BARTLESVILLE PUBLIC SCHOOLS

LEGAL NAME- (Please Print)

(Last)		(First)		(MI)	

BLOOD PRESSURE _____

PULSE _____

HEIGHT IN INCHES _____

WEIGHT IN POUNDS _____

2013-14 INFORMATION

GRADE: 7 8 9 10 11 12

SCHOOL: HIGH SCHOOL MID HIGH

CENTRAL MADISON

	NORMAL	ABNORM	NO EXAM	COMMENTS
HEAD / NEURO				
scars				
cranial NS				
EYES				
glasses/contacts				
hemorrhage				
pupil size/reaction				
disc appearance				
NOSE, MOUTH, THROAT				
denture/braces				
absent teeth				
caries				
masses				
ulceration				
NECK				
carotid pulses				
thyromegaly				
lymphadenopathy				
LUNGS / HEART				
breath sounds				
rates				
heart sounds				
ABDOMEN				
masses, scars				
hepatosplenomegaly				
hernia				
GENITALIA				
hernia				
masses				
discharge				
ORTHOPEDIC				
neck, spine				
shoulders				
elbows				
wrists, hands				

Physician's Signature:_____ **Date:**_____

ALL PHYSICALS MUST BE DATED AFTER MAY 1, 2013

THIS PAGE MUST BE FILLED OUT AND SIGNED BY THE PARENT OR GUARDIAN BEFORE THE PHYSICAL EXAMINATION

Please answer all of the following questions YES or NO. If YES, please write any additional information.

- Is this student supposed to be taking medications at this time?…… Yes No
  If YES, what medication(s)?_____
  Is he/she actually taking these medications?…… Yes No
- Is this student allergic to any medications?…….. Yes No
  If YES, what medications?_____
- Has he/she had a tetanus vaccination?…….. Yes No
  If YES, give the year of the last vaccination?_____

Does the student have any…. (please explain all YES answers)

hearing loss or repeated ear infections?…… Yes No
severe or repeated skin infections?…… Yes No
blindness, color blindness, double vision, blurred vision, glasses or contacts?…… Yes No
asthma, wheezing, chronic cough, unusual or uncomfortable shortness of breath?…… Yes No
chest pain or chest discomfort?…… Yes No
history or irregular or unusually fast heart rate, high blood pressure, passing out, heart murmur, turning blue or rheumatic fever?…….. Yes No
blood from the rectum, hepatitis, jaundice (turning yellow), frequent diarrhea or frequent abdominal pains?…… Yes No
kidney infections, kidney stones, or repeated bladder infections?…… Yes No
seizures or convulsions?…….. Yes No
swelling, pain, or stiffness in joints?…… Yes No
deformity of arm or leg?…… Yes No
hernia or rupture?…….. Yes No
anemia or unusual bleeding?…… Yes No
history or abnormally high or low blood sugar, diabetes, thyroid problems, or other endocrine or gland problems?…… Yes No
other health problems or concerns?…….. Yes No
back or neck pain?…….. Yes No
dentures or braces?…… Yes No

The information I have provided is correct to the best of my knowledge. I hereby grant permission for _____ to have a medical examination, as arranged by the school **before he/she begins any sports participation.** If approved by the examining doctor, I give my permission for the above student to take part in any of the following sports **EXCEPT** _____. A list of sports he/she can/may participate in include _____. As the legal parent/guardian of the above student I attest that the information given above is correct to the best of my knowledge. _____ _____

Signature of Parent/Guardian **Date**

THIS PAGE MUST BE FILLED OUT AND SIGNED BY THE PARENT OR GUARDIAN BEFORE THE PHYSICAL EXAMINATION

I hereby grant permission to the Bartlesville Public Schools' physicians and/or athletic trainers or coaches to render first aid for my child and to consent to medical treatment or surgical care deemed reasonably necessary for the health and well being of

Students Legal Name (please print)

Last Name_____ First Name_____ MI_____

I additionally authorize District employees to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care from a licensed physician or dentist on behalf of my child in event such services are deemed needed. The undersigned agrees to be the responsible party for the payment of costs associated with such treatment or care, including any needed ambulance service.

