

Maxwell Municipal Schools

Sports Physicals

Dear Parents/Guardians:

The Maxwell Municipal Schools strives to provide the best possible athletic programs for its students. It wants athletic participation to be a valuable educational experience at all levels. You are requested to read the following carefully and thoroughly, discuss its contents with your child, and present it to your family physician for his or her approval. This form is to be fully completed and filed at the school BEFORE your child will be allowed to practice and/or compete. We require this physical examination to insure that your child is physically able to participate in athletics and in the event an accident should occur, that we may notify you in a relatively short period of time.

1. PARENTAL CONSENT:

We want to be sure you consent to your child's participation in interscholastic athletics; therefore, it is necessary that you and your child carefully read and understand the contents of this form along with the expectations of the sport.

2. MEDICAL HISTORY AND EXAMINATION:

This questionnaire provides a means for the physician/doctor of osteopathy/ physician's assistant/nurse practitioner to make reference to previous injury, illness or congenital disorder and also to provide the best possible physical exam for the student athlete.

3. MEDICAL AUTHORIZAITON:

This section provides information to the school for quick reference regarding notification in an emergency situation. Also, it authorizes medical attention in the event parents cannot be reached.

4. INSURANCE:

The financial responsibility for securing care of athletic injuries is a matter between the parent/guardian and physician/ dentist of the parent's selection. It is because of this Maxwell Municipal Schools must have on file the insurance your family has to cover your child in case of an accident. The Maxwell Municipal Schools offers Student Accident insurance. You may wish to enroll in this through the school. This is strictly on a voluntary basis and is not required if you have sufficient coverage through your own family medical plan. We must have either a form asking for your own school policy or the name of the company through which you are insured.

5. PARENTAL CONSENT

I hereby give my consent for _____ to participate in interscholastic athletics and the Maxwell Schools and authorize the Maxwell Municipal Schools to provide the information on the form to the New Mexico Activities Association. The financial responsibility for securing care of athlete's injuries is a matter between the parent/guardian and physician or dentist of parent's guardian's selection.

Maxwell Municipal Schools is not responsible for any financial obligations due to injury and or may not pay doctors, dentists, or hospitals for treatment of any child.

6. INSURANCE

We have applied for Student Accident Insurance through Maxwell Municipal Schools.

Yes ____

No ____ We have accident insurance with:

Primary Care Physician:	Name of Health Insurance:	Policy Number:

INTERSCHOLASTIC PARTICIPATION FORM MAXWELL MUNICIPAL SCHOOLS

This form must be completed and filed at the school before the student is allowed to practice or compete.

PLEASE COMPLETE EVERY LINE ON THIS FORM ----- PRINT EVERYTHING EXCEPT SIGNATURE.

Student: _____ M/F ____ School: **MAXWELL MUNICIPAL SCHOOL**

Sport(s): _____ Grade Level: _____ Today's Date: _____

School ID# _____ Date of Birth _____ / _____ / _____ City and State of Birth: _____
Month/ Day / Year

Parent/Guardian Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Physician: _____ Physician Phone: _____
Dentist: _____ Dentist Phone: _____
Last Year's School _____ Enrolled 8th grade _____ / _____ / _____
Month Day Year

We certify the above is correct:

Parent/Guardian Signature **Student Signature**

Read carefully and thoroughly: This district provides the best possible athletic programs for its students. We strive to make athletic participation a valuable educational experience at all levels. Discuss these contents with your child; complete it fully; and have your physician sign following the physical exam. This form must be completed for any student who intends to participate in interscholastic athletics at any level.

Parental Consent: I hereby give my consent for _____ to participate in interscholastic athletics and authorize the Maxwell Municipal Schools to provide necessary academic and other eligibility information to the New Mexico Activities Association, the organization of schools which establishes eligibility standards. I understand that financial responsibility for care of athletic injuries is a matter between my physician/dentist and myself. Maxwell Municipal Schools will not pay doctors, dentists, or hospitals for any treatment of my child.

Parent/Guardian Signature **Date**

Acknowledgement of Injury Risk: We are aware that preparation for and participation in interscholastic athletics involves risk of serious and permanent injury to the student-athlete. We acknowledge and understand the danger of possible severe injuries inherent in physical activity and contact in all sports.

Parent/Guardian Signature **Student Signature**

INSURANCE COVERAGE: I have secured health/accident insurance which I consider sufficient to cover expenses/claims arising from any injury my child may experience while participating on any school athletic team, and will not hold the Maxwell Municipal Schools responsible for payment of any medical expenses.

Insurance Co. _____ Policy # _____

Parent/Guardian Signature

Date

A COPY OF YOUR INSURANCE CARD MUST BE INCLUDED WITH THIS PHYSICAL.

