DEKALB COUNTY ATHLETIC PARTICIPATION CONSENT FORM

	<u> </u>				Male	Female	_
	(Last)	(First)		(Middle)			-
Addres	SS:	,					
	(Street)		(City)		(Zip)		-
Studen	t lives with:			Re	lationship: _	•	
						ly, aunt, brother etc.)	
Teleph	one: Home	Wo	r k	C	ell		
This in	formation is for the sc	hool year 2	2	Your grade lev	el will be	(7, 8, 9, 10, 11	i, 12)
	P	ARENTAL CO	NSENT FO	OR ATHLETIC	PARTICIP.	ATION	
By it	s nature, participation in in						h may range in
	from minor to long term c						
	ed athletic programs or ath						
Partic	cipants have the responsibi	lity to help reduce	the chance of	of injury. Participa	ants must obey	all safety rules, repor	rt all physical
problem	s to their coaches or club s	upervisors follow	a proper con	ditioning program	and inspect the	eir equipment daily.	
I (We	e) hereby give consent for			to:			
	****		ull name)				
1)	Compete in athletics in the	•	School Distr	ict in the followin	g Georgia Higt	School Association	approved Sport(s)
	(Please circle each spor						
		Basketball	Golf	Volleyball		& Diving Lacrosse	
	Gymnastics	Cross Country	Football	Softball	Wrestling		
21)	Tennis	Rifle Team	Soccer	Track & Field	Cheerleadi		
2)	To accompany any school over-night trips. I unders	of feath or sports c	mb or which	me smoent is a m	dad by the Del	I IIS local or out of it	wn mps excluding
	event transportation is no						
3)	I release and waive, and						
3)	Education, its successors						
	from and against any clai						
	corporation may have or						
	out of, during, or in com						
	rendering of emergency.					Sociatod William and and	
4)	I have insurance for cove	rage of my son/ d	anghter in the	form indicated b	elow. (Please i	nitial by the type of	insurance coverage
	you have. (You must pro						
	16			and by against in		iII aanaa inimiaa mat	ninad while
	MIA SOM GARBUELL	s adequately and o	ninentry cove	ered by accident i	istirance mat w	ill cover injuries sust	Amer wine
	portionating in inter cabo	Tartia Athlatica G	ncmany, ou	not limited to We	-miter and Immia		
	participating in inter-scho			not limited to, Va	rsity and Junio	i varsity Pootbatt) at	nd inter-scholastic
	participating in inter-school clubs and activities. (Att	ach copy of card) :	not limited to, V2	rsity and Junio	i varsity Pootball) al	nd inter-scholastic
	participating in inter-scho clubs and activities. (Att Insurance C	ach copy of card ompany Name:_) :	·-····		—	nd inter-scholastic
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5)	participating in inter-scho clubs and activities. (Att Insurance C Name of Ins Policy numb	ach copy of card ompany Name: ured: er: er:	ovided by the	e DeKalb County	School System.	(attach a signed co	py of benefit plan)
5)	participating in inter-school clubs and activities. (Att Insurance C Name of Ins Policy numb I have purchased the school of the	ach copy of card ompany Name: ured: er: be Benefit Plan pr formation on this neligible.	ovided by the	e DeKalb County of and understand	School System.	(attach a signed co	py of benefit plan) lt in my son/
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STUDENT/PARENT CONCUSSION AWARENESS FORM
SCHOOL: DOUTHWEST DECAUS HS #576
DANGERS OF CONCUSSION Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.
Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.
 COMMON SIGNS AND SYMPTOMS OF CONCUSSION Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness Nausea or vomiting Blurred vision, sensitivity to light and sounds Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments Unexplained changes in behavior and personality Loss of consciousness (NOTE: This does not occur in all concussion episodes.)
BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management. a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out. b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance. c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years — beginning with the 2013-2014 school year. d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.
HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.
GIGNED: (Student) (Parent or Guardian)
(Student) (Parent or Guardian)

DATE:



Southwest DeKalb High School Athletic

Release Form

Southwest DeKalb High School goal is to guarantee that all <i>student-athletes</i> have equal access to all colleges and universities. In order to reduce delays and ensure all forms are submitted in a timely manner the Athletic Department is requesting parental consent to release <i>transcripts</i> , <i>ACT and/or SAT test scores</i> to all perspective colleges and universities.
I hereby give Southwest DeKalb Athletic Department permission to the release transcripts, ACT
and/or SAT test scores to all perspective colleges and universities.
I hereby do not give Southwest DeKalb Athletic Department permission to the release transcripts, ACT and/or SAT test scores to all perspective colleges and universities.
Reminder
*Student-athletes must register with NCAA CLEARINGHOUSE to accept an official college campus visit
*ACT and SAT scores must be sent directly from College Board and ACT
Student signature

