

Athlete's Health Records

Pre-participation Physical Exam

The Shelby County Board of Education requires every student participating in sports to receive a pre-participation physical exam, including a general exam and an orthopedic exam, before being allowed to participate in Shelby County Schools sports programs. The general exam should include checks on the student's height, weight, blood pressure, pulse, respiratory health, vision, ears, nose, chest and abdomen. The orthopedic exam should focus on joint flexibility, joint range of motion, and re-examination of past bone and joint injuries.

After completing a pre-activity physical evaluation on _____
Name of Student-athlete

my recommendations are as follows: **Athletic participation approved:** Yes No

Limitations and Special Instructions to the Coach: _____

Physician's Name _____ <small>Print or Type</small>	Date _____
Address _____	Phone _____
Physician's Signature _____ <small>No Stamps, Please!</small>	

Emergency Information

Student's Name _____ Grade _____ Date of Birth _____

Home Address _____

Phone _____

Parent or Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

Emergency Contact's Name _____ Home Phone _____

Address _____ Work Phone _____

Relationship to Athlete _____

Insurance Company _____ Policy # _____

Physician's Name _____ Phone _____

Are you allergic to any drugs? _____ If so, what? _____

Do you have any allergies? (i.e. bee sting, dust) _____

Do you suffer from?

- Asthma Diabetes Epilepsy Heart Condition(s) Sickle Cell Trait Chronic Kidney or Lung Disease
 Liver Disease Immune Deficiencies

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____ Other illness: _____

Informed Consent and Assumption of Risk Form

NOTE: This form must be completed by all students, regardless of grade, intending to participate in any sport. All minor students must sign and have a parent or legal guardian also sign. **All forms are to be completed and returned to the appropriate sport representative prior to tryout.** Failure of a school to provide a duly executed form will cause the student -athlete to be declared ineligible. The undersigned, being an adult prospective student-athlete (sometimes referred to herein as "student") or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledges that said student-athlete seeks to participate in a student sports program during the _____ academic school year.

The undersigned releases and waives any legal right to any claim and agrees to indemnify and hold harmless the Shelby County Board of Education, its agents, and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from the student's participation in athletic activity. This release of liability applies to all risks of the activity and any negligence of Shelby County Board of Education and/or its agents or employees, including claims for negligent hiring, supervision, instruction, or training. The undersigned hereby authorizes the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency, and disciplinary record of the undersigned student to Tennessee Secondary School Athletic Association ("TSSAA") for the purpose of rule and regulations enforcement. I further authorize the school (or its designee) to provide and perform emergency treatment of any injury or illness the student-athlete may experience if qualified medical personnel consider treatment necessary. I understand that authorization is granted only if I cannot be reached, or the undersigned is under an immediate and imminent threat of permanent debilitation or death.

By providing my initials here, the undersigned acknowledges that s/he has read and understands the following WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.

(Initials Here)

The undersigned further acknowledges that s/he is aware that participating in sports is a potentially hazardous activity, and that s/he, therefore, assumes all risks associated with participation in the sport in which s/he has selected to participate, including, but not limited to falls, physical and potentially injurious or fatal contact with other participants, the effects that weather may have on the playing conditions of the sport, traffic, and other reasonable risk conditions associated with the sport. The undersigned acknowledges, appreciates and understands all such risks, and agrees to the conditions set forth in this form.

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

(if student is under the age of 18)

COVID-19 Informed Consent and Risk Acknowledgement Statement

NOTE: This form must be completed by all students, regardless of grade, intending to participate in any sport. All minor students must sign and have a parent or legal guardian also sign. **All forms are to be completed and returned to the appropriate sport representative prior to tryout.** Failure of a school to provide a duly executed form will cause the student -athlete to be declared ineligible.

The undersigned specifically asserts that the student will comply with all rules and regulations and with all guidance and recommendations from the Centers for Disease Control and Prevention (“CDC”) and state and local health officials related to COVID-19; that s/he is aware that athletic participation requires physical fitness; that the student possesses such fitness; and that some risk of serious injury and even death is involved in sports participation.

Further, the undersigned acknowledges s/he is familiar with the current status of the COVID-19 outbreak in the community and is familiar with the CDC's guidance regarding Considerations for Youth Sports, including relevant risks and recommended precautions. The undersigned further acknowledges s/he is aware of the increased risk of serious illness from COVID-19 to certain individuals, as identified by the CDC, including without limitation people with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity, diabetes, chronic kidney disease undergoing dialysis, liver disease, and people who are immunocompromised.

The undersigned releases and waives any legal right to any claim and agrees to indemnify and hold harmless the Shelby County Board of Education, its agents, and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from the student's participation in athletic activity. This release of liability applies to all risks of the activity and any negligence of Shelby County Board of Education and/or its agents or employees, including claims for negligent hiring, supervision, instruction, or training.

Student's Signature		Date	
Parent's Signature (if student is under the age of 18)		Date	