

Paid:



HUMBLE INDEPENDENT SCHOOL DISTRICT
UIL ATHLETIC PARTICIPATION FORM
Please use Blue/Black ink and Print legibly
Fill in all BLANKS...If items do not apply please write N/A

**2014
2015**

RECEIPT #

A COMPLETED PHYSICAL MUST BE ON FILE WITH THE ATHLETIC TRAINER BEFORE A STUDENT ATHLETE CAN PARTICIPATE IN ANY ATHLETIC ACTIVITY

All Physicals must be the **ORIGINAL** (no copies fax, etc.) and the **CORRECT SCHOOL YEAR**.
Physicals for the 2014-2015 school year must be performed after April 1, 2014 to be valid.
It is the athlete's responsibility to update new information as soon as it becomes available. (New address, phone number, etc...)

Student ID #: _____ Gender: Male / Female Date of Birth: _____ Age: _____ Grade (2014-15): _____
Last Name: _____ First Name: _____ Home Phone: _____ Cell Number: _____
Address: _____ City/Zip: _____

Circle the school that you will be attending in 2014-2015:
KHS AHS HHS SCHS KPHS AMS CMS HMS KMS RMS RSMS TMS WCMS

SPORT (s)