- b. Theft or being in possession of stolen property.
- c. Vandalism of school property.
- d. Acting in an un-sportsmanlike manner.
- e. Any act which results in student suspension.
- f. Unexcused absence from any practice, performance, or game.
- g. Violating curfew.
- h. Any offensive act, which, in the opinion of coaches/sponsors, and/or administration, reflects in a negative manner on the competitive interscholastic activities program at Marietta High School, Marietta Middle School, or Marietta City Schools in its entirety.

III. Duration

This policy is in effect year round.

IV. Enforcement

Violations of the Competitive Interscholastic Code, verified through a reliable source (law enforcement agency, school system staff member, school system administrator, teacher, entry into a drug treatment program, parent of an involved student, etc.), shall be investigated by the Competitive Interscholastic Activity Council. The Council shall be comprised of a school administrator from the school the student attends, the school system's Athletic Director, a coach/sponsor of the student, one additional coach/sponsor selected by the Athletic Director and one teacher from the student's school council. The council will determine the guilt or innocence of the student and determine the appropriate discipline of guilty students, but under no circumstances shall assign discipline outside the guidelines established in Infraction Consequences. Any Council discipline decision rendered outside the guidelines established for Infraction Consequences shall be voided by the Superintendent of Schools, and the appropriate discipline shall be assigned by the Superintendent within the guidelines provided therein.

V. Infraction Consequences

First Offense: Based on the decision of the Competitive Interscholastic Activity Council, the range of penalties shall be suspension for part or all of the current season and/or part or all of the next season in which the student participates to permanent suspension from participation in competitive interscholastic activities. The student shall complete the season in which the suspension is in effect. The school reserves the right to permanently dismiss a student from all competitive interscholastic activity programs for the remainder of their school career at Marietta High School and/or Marietta Middle School upon arrest, conviction or plea, including *nolo contendere* for any misdemeanor or felony crime.

Second Offense: Suspension from all competitive interscholastic activity programs for a period of not less than one year from the date of the second violation to permanent dismissal from all competitive interscholastic activity programs for the remainder of their school career at Marietta High School and/or Marietta Middle School.

Third Offense: Permanent suspension from all competitive interscholastic activity programs for the remainder of their school career at Marietta High School and/or Marietta Middle School.

I have read and understand the Competitive Interscholastic Activity Code for Marietta City Schools.

Print Student's Name: _____ Grade: _____

Student's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

RELEASE OF TRANSCRIPTS: During the course of the year, colleges interested in recruiting athletes may request official or unofficial copies of student transcripts to facilitate the recruiting process. I give permission for Marietta High School to release copies of my son's/daughter's transcript to any college recruiter requesting one.

Parent's/Guardian's Signature _____ Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

