



PHYSICIAN'S AND PARENTS CERTIFICATE FOR ATHLETICS
UNIVERSITY INTERSCHOLASTIC LEAGUE (UIL)
AND PASADENA INDEPENDENT SCHOOL DISTRICT

Rev. 1/30/08

Attention School Authorities: This form must be signed by both the student and the parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage or game. A copy of the student's physical form signed by a physician must also be on file at the athletic trainer's office.

2008-2009 Grade _____ School: 2008-2009 Sport(s): _____

BACKGROUND INFORMATION

Athlete's name _____ Birthdate: _____ Sex: Male Female
 Athlete's Social Security # _____ Std. I.D. # _____ Hm Rm _____ Age _____
 Home address _____
 City/State _____ Zip _____ Home Phone # _____
 Father/Guardian name _____ SS# _____ Wk Phone # _____
 Employer _____ Pager # _____
 Employer address _____ Cell # _____
 _____ email _____
 Mother/Guardian name _____ SS# _____ Wk Phone # _____
 Employer _____ Pager # _____
 Employer address _____ Cell # _____
 _____ email _____

EMERGENCY INFORMATION

Person to call in case of emergency if parents cannot be reached:

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Allergies to medicine or other _____

Any medicine taken regularly _____

Any medical concerns that should be noted _____

Family physician _____ Phone # _____

Family dentist _____ Phone # _____

INSURANCE INFORMATION

Insured name _____ Group # _____

Insurance Company _____ Policy # _____

Type: HMO _____ PPO _____ Other (explain) _____

Insurance Co. address _____ Phone # _____

PARENT/GUARDIAN PERMIT MEDICAL CONSENT HIPAA and FERPA Compliance

I hereby consent for name of athlete to compete in University Interscholastic League approved sports and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the Pasadena Independent School District assumes any responsibility in case an accident occurs.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I authorize the Pasadena Independent School District athletic staff as agent(s) for the undersigned to consent to such treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Your signature gives authorization which is necessary for the district, its trainers, coaches, and student insurance personnel to share information concerning medical diagnosis and treatment. This is to conform with Federal guidelines, ie. HIPAA and FERPA.

X _____
Parent / legal guardian signature

X _____
Student signature

Date

STUDENT ACKNOWLEDGEMENT OF RULES**TO BE READ AND SIGNED BY PARENT/GUARDIAN AND STUDENT ATHLETE****GENERAL INFORMATION**For more information visit website: www.uil.utexas.edu

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: school coaches may hold one 6-day camp in their school district for incoming 7th, 8th and 9th grade students),
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped exception.)
- have not graduated from high school.
- are full-time day students in a participant high school, and are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- meet academic standards in compliance with state law and rules of the State Board of Education (No Pass, No Play),
- initially enrolled in the ninth grade not more than four calendar years ago
- were not recruited (*does not apply to college recruiting as permitted by rule*)
- have not violated any provision of the summer camp rule
- have not represented a college in a contest.
- have observed all provisions of the Awards Rule.
- live with their parents inside the school district attendance zone their first year of attendance or have been in attendance at the school for one calendar year, (Parent residence applies to athletic eligibility only.)
- did not change schools for athletic purposes.
- have observed all provisions of the Athletic Amateur Rule.
- Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport.

FOOTBALL HELMET WARNING

No helmet can prevent all head or neck injuries a player might receive while participating in football. Do not use the helmet to butt, ram or spear an opposing player. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

Dear Parent:

The Texas State Board of Education requires that a note be on file at the school, signed by the student's parent or guardian, describing the reason for any absence, including extracurricular or co-curricular events and activities. Your child, as a member of an athletic team or school group, may be required to miss class(es) during the year to attend activities or events required by the student's participation in this team or group. Signing the bottom of this page constitutes an agreement that the student named on this certificate has your permission to miss class(es) during the year to attend activities or events required by the student's participation in the team or group listed at top of front page.

I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

Found on the internet at <http://www.uil.utexas.edu/ath/manuals/parent/manual.html>

Printed copy available from the Athletic Director's office upon request

To the Parent:

Check any activity this

student should be excluded from.