APPROVAL FOR EMERGENCY MEDICAL SERVICES/TREATMENT: I understand the coach/school official will attempt to contact the parent within a reasonable time in the event of injury requiring medical service. In the event a parent cannot be reached, I authorize the appropriate school representative to act in my behalf to ensure proper medical attention as may be required due to injury or illness sustained by my child while participating in school athletics in the above season(s). If I cannot be reached, I relinquish my responsibility to medical personnel acting in the best interest of my child. I assure financial responsibility for such attention.

Parent/Guardian Signature

Date

PHYSICIAN STATEMENT: I have examined _____ and find him/her physically fit to compete in practice and contests for the above sport(s) during the 200____ - 200____ Academic year. The following exception is noted:

Physician Signature

Date

STUDENT STATEMENTS: I will abide by the training rules set up by the coach and by all rules contained in the school's **Student Handbook/Athletic Handbook**. I assume full responsibility for the athletic equipment and uniforms issued to me. I will inform the coach/trainer/medical personnel if I am taking medication, using any ointment, liniment, balm, or have a metal implant in my body *before* receiving therapy or treatment of any kind in the training room.

Are you taking any medication(s)? Identify _____
Are you allergic to any medications(s)? Identify _____

Student Signature

Date

MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

Medical History – Parent/Guardian please fill out prior to medical exam by physician

Student _____

	YES	NO
Do you want to talk to a physician/physician's assistant/nurse practitioner about a health problem or injury?	___	___
Has anyone in your immediate family ever had:		
Diabetes?	___	___
Allergies – hay fever or asthma?	___	___
Migraine headaches?	___	___
Heart Conditions?	___	___
High Blood Pressure?	___	___
Has anyone in your family under age 50 died suddenly?	___	___
Have you had or do you now have:		
Brain concussion – head injury?	___	___
Tendency to lose consciousness?	___	___
Skull fracture?	___	___
Convulsions or epilepsy?	___	___
Neck injury?	___	___
Have you had or do you now have:		
Hearing loss?	___	___
Perforated ear drum?	___	___
Recurrent infections?	___	___
Sinus infections?	___	___
Broken nose?	___	___
Dental plate?	___	___
Orthodontia?	___	___
Have you had or do you now have:		
Hernia?	___	___
Kidney Problems?	___	___
<i>Boys</i> , Absence of testicles?	___	___
<i>Girls</i> , Menstrual problems	___	___
Age of onset of menstruation? _____	___	___
Have you had or do you now have:		
Bone fracture?	___	___
Joint dislocation?	___	___
Foot problems?	___	___

Pins, staples or wires in any part of your body? _____
Student _____

YES **NO**

Have you had or do you now have:

Back injury or frequent headaches? _____
Knee injury (spring) or recurrent pain? _____
Ankle injury (spring) or recurrent pain? _____
Other joint problems? _____
Bone infection? _____

Have you had or do you now have:

Diabetes – High blood sugar in blood or urine? _____
Tendency to bleed or bruise easily? _____
Anemia? _____
Weight problems – Under weight or over weight? _____

Have you had or do you now have:

Asthma? _____
Hay fever? _____
Hives or rash? _____
Bee sting reactions (allergy)? _____
Reaction to medication (allergy)? _____

Do you:

Smoke? _____
Take any medication regularly? _____
If yes, name the medication(s): _____

Have you had or do you now have:

Heart murmur or other heart condition? _____
High blood pressure? _____
Persistent cough? _____
Chest pain with exercise? _____
Dizziness or faintness with exercise? _____

Have you had or do you now have:

Recurrent rash? _____
Fungus infection? _____
Athlete's foot? _____
Recurrent boils – skin infection? _____

Do you wish to discuss an emotional problem with the physician/doctor of osteopathy/
physician's assistant/nurse practitioner? _____

Have you ever been told to give up sports because of the health problems? _____

Student Name _____ **Grade** _____

Licensed Medical Physician/Doctor of Osteopathy/Physician's Assistant/Nurse Practitioner/Chiropractor only as per NMAA Handbook 6.12.

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Eyes Uncorrected R 20/ _____ L 20/ _____

Eyes Corrected R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL	REMARKS
EENT			
Cardiovascular			
Abdomen			
Hernia			
Genitalia			
Musculoskeletal			
Neurological			
Deformities			
Surgical Scars			
Skin			
Urinalysis			

I certify that I have on this date reviewed the above history and examined this individual and find him/her physically able to compete in interscholastic athletics.

PRINT: _____

Examiner's Name

SIGNATURE: _____

Examiner's Signature

ADDRESS: _____

PHONE: _____

DATE OF EXAMINATION: _____