Parent Signature

Date

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

`ate of Exam				
Name		····	Date of birth	
Sex Age Grade S	School _		Sport(s)	
Medicines and Allergies: Please list all of the prescription and o	ver-the-	counter	medicines and supplements (herbal and nutritional) that you are current	y taking
Do you have any allergies? ☐ Yes ☐ No If yes, please i☐ Medicines ☐ Pollens	dentify s	pecific a	illergy below. □ Food □ Stinging Insects	
Explain "Yes" answers below. Circle questions you don't know the	answers	ta.		
(GEVIATA NOT DESIGNAS	Ye	N No	MEDICAL QUESTIONS	Yes No
Has a doctor ever denied or restricted your participation in sports for any reason?	2.00		Do you cough, wheeze, or have difficulty breathing during or after exercise?	
2. Do you have any ongoing medical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?	
below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:			28. Is there anyone in your family who has asthma?	
Have you ever spent the night in the hospital?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	
Have you ever had surgery?			30. Do you have groin pain or a painful bulge or hernia in the groin area?	
HEARS REALTH QUESTIONS ABOUT YOU	-Yes	No.	31. Have you had infectious mononucleosis (mono) within the last month?	
5. Have you ever passed out or nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?	
AFTER exercise?		1	33. Have you had a herpes or MRSA skin infection?	
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	1		34. Have you ever had a head injury or concussion?	
Does your heart ever race or skip beats (irregular beats) during exercise	?		35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?	
8. Has a doctor ever told you that you have any heart problems? If so,	1		36. Do you have a history of seizure disorder?	
check all that apply: High blood pressure		*	37. Do you have headaches with exercise?	
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:			38. Have you ever had numbness, fingling, or weakness in your arms or legs after being hit or falling?	
. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			39. Have you ever been unable to move your arms or legs after being hit or talling?	
10. Do you get lightheaded or feel more short of breath than expected			40. Have you ever become ill while exercising in the heat?	
during exercise?			41. Do you get frequent muscle cramps when exercising?	
11. Have you ever had an unexplained seizure?	-		42. Do you or someone in your family have sickle cell traft or disease?	
12. Do you get more tired or short of breath more quickly than your friends during exercise?			43. Have you had any problems with your eyes or vision? 44. Have you had any eye injuries?	-
HEARTHEADHULSTIODSPARDHEADHRAAIDY	yes.	No	45. Do you wear glasses or contact lenses?	
13. Has any family member or relative died of heart problems or had an			46. Do you wear protective eyewear, such as goggles or a face shield?	
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			47. Do you worry about your weight?	
Does anyone in your family have hypertrophic cardiomyopathy, Martan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			48. Are you trying to or has anyone recommended that you gain or lose weight?	
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic	1		49. Are you on a special diet or do you avoid certain types of foods?	
polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or	· 		50. Have you ever had an eating disorder?	
implanted defibrillator?			51. Do you have any concerns that you would like to discuss with a doctor?	OETH G TOTAL DEBUTO III.
16. Has anyone in your family had unexplained fainting, unexplained			HEMALESTONIA AND AND AND AND AND AND AND AND AND AN	
seizures, or near drowning? ROME/AND-LOURT (DIESTIONS)			52. Have you ever had a menstrual period?	
17. Have you ever had an injury to a bone, muscle, ligament, or tendon	FIGS.	\$ 1102	53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months?	
that caused you to miss a practice or a game?			Explain "yes" answers here	
18. Have you ever had any broken or fractured bones or dislocated joints?			Explain yes unswers not	
 Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 		·		
20. Have you ever had a stress fracture?				
 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) 				
22. Do you regularly use a brace, orthotics, or other assistive device?				
23. Do you have a bone, muscle, or joint injury that bothers you?		\longrightarrow		
Do any of your joints become painful, swollen, feel warm, or look red? Do you have any history of juvenile arthritis or connective tissue disease?				
	<u> </u>			
reby state that, to the best of my knowledge, my answers to t	ne abo\	re quest		
prature of athlete Signature of	f parent/gu	ardian	Date	
	4 .		TO A SEC A SEC AS SECURITION OF THE SECOND O	

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Do you feel stressed of Do you ever feel sand, h Do you feel safe at you Have you ever tried cig During the past 30 day Do you drink alcohol or Have you ever taken ar Have you ever taken ar	ions on more sensitive issues ut or under a lot of pressure? opeless, depressed, or anxious? or home or residence? parettes, chewing tobacco, snuff, or dip s, did you use chewing tobacco, snuff,	or dip? ormance supplement? e weight or improve your perfon	mance?			
EXAMINATION 3			erane programme			
Height	Weight	. □ Male	☐ Female			
BP /	(/) Pulse	Vision	R 20/		orrected DY DN	
MEDICAL			NORMAL	ABNOR	MALFINDINGS : 3	
arm span > height, hype	scoliosis, high-arched palate, pectus ex rlaxity, myopia, MVP, aortic insufficienc	ccavatum, arachnodactyly,				
Eyes/ears/nose/throat - Pupils equal - Hearing						
Lymph nodes	·		-	T		
Murmurs (auscultation st Location of point of max)	tanding, supine, +/- Valsalva) imal impulse (PMI)					
Pulses • Simultaneous femoral an	nd radial nulses					
Lungs	in radial palison					
Abdomen						
Genitourinary (males only) ^b		-				
Skin HSV, lesions suggestive of	of MRSA, tinea corporis					.,.
Neurologic ^c						nasarani va
MUSCHEOSKELETAL						
Neck						
Back Shoulder/arm			(->			
Elbow/forearm		· · · · · ·				-
Wrist/nand/fingers						
Hip/thlgh						
Knee						
Leg/ankle						
Foot/toes Functional						
Duck-walk, single leg ho	P					
*Consider GU exam If in private se *Consider cognitive evaluation or it Cleared for all sports with	and referral to cardiology for abnormal cardia titing. Having third party present is recomment baseline neuropsychiatric testing if a history of nout restriction nout restriction with recommendations	nded. of significant concussion.	ent for			
□ Not cleared	·					
☐ Pending fur	ther evaluation					
☐ For any spo	nrts					
☐ For certain :	sports		,			
Reason _						
Recommendations						
participate in the sport(s) at tions arise after the athlete explained to the athlete (an		ical exam is on record in my o the physician may rescind the	omice and can be made clearance until the pro	savallable to the school at the pote	ntial consequences are complet	tely
Name of physician (print/type))			Di	none	
Address					, MD o	or DO
Signature of physician					, , , , , , , , , , , , , , , , ,	
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Date of birth