

Dear Parents,

If your child is in the middle school or upper school, CHANGES HAVE BEEN MADE so please read carefully to make sure your child is in compliance with these new regulations.

1. **Students Participating in an Organized Sport for the 2010-2011 School Year** - all students, who ***anticipate*** participating on a sports team for the 2010-2011 school year, must **have an annual physical exam**.
 - a. Physical exams can be obtained through **HIES physicals** conducted by physicians of Children's Healthcare of Atlanta (CHOA) in May or through a primary care physician.
 - i. CHOA Boys- May 19th 3:30-6pm Girls- May 20th 3:30-6pm
 - ii. Cost is \$30, make payable to CHOA. Wear shorts and t-shirt.
 - iii. Requirements – Parents must complete the health form, sign it, and have the student bring it with them to the exam. No exam given without a signed form.
 - b. Physical exam paperwork, the **2010-2011 Sports Physical Form, should be turned into Kara Dolling, Athletic Trainer** located in the Main Gym first for documentation. All forms will then be forwarded to the clinic and filed in the clinic.
 - c. Please be sure to complete all sections of the Sports Physical Form in its entirety, including *insurance information*. This is particularly important if it has changed since the previous year.
 - d. Any student who does not turn in a **2010-2011 Sports Physical Health Form** will NOT be allowed to participate in any tryouts, practices, or games until a valid physical form is on file.
 - e. ***There will be NO EXCEPTIONS due to GHSA regulations.***
 - f. **Students with Chronic Medical Conditions** - All students with any chronic medical condition **must** obtain the specialized action/care plans which are available on the HIES website located under Student Health for download.
2. **Students Not Participating on a sports team** will not be required to have a physical exam to attend school. Those students will still have to provide:
 - a. **2010-2011 Non-Sports Health Form** - Health information sheet filled out by the parent/guardian and does not require a physician's signature. A new form must be filled out annually.
 - b. It is important to note that even though these students do not need a physical exam, the 2010-2011 Non-Sports Health Form is necessary for the nurses to have permission to treat students and administer over-the-counter medications. Please take the time to fill this form out BEFORE school begins so your student can be taken care of when he/she is not feeling well.
 - c. No treatment or over-the-counter medications will be given if the 2010-2011 Non-Sports Health Form is not on file in the clinic.

An updated Immunization Record (Georgia Form 3231) is required by all sixth grade and new students.

All necessary forms are available for download off of the HIES website. Be sure to retain a copy of these important health records for your student.

Lower School and Middle School

Tammy Green RN, BSN ext 329 or tammy.green@hies.org

Pre-School and Upper School

Kaki Scroggins RN, BSN ext 135 or kaki.scroggins@hies.org

Kara Dolling, MS, ATC/L, CSCS ext 359 or Kara.dolling@hies.org FAX: 404-705-2752

Holy Innocents' Episcopal School
Department of Athletics
General Agreement/Release Waiver for Athletic Participation
School Year 2010 - 2011

My child _____, has the opportunity to participate in sports and athletic activities provided by Holy Innocents' Episcopal School. I fully realize and acknowledge that, even with coaching and the use of equipment, injuries are a possibility in any sport or athletic activity, and I recognize that participation in athletics can result in severe injury or even death from a variety of circumstances, which include, but are not limited to, falls, collisions with other athletes or equipment, and/or weather conditions, while being involved in their respective sports. Realizing such, and in consideration of my child being allowed to participate in interscholastic organized sports and athletic activities provided by Holy Innocents' Episcopal School:

- 1) I give my permission for my child to participate fully in any interscholastic organized sports and athletic activities provided by Holy Innocents' Episcopal School (including travel that may be incident to participation);
- 2) I assume all risks, including any risks associated with any special medical needs or condition of my child, of my child's participation in any such sport or activity (including travel incident thereto);
- 3) I authorize any coach, sports medicine personnel, or other adult supervising any sport or athletic activity in which my child participates to obtain on behalf of my child, any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation (including travel incident thereto);
- 4) I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation and
- 5) I agree that all expenses relating to or arising out of any such injuries or loss of life will be at my financial responsibility and my child and I agree to release, hold harmless and indemnify Holy Innocents' Episcopal School and its officers, employees, and trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees with respect to any injuries, regardless of severity or loss of life relating to or arising out of my child's participation in any such sport or athletic activity.
- 6) I authorize the sports medicine staff to administer a dose of medication (pain reliever, anti-inflammatory, anti-histamine, or breathing aid) in circumstances that arise from sport or athletic activity to assist in treating injury or illness.
- 7) I understand that if my child does not ride on transportation provided by Holy Innocents', I will be responsible for his/her safety and Holy Innocents' shall not be liable for any injury or damages incurred as a result thereof.

*Special medical needs, medications, or conditions of my child include:

*Note: Any medications, additional contacts, or inhalers may be kept secured in the Athletic Training room for those students participating in athletic activities at Holy Innocents' Episcopal School.

