

2018-2019 MSHSL Athletic Packet

All 7th and 8th grade students participating in athletics must return their completed packet and fee to the Middle School Athletic Department or register on FeePay prior to participation. You must have a current sports physical on file in order to register a student on FeePay.

What do I need to complete and turn in, if not using FeePay?

- 1) **MSHSL Sports Qualifying Physical Examination Clearance Form:** A sports physical must be completed every three years for a student to participate in sports. Questions regarding physical status can be directed to the Athletic Department at 763.492.5418. Physicals can be faxed to 763.792.5450 attention Athletic Department.
- 2) **MSHSL Annual Sports Health Questionnaire Form:** Form must be completed and signed by the parent/guardian and athlete.
- 3) **Athletic Eligibility Statement:** Form must be completed and signed by the parent/guardian and athlete.
- 4) **Centennial School District #12 Insurance Waiver:** This must be completed once per school year.
- 5) **Fee Sheet:** Completed student information located at the top of the Fee Sheet and attach payment fee.
- 6) **Sports Emergency Information Form:** This form must be completed and signed by a parent/guardian.

RULES REGARDING FEES

- 1) The fee must be paid **prior** to the participant's first practice.
- 2) Students receiving free lunch shall not be charged a fee. Students receiving reduced lunch benefits will pay a reduced fee. A copy of a lunch verification letter must accompany this packet to receive this benefit.
- 3) A student may withdrawal and receive a full refund during the first calendar week of their participation. **Notification must be given to the activities department in order to receive a refund.**
- 4) After a student's first week of participation, a refund may be allowed if the student's withdrawal is the result of illness or injury. The illness or injury must have a prognosis as lasting the duration of the season.
- 5) **No Refunds** will be allowed for any reason after on-half of the regular scheduled contests have been completed.
- 6) Administration must approve ALL refunds.

COPY this Clearance Form for the student to return to the school. KEEP the complete document in the student's medical record.

2018-2019 SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM

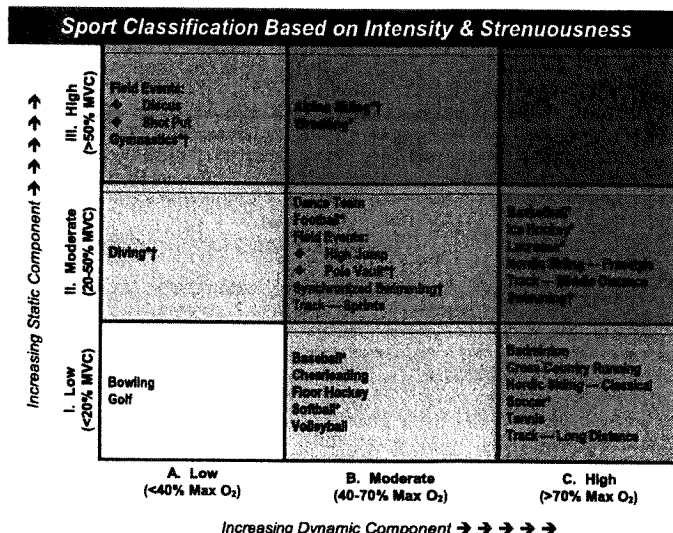
Minnesota State High School League

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F
Address: _____
Home Telephone: _____ - _____ - _____ Mobile Telephone _____ - _____ - _____
School: _____ Grade: _____ Sports: _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check Only One Box)

- (1) Participate in all school interscholastic activities without restrictions.
- (2) Participate in any activity not crossed out below.