The undersigned understands that the District and its employees will not be liable for any injuries that might arise as a result of any treatment furnished to the student. The undersigned also understands that sports and activity participation can be physically demanding, and that injuries can and do occur as a result of such activities. The undersigned understands that the District will not be liable for any injuries sustained as a result of participation in a District sport or activity.

_____ _____

Parent/Guardian Signature **Date**

_____

Student's Signature

Please complete the following questions in case of Emergency.

(please print)

- Is the student allergic to any medications?……. Yes No
  If YES, what medications?_____
- Is the student currently taking medications?…… Yes No
  If YES, what medications?_____

Insurance Company_____ Policy #_____

Family Physician_____ Office Phone: _____

Student's Birth Date (**MM/DD/YYYY**) _____

Home Address_____ City/Zip_____

Mother's Name_____ Phone (H)_____
(W)_____
(C) _____

Father's Name_____ Phone (H)_____
(W)_____
(C) _____

If Parent/Guardian is **not** available contact _____ phone #_____

BARTLESVILLE BOARD OF EDUCATION

Adopted: May 18, 1998 FNCFB-E1
Amended: April 14, 1999

STUDENT ATHLETE DRUG TESTING CONSENT FORM

Statement and Purpose of Intent
Participation in school sponsored, interscholastic sports for Bartlesville Public Schools is a privilege. Illegal or performance-enhancing drug use of any kind is incompatible with participation in extracurricular athletics on behalf of the District. Student athletes carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of drugs.

Participation in Extracurricular Athletics

Each student athlete shall be provided with a copy of the Student Athlete Drug Testing Policy and Student Athlete Drug Testing Consent Form which will be read, signed, and dated by the student athlete, parent or custodial guardian, and coach/sponsor before each student shall be eligible to practice or participate in any extracurricular athletics.

I understand after having read the "Student Athlete Drug Testing Policy" and "Student Athlete Drug Testing Consent " that, out of concern for my safety and health and the safety and health of other athletes, the District enforces the rules applying to the consumption of illegal or performance-enhancing drugs. As a member of a Bartlesville athletic, cheerleading, or pom-pom team, I realize that the personal decision that I make daily in regard to the consumption of drugs may affect my health and well-being, as well as the possible influence of those around me and reflect upon any organization with which I am associated. If I chose to violate school policy regarding the use of illegal or performance-enhancing drugs any time while I am involved in-season or off-season athletics, I understand upon determination of that violation, I will be subject to the restrictions of my participation as outlined in the Policy.

Student's Legal Last Name **First Name** **Date**
(please print)

We have read and understood the District "Student Athlete Drug Testing Policy" and "Student Athlete Drug Testing Consent". We desire that the student named above participate in the interscholastic sports programs of the District, and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing, and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

Parent or Guardian Signature **Date**

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENTS

In compliance with Oklahoma Statue Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by the School District related to potential concussions and head injuries occurring during participation in athletics.

I, _____ *(please print student-athlete's name)* as a student-athlete who participates in athletics and I, _____ *(please print parent/guardian's name)* as the parent/legal guardian, have read the information material provided to us by the School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

_____ _____

SIGNATURE OF STUDENT-ATHLETE **DATE**

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN **DATE**

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

Concussion/Head Injury Fact Sheet

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been "dinged"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities like playing video games, working on a computer, studying, driving or exercising. Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

Signs and symptoms of a concussion can show right up after the injury or may not appear to be noticed until days or weeks after the injury.

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall event prior to hit or fall
- Cannot recall events after hit or fall

Symptoms Reported by Athletes:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness; double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

What should you, the student athlete, do if you think you have a concussion?

- **Tell your coaches or parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- **Get a medical checkup**. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better**. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

What should parents/guardians do if they think their child has a concussion?

- **Seek medical attention right away**. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- **Keep your child out of play**. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- **Tell your child's coach about any recent concussion**. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

How can you prevent a concussion?

- Follow the coach's rules for safety and the rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards –IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)
- Learn the signs and symptoms of a concussion

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.
It's better to miss one game than the whole season.

For more information about concussions visit:

- www.cdc/concussion
- www.cdc.gov/TraumaticBrainInjury
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com