I/WE HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT /RELEASE WAIVER:

Athlete's Signature: _____

Parent/Guardian's Signature: _____

Holy Innocents' Episcopal School
805 Mount Vernon Highway, NW ~ Atlanta, GA 30327

2010-2011 PHYSICAL HEALTH FORM ~ GRADES 6-12

- **Annual Physical REQUIRED for all students in grades 6-12.**
- **Students will not be allowed to attend school or participate in any athletic tryouts, practices, or games without an updated physical on file in the clinic.**
- **ATTENTION ATHLETES: Per GHSA rules, physicals done before April 1st are valid for one year from date of physical. Physicals done on/after April 1st are valid for the entire following school year.**

HEALTH HISTORY – To be completed by Parent

Student's Name (first/middle/last) _____

Date of Birth _____ Age _____ Sex _____ Grade _____

Parent/Guardian's Name(s) _____

Mother's Home Phone _____ Mother's Work _____ Mother's Cell _____

Father's Home Phone _____ Father's Work _____ Father's Cell _____

In case of emergency, contact:

1st Name _____ Relation _____ Phone (H/W) _____

2nd Name _____ Relation _____ Phone (H/W) _____

Physician's Name _____ Phone _____

Preferred Hospital/ER _____ Dentist _____

Orthopedist _____ Ophthalmologist _____

Insurance Company _____ Policy Number _____

Policy Holder's Name _____ Referral Needed for Specialist? YES NO

Circle YES or NO for each question. Explain "YES" answers below.
Circle questions you do not know the answers to.

- | | |
|--|---|
| <p>1. Has a doctor ever denies or restricted your participation in sports for any reason? Yes No</p> <p>2. Do you have an ongoing medical condition (diabetes, asthma, etc.)? Yes No</p> <p>3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills? Yes No</p> <p>4. Do you have any allergies to medicines, pollens, foods, or stinging insects? Yes No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? Yes No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? Yes No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? Yes No</p> <p>8. Does your heart race or skip beats during exercise? Yes No</p> <p>9. Has a doctor ever told you that you have (circle all that apply):
 High blood pressure Heart murmur
 High cholesterol Heart infection Yes No</p> <p>10. Has a doctor ever ordered a test for your heart (EEG, echocardiogram, etc)? Yes No</p> <p>11. Has anyone in your family dies for no apparent reason? Yes No</p> <p>12. Does anyone in your family have a heart problem? Yes No</p> <p>13. Has any family member or relative died of heart problems or of sudden death before age 50? Yes No</p> <p>14. Does anyone in your family have Marfan syndrome? Yes No</p> <p>15. Have you ever spent the night in the hospital? Yes No</p> <p>16. Have you ever had surgery? Yes No</p> | <p>24. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No</p> <p>25. Is there anyone in your family that has asthma? Yes No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? Yes No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? Yes No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? Yes No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? Yes No</p> <p>30. Have you had a herpes skin infection? Yes No</p> <p>31. Have you ever had a head injury or concussion? Yes No</p> <p>32. Have you ever been hit in the head and been confused or lost your memory? Yes No</p> <p>33. Have you ever had a seizure? Yes No</p> <p>34. Do you have headaches with exercise? Yes No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Yes No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? Yes No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? Yes No</p> <p>38. Has a doctor told you that you or someone in your family has the sickle cell trait or sickle cell disease? Yes No</p> <p>39. Have you had any problems with your eyes or vision? Yes No</p> <p>40. Do you wear glasses or contact lenses? Yes No</p> <p>41. Do you wear protective eyewear such as goggles or a face shield? Yes No</p> <p>42. Are you happy with your weight? Yes No</p> <p>43. Are you trying to gain or lose weight? Yes No</p> <p>44. Has anyone recommended that you change your weight or eating habits? Yes No</p> <p>45. Do you limit or carefully control what you eat? Yes No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? Yes No</p> |
| <p>FEMALES ONLY:</p> <p>47. Have you ever had a menstrual period? Yes No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> | |
| <p>20. Have you ever had a stress fracture? Yes No</p> <p>21. Have you ever been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Yes No</p> <p>22. Do you regularly use a brace or assistive device? Yes No</p> <p>23. Has a doctor ever told you that you have asthma or allergies? Yes No</p> | |

Explain YES answers here: _____

Holy Innocents' Episcopal School ~2010-2011 Physical Health Form ~ Grades 6-12

Student's Name _____ Birth Date _____ Grade _____

HEALTH HISTORY (cont.) - To be completed by Parent

Asthma YES NO **Severe** YES NO **Treatment:** _____

Allergies (food, medications, insects, etc.) _____

Allergy life-threatening YES NO **Epi-Pen prescribed for allergy** YES NO

Reaction to allergen/Treatment: _____

Medications/Inhalers taken regularly: _____

Non-Prescription Medications - All non-prescription medications will be given at the nurse's discretion in the clinic. Please check each medication your child may receive when at school.

Acetaminophen (Tylenol) _____ Ibuprofen (Advil) _____ Decongestant (Sudafed) _____

Antacid (Tums) _____ Antihistamine (Benadryl) - for emergency use only

I hereby state that, to the best of my knowledge, my answers to the above Health History questions are complete and correct. I give consent for ALL Holy Innocents' employees, certified athletic trainers, nurses, coaches, or team physicians to use their best judgment, based on the information provided on this form, in securing medical and/or ambulance services in the event of a medical/dental emergency.

❖ **Signature of Parent/Guardian** _____ **Date** _____

Sports Participation (list) _____

PHYSICAL EXAMINATION - To be completed by Physician ONLY

Height: _____ **Pulse:** _____ **BP:** _____/_____/_____ ; _____/_____/_____ ; _____/_____/_____
sitting standing lying

Weight: _____ **Vision:** R 20/ _____ L 20/ _____ **Corrected:** Y N **Pupils:** Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Eyes/Ears/Nose/Throat			
Speech Pathology			
Heart/Lungs			
Pulses			
Lymph Nodes			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

Cleared: YES NO Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type) _____ Phone _____

Address _____ Fax _____

❖ **Signature of Physician** _____, MD/DO **Date of Exam** _____