

**ST. PATRICK-ST. VINCENT HIGH SCHOOL ATHLETIC DEPT.
PARENT PERMISSION & MEDICAL EMERGENCY FORM**

Student Name: _____ Grade: 9 10 11 12

PLEASE CIRCLE THE APPROPRIATE SPORTS

<u>FALL SPORTS</u>	FB	GVB	GTEN	XC	GWP	BWP	GGOLF	CHEER
<u>WINTER SPORTS</u>	BBB	GBB	BSOC	GSOC	WR			
<u>SPRING SPORTS</u>	BB	SB	TR	SW	BGOLF	BTEN	BVB	

Insurance Provider:		Medical Record #	
Mother's email:		Mother Cell #	
Father's email:		Father Cell #	
Date of Birth:			

We, the undersigned parents/legal guardians do hereby give permission for the above named student to engage in INTERSCHOLASTIC ATHLETICS. I also give my consent for the above named student to accompany the team as a member on off-campus trips. I understand that some practices may take place off-campus and give permission for the above named athlete to participate in off-campus practices.

I understand that the above named student will not be allowed to practice and/or compete until this permission and medical form is filled out completely. The athlete's current physical examination form must also be on file in the Administration Office annually, and the Athletic Fee of \$200 must also be paid prior to the season of participation.

I consent to any examination, medications, anesthetics, medical and surgical treatment that may be rendered based on recommendations that may be made by the physicians of the serviced selected. It is understood that this consent is given in advance of any accident or illness that requires diagnosis and treatment, but is given to encourage the doctors to use their best judgment and proceed immediately with the necessary treatment. The signing of this form presupposes authorization until parents are notified. This authorization shall remain effective through the school year.

STUDENT STATEMENT OF PARTICIPATION:

I wish to apply to compete in INTERSCHOLASTIC ATHLETICS. This request is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the North Coast Section or CIF. I also understand that I will not violate any of the SPSV Athletic Dept. and Student Code of Conduct Expectations.

CIF/North Coast Section Ejection Policy

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995-96 school year, (and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc).

- Ejection of a player from a contest for unsportsmanlike or dangerous conduct.
Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).
- Illegal participation in the next contest by a player ejected in a previous contest.
Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
- Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.
Penalty: The player shall be ineligible for the remainder of the season.
- When one or more players leave the bench to begin or participate in an altercation.
Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).

CIF Steroid Policy

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member school shall have participating students and their parents/legal guardians agree that the athlete will not use steroids without the written prescription of a fully licensed physician (recognized by the AMA) to treat a medical condition (Bylaw 524)

By signing below, both the participating student-athlete and the parent/legal guardian hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician to treat a medical condition. We also recognize that under CIF bylaw 200.D, there could be penalties for false or fraudulent information. We also understand that the St. Patrick St. Vincent High School policy regarding the use of illegal drugs will be enforced for any violation of these rules.

Signing this document verifies that I have read, understand, and agree to follow all the rules and regulations found in SPSV Athletic Dept. Student-Athlete Expectations, NCS Ejection Policy and the CIF Steroid Policy.

Student's Signature: _____ (Date) _____
Parent/Guardian Signature: _____ (Date) _____

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ALL ATHLETES must have a doctor complete a physical examination form annually, BEFORE HE OR SHE MAY TRY OUT, PRACTICE, OR PARTICIPATE IN INTERSCHOLASTIC COMPETITION.

Student Name: _____ DOB: _____ Grade: 9 10 11 12

TO BE COMPLETED BY PARENT/GUARDIAN: PLEASE CHECK YES OR NO FOR THE FOLLOWING QUESTIONS

	YES	NO		YES	NO
1. Chronic or recurrent illness? (asthma, diabetes, hepatitis, kidney disease, rheumatic fever)	_____	_____	14. Taking steroids now or in past?	_____	_____
2. Hospitalizations?	_____	_____	15. Mononucleosis within last year?	_____	_____
3. Any surgeries?	_____	_____	16. Does this student take medication on a routine or daily basis? Use inhaler?	_____	_____
4. Missing organs (eye, kidney, testicle)?	_____	_____	17. Under care of doctor?	_____	_____
5. Allergies – pollen/bees/food/medicines?	_____	_____	IS THERE ANY HISTORY OF:		
6. Problems with heart, heart murmur, or blood pressure?	_____	_____	18. Injuries requiring doctor treatment?	_____	_____
7. Chest pain with exercise?	_____	_____	19. Neck/back/spine injury or pain?	_____	_____
8. Dizziness, fainting, frequent headaches?	_____	_____	20. Knee/hip injury or pain?	_____	_____
9. Convulsions/seizures?	_____	_____	21. Hand/wrist/arm injury or pain?	_____	_____
10. Any concussions/unconscious?	_____	_____	22. Has any family member died suddenly at less than 40 years of age?	_____	_____
11. Any heat exhaustion/heatstroke?	_____	_____	23. Has any family member had a heart attack at less than 55 years of age?	_____	_____
12. Skin problems? Ringworm?	_____	_____			
13. Does this student wear eyeglasses/contacts? _____					

FEMALES: Age of onset of periods _____ Are your periods regular or irregular (circle one) Date of last period _____

HT _____ WT _____ BP _____ / _____
 Vision Right _____ / _____ Left _____ / _____ with/without corrective lenses (circle one)
 Pulse rate resting _____ After exercise _____ Recovery rate satisfactory? Yes or No

PHYSICAL SCREENING

GENERAL _____ HEENT _____ LUNGS _____
 HEART _____ GI/ABDOMEN _____ GU/HERNIA _____
 NECK/BACK _____ EXTREMITIES _____
 Comments _____

- DENIED:** This student has health problems that prohibit him/her from participating in competitive sports.
- FOLLOW-UP:** This student needs to have the following health problems evaluated or treated before participation can be recommended: _____
- RECOMMEND:** To the best of my knowledge, this student is physically able to participate in interscholastic athletics.

Physician's Name (please print) _____ Physician's Signature _____ Date _____
 Physician's License Number _____ Physician's Phone _____

*A Medical Doctor/Nurse Practitioner/Physician's Assistant must sign this form.