Sport Classification Based on Contact		
Collision Contact Sports	Limited Contact Sports	Non-contact Sports
Basketball Cheerleading Diving Football Gymnastics Ice Hockey Lacrosse Alpine Skiing Soccer Wrestling	Baseball Field Events: ❖ High Jump ❖ Pole Vault Floor Hockey Nordic Skiing Softball Volleyball	Badminton Bowling Cross Country Running Dance Team Field Events: ❖ Discus ❖ Shot Put Golf Swimming Tennis Track



- (3) Requires further evaluation before a final recommendation can be made.
Additional recommendations for the school or parents: _____

- (4) Not cleared for: All Sports Specific Sports _____

Reason: _____

Sport Classification Based on Intensity & Strenuousness: This classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percent of maximal oxygen uptake (MaxO₂) achieved and results in an increasing cardiac output. The increasing static component is related to the estimated percent of maximal voluntary contraction (MVC) reached and results in an increasing blood pressure load. The lowest total cardiovascular demands (cardiac output and blood pressure) are shown in lightest shading and the highest in darkest shading. The graduated shading in between depicts low moderate, moderate, and high moderate total cardiovascular demands. *Danger of bodily collision. †Increased risk if syncope occurs. Reprinted with permission from: Maron BJ, Zipes DP. 36th Bethesda Conference: eligibility recommendations for competitive athletes with cardiovascular abnormalities. *J Am Coll Cardiol.* 2005; 45(8):1317-1375.

I have examined the above named student and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents.

Attending Physician Signature _____ Date of Exam _____
Print Physician Name: _____ Official Clinic Stamp: _____
Office/Clinic Name _____
Office Telephone: _____ - _____ - _____

IMMUNIZATIONS [Tdap; meningococcal (MCV4, 1-2 doses); HPV (3 doses); MMR (2 doses); hep B (3 doses); hep A (2 doses); varicella (2 doses or history of disease); polio (3-4 doses); influenza (annual)]

- Up-to-date (see attached school documentation) Not reviewed at this visit

IMMUNIZATIONS GIVEN TODAY: _____

EMERGENCY INFORMATION

Allergies _____
Other Information _____
Emergency Contact: _____ Relationship _____
Telephone: (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____
Personal Provider _____ Office Telephone _____ - _____ - _____

This form is valid for 3 calendar years from above date with a normal Annual Health Questionnaire.
FOR SCHOOL ADMINISTRATION USE: [Year 2 Normal] [Year 3 Normal]

2018-2019 SPORTS QUALIFYING PHYSICAL HISTORY FORM
Minnesota State High School League

Student Name: _____ Birth Date: _____ Date of Exam: _____

History

Circle Question Number (1) of questions for which the answer is unknown.

Circle Y for Yes or N for No

GENERAL QUESTIONS

- 1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports?
2. Do you have an ongoing medical condition (like diabetes, asthma, anemia, infections)?
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?
4. Do you have allergies to medicines, pollens, foods, or stinging insects?
5. Have you ever spent the night in a hospital?
6. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

- 7. Have you ever passed out or nearly passed out DURING exercise?
8. Have you ever passed out or nearly passed out AFTER exercise?
9. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
10. Does your heart race or skip beats (irregular beats) during exercise?
11. Has a doctor ever told you that you have? (circle):
12. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram, stress test)
13. Do you get lightheaded or feel more short of breath than expected during exercise?
14. Have you ever had an unexplained seizure?
15. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

- 16. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including unexplained drowning or unexplained car accident)?
17. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
18. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
19. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

- 20. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game?
21. Have you had any broken or fractured bones or dislocated joints?
22. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
23. Have you ever had a stress fracture?
24. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
25. Do you regularly use a brace, orthotics or other assistive device?
26. Do you have a bone, muscle, or joint injury that bothers you?
27. Do any of your joints become painful, swollen, feel warm, or look red?
28. Do you have any history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS

- 29. Has a doctor ever told you that you have asthma or allergies?
30. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?
31. Is there anyone in your family who has asthma?
32. Have you ever used an inhaler or taken asthma medicine?
33. Do you develop a rash or hives when you exercise?
34. Were you born without or are you missing a kidney, an eye, a testicle (males), or any other organ?
35. Do you have groin pain or a painful bulge or hernia in the groin area?
36. Have you had infectious mononucleosis (mono) within the last month?
37. Do you have any rashes, pressure sores, or other skin problems?
38. Have you had a herpes or MRSA skin infection?
39. Have you ever had a head injury or concussion?
40. Have you ever had a hit or blow to the head that caused confusion prolonged headache, or memory problems?
41. Do you have a history of seizure disorder?
42. Do you have headaches with exercise?
43. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
44. Have you ever been unable to move your arms or legs after being hit or falling?
45. Have you ever become ill while exercising in the heat?
46. Do you get frequent muscle cramps when exercising?
47. Do you or someone in your family have sickle cell trait or disease?
48. Have you had any problems with your eyes or vision?
49. Have you had any eye injuries?
50. Do you wear glasses or contact lenses?
51. Do you wear protective eyewear, such as goggles or a face shield?
52. Do you worry about your weight?
53. Are you trying to or has anyone recommended that you gain or lose weight?
54. Are you on a special diet or do you avoid certain types of foods?
55. Have you ever had an eating disorder?
56. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

- 57. Have you ever had a menstrual period?
58. How old were you when you had your first menstrual period?
59. How many menstrual periods have you had in the last year?

Notes: _____

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Legal Guardian Signature

Student-Athlete Signature

Date

2018-2019 SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

Minnesota State High School League

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F

Follow-Up Questions About More Sensitive Issues:

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette, cigar, or pipe smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had any alcohols, even just one?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any medications or supplements to help you gain or lose weight or improve your performance?
9. Question "Risk Behaviors" like guns, seatbelts, unprotected sex, domestic violence, drugs, and others.

Notes About Follow-Up Questions:

MEDICAL EXAM

Height _____ Weight _____ BMI (optional) _____ % Body fat (optional) _____ Arm Span _____
 Pulse _____ BP _____ / _____ (_____ / _____)
 Vision: R 20/ _____ L 20/ _____ Corrected: Y / N Contacts: Y / N Hearing: R _____ L _____ (Audiogram or confrontation)

Exam	Normal	Abnormal Notes	Initials*
Appearance	Y / N		
No Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	Y / N		
HEENT	Y / N		
Eyes	Y / N		
Fundoscopic	Y / N		
Pupils	Equal / Unequal		
Hearing	Y / N		
Cardiovascular	Y / N		
No Murmurs (standing, supine, +/- Valsalva)	Y / N		
PMI location			
Pulses (simultaneous femoral & radial)	Y / N		
Lungs	Y / N		
Abdomen	Y / N		
Tanner Staging (optional)	I II III IV V		
Skin (No HSV, MRSA, Tinea corporis)	Y / N		
Musculoskeletal			
Neck	Y / N		
Back	Y / N		
Shoulder/Arm	Y / N		
Elbow/Forearm	Y / N		
Wrist/Hand/Fingers	Y / N		
Hip/Thigh	Y / N		
Knee	Y / N		
Leg/Ankle	Y / N		
Foot/Toes	Y / N		
Functional (Single Leg Hop or Squat, Box Drop)	Y / N		

Notes: _____ * Required Only if Multiple Examiners

Assessment: Cleared for sports without restriction Restricted participation (see Clearance Form)

Plan: **Immunizations:** Up-to-Date Recommend Annual Flu Shot (Especially for Asthma & winter athletes) Consider HPV series
 Immunize if needed (Tdap, meningococcal MCV4, (1-2 doses), 3 HPV, 2 MMR, 3 hep B, 2 hep A, 3-4 Polio, 2 varicella or history of disease)

Health Maintenance: Lifestyle, health, and safety counseling Discussed dental care and mouthguard use
 Discussed Lead and TB exposure – (Testing indicated / not indicated) Eye Refraction if indicated

Attending Physician Signature: _____ Date: _____

MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

DATE ____/____/____
Name _____ M/F _____ Age ____ Birth Date ____/____/____
Grade ____ School _____ Sport(s) _____
Address _____
Phone _____ Date of Last Sports Qualifying Physical Exam (SQPE) ____/____/____

Check Yes or No boxes for each question or Circle question numbers for which you cannot answer.