- | | | | | |
|--|-----------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field | |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball | |

ACKNOWLEDGEMENT OF RULES & PRE-FILED PARENTAL PERMISSION**I have read, completed and understand all sections of this certificate. I permit my child to play under these conditions.****X**

Parent / legal guardian signature

Date

X

Student / athlete signature

Date

It is the policy of the Pasadena Independent School District not to discriminate on the basis of race, color, national origin, sex, age or handicap in its general and vocational programs, services or activities, or in its employment practices. Lack of English language skills will not be a barrier to admission and participation in all educational and vocational programs. For information about your rights or grievance procedures, contact the Title IX Coordinator and/or the Section 504 Coordinator, Jeanne Nelson, at 1515 Cherrybrook, Pasadena, TX 77502, or call (713)740-0000.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

PREPARTICIPATION PHYSICAL EVALUATION - MEDICAL HISTORY:

This **Medical History Form** must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Address: _____ Phone: _____

Grade: _____ School: _____

Personal Physician: _____ Phone: _____

In case of emergency, contact: Name _____

Relationship: _____ Phone (home) _____ Phone(work) _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight in the past year?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
* 5. Have you ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Has any family member or relative died of heart problems or of sudden death before age 50?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Any family history of congenital/cyanotic heart disease?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Has a physician ever denied or restricted your participation in sports for any heart problems?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____ When was the last concussion? _____					
How severe was each one! Explain in designated area for "yes" answers.					
Have you ever had a seizure?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had numbness or tingling in your arms, hands, legs, or feet?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever become ill from exercising in the heat?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever gotten unexpectedly short of breath with exercise.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you cough, wheeze, or have trouble breathing during or after activity?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you have seasonal allergies that require medical treatment?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had any problems with your eyes or vision?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11. Are you missing any paired organs?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have a previous history of:				<input type="checkbox"/>	<input type="checkbox"/>
a. Hernia.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. Sickle Cell Anemia.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
d. Kidney Disease and/or injury.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
e. Organs removed or non-functioning.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
f. Hepatitis.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
g. Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
13. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had a sprain, strain, or swelling after injury?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you broken or fractured any bones or dislocated any joints?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
If yes, check appropriate box and explain below.					
<input type="checkbox"/> Head	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist	<input type="checkbox"/> Thigh	<input type="checkbox"/> Foot	
<input type="checkbox"/> Neck	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Hand	<input type="checkbox"/> Knee		
<input type="checkbox"/> Back	<input type="checkbox"/> Elbow	<input type="checkbox"/> Finger	<input type="checkbox"/> Shin/Calf		
<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hip	<input type="checkbox"/> Ankle		
15. Do you want to weigh more or less than you do now?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you lose weight regularly to meet weight requirements for your sport?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
16. Do you feel stressed out?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
17. Record the dates of your most recent immunizations (shots) for:					
Tetanus _____		Measles _____			
Hepatitis B _____		Chickenpox _____			
18. Are you under a doctor's care?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
19. FEMALES ONLY					
When was your first menstrual period?.....					
When was your most recent menstrual period?.....					
How much time do you usually have from the start of one period to the start of another?.....					
How many periods have you had in the last year?.....					
What was the longest time between periods in the last year?.....					

***An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question five above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, assistant, or nurse practitioner.**

Explain "Yes" answers here: _____

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student to penalties determined by the UIL.

X _____
Parent / legal guardian signature

X _____
Student signature

Date

PREPARTICIPATION PHYSICAL EVALUATION - Physical Examination

Student's Name _____ Sex: _____ Age: _____ Date of Birth: _____
 Height: _____ Weight: _____ % Body fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____ optional (AN) Test Positive: Y N

This Physical Examination Form must be completed each school year prior to junior high and high school athletic participation.

	NORMAL	ABNORMAL	DESCRIPTION OF ABNORMAL FINDINGS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart Auscultation of the heart in the supine position			
Heart Auscultation of the heart in the standing position			
Heart-lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back Scoliosis Forward Bend Test Included			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

*station-based examination only

Cleared Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners.

Name (print/type) _____ Date of Examination: _____

Address: _____ Phone Number: _____

Signature: _____ Title: _____

Must be completed before a student participates in any practice (both in-season and out-of-season) or games/matches.