IN THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire, HAVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR | | |
| 2. In the last year, have you passed out or nearly passed out <i>during or after</i> exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last year, does your heart race or skip beats (irregular beats) during exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last year, do you get light-headed or feel more short of breath than expected during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last year, have you had an unexplained seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR | | |
| 7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including an unexplained drowning, an unexplained car accident, or Sudden Infant Death Syndrome)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the last year, has anyone in your immediate family been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In the last year, has anyone in your immediate family under age 50 had a heart problem, pacemaker, or implanted defibrillator? | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL RISK QUESTIONS IN THE LAST YEAR | | |
| 12. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? | <input type="checkbox"/> | <input type="checkbox"/> |

Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Legal Guardian Signature

Athlete Signature

Date

Athletic/Activity Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)

SQPE Due ____/____/____

CLEARED FOR SPORTS: YES NO



2018-2019 MSHSL ELIGIBILITY STATEMENT

All MSHSL eligibility determinations are based on the most current official handbook found at mshsl.org/handbook

Statement to be signed by the participant from a MSHSL member school and by the participant's parent or guardian each school year prior to participation in that year.

Please check all items:

- I have read, understand, and acknowledge receiving the 2018-2019 MSHSL Eligibility Brochure, which contains only a summary of the eligibility rules of the Minnesota State High School League. I understand that a copy of the Official Handbook of the MSHSL is on file with the senior high school athletic director and or principal and that I may review it, in its entirety, if I so choose. The Official Handbook and MSHSL bylaws are also posted on the MSHSL website: www.MSHSL.org under Handbook.
- We, the student and parent, have reviewed Concussion Management Recommendations for MSHSL Athletes contained in the Eligibility Brochure and on the following website: www.cdc.gov/headsup
- I understand that once I sign the eligibility statement all eligibility rules apply:
 - Twelve (12) months of the year;
 - Whether I am currently participating or not;
 - Continuously from the first signing of the statement through the completion of my high school eligibility.
- Regardless of my age I agree to follow all of the MSHSL Bylaws in order to be eligible to represent my school in League-sponsored activities.
- I further understand that a member school of the MSHSL must adhere to all of the rules and regulations that pertain to the League athletics/activities a school may sponsor and that local rules may be more stringent, and penalties more severe, than MSHSL rules.

STUDENT CODE OF RESPONSIBILITIES

- As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities:
 - I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
 - I will be fully responsible for my own actions and the consequences of my actions.
 - I will respect the property of others.
 - I will respect and obey the rules of my school and the laws of my community, state and country.
 - I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by the principal. While a student not in good standing, a student may not serve any penalty for MSHSL Bylaw violations.

- Informed Consent:* By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Herpes and Hepatitis B and others. Although serious injuries are not common, and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN MSHSL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

- I consent to the athletic trainer or coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.

- I further understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

- By signing this we acknowledge that we have read the information contained in the 2018-2019 MSHSL Eligibility Brochure and Statement.

- I/we acknowledge the electronic signature confirms I/we have read and reviewed the information contained in the contents of the Eligibility Brochure and Statement. I/we also acknowledge this electronic signature has the same legal effect, validity, and enforceability as a signature in a non-electronic form.

The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student/parent understands and agrees that public information shall include names and pictures of students participating in or attending extra-curricular activities, school events, and High School League activities or events.

I am a home school student? YES NO I am an online student? YES NO

Student's Printed Name Birth Date Grade in School

Student's Signature Date

Parent's or Guardian's Signature Date

CENTENNIAL SCHOOL DISTRICT #12
INSURANCE WAIVER THEREOF

2018-19 SCHOOL YEAR

As parent/guardian of _____, I have adequate insurance and agree to "Hold Harmless" Centennial School District #12 and its agent due to an accident or injury during the school day and any school approved event.

Name of Insurer/Group

Date

Parent/Guardian Signature

In the event of an injury:

All notices of injury must be turned into the school nurse the day of the accident or the next day school is in session. Students must see a doctor within thirty (30) days or the insurance for that injury is void. It is imperative that all coaches, students and parents note these procedures.

HIGH SCHOOL ATHLETICS

FAMILY NAME _____

STUDENT NAME _____

TELEPHONE NUMBER _____

GRADE _____

FALL SPORTS

HIGH SCHOOL SPORTS

Adapted Soccer	\$140.00
Cheerleading (Fall)	\$ 80.00
B/G Cross Country (7-12)	\$260.00
Football	\$325.00
Soccer B/G	\$260.00
Swimming / Diving (Girls) (7-12)	\$300.00
Tennis * (Girls) (7-12)	\$240.00
Volleyball	\$280.00

MIDDLE SCHOOL SPORTS

Football	\$180.00
Volleyball	\$180.00

WINTER SPORTS

HIGH SCHOOL SPORTS

Adapted Floor Hockey	\$ 85.00
B/G Basketball	\$365.00
Cheerleading (Winter)	\$ 80.00
Dance Team	\$345.00
Gymnastics	\$325.00
Hockey B/G	\$425.00
Skiing B/G (7-12) Lift Fee Plus	\$155.00
Swimming / Diving (Boys) (7-12)	\$300.00
Wrestling	\$325.00

MIDDLE SCHOOL SPORTS

B/G Basketball	\$180.00
Gymnastics	\$180.00
Wrestling	\$180.00

SPRING SPORTS

HIGH SCHOOL SPORTS

Adapted Softball	\$120.00
Baseball	\$280.00
Golf B/G (7-12)	\$280.00
Lacrosse, Boys	\$240.00
Lacrosse, Girls	\$240.00
Softball	\$280.00
Tennis* (Boys) (7-12)	\$240.00
Track B/G	\$280.00

MIDDLE SCHOOL SPORTS

Track B/G	\$180.00
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CENTENNIAL HIGH SCHOOL SPORTS EMERGENCY INFORMATION FORM 2018-19

NAME _____ AGE _____
DATE OF BIRTH ____ / ____ / ____ HOME PHONE (____) _____
CIRCLE ONE: MALE or FEMALE GRADE _____
SPORT/S _____
MOTHER'S NAME _____ WORK PHONE (____) _____
CELL PHONE (____) _____ EMAIL _____
FATHER'S NAME _____ WORK PHONE (____) _____
CELL PHONE (____) _____ EMAIL _____
EMERGENCY CONTACT (if parents are unavailable) _____
RELATIONSHIP _____ PHONE NUMBER (____) _____
PRIMARY PHYSICIAN _____ PHONE (____) _____
INSURANCE COMPANY _____
HOSPITAL PREFERENCE _____ ALLERGIES _____
ANY MEDICAL ISSUES OR CONCERNS _____

Please read and sign below

Release of Liability for Student Transportation To or From Co-curricular Activities

There will be times (games, practices, scrimmages, etc) where school district-provided transportation is not available.

I understand it is parent/guardian responsibility to arrange for my student's transportation to and from co-curricular events where there is not a bus provided.

I understand that the ability of coaches and other school official to properly supervise students may be impaired when students are not under their direct control. I agree that coaches should not be held accountable when students who are authorized to use alternative means of transportation do so. I understand that coaches reserve the right to refuse requests by players to leave their teams if, in the coaches' opinion, it serves the best interest of the individual or the program.

ATHLETIC TRAINER AUTHORIZATION

Centennial High School staffs a certified and registered athletic trainer through the Fairview Health Services Institute for Athletic Medicine for the purpose of educating student-athletes and preventing and treating injuries to student-athletes while participating in school-related athletic events and programs.

I consent to the athletic trainer treating injuries and discussing any injuries or medical conditions with coaches, school staff, and other qualified health care providers as deemed necessary within their scope of practice.

I understand that in the case of injury or illness requiring transportation to a health care facility, every attempt will be made to contact me, but that, if necessary, the student-athlete will be transported via ambulance to the nearest or designated hospital.

I acknowledge that I have received a copy of Fairview's Notice of Privacy Practices.

I have read this form and understand its contents at this date and time.

PARENT OR LEGAL GUARDIAN

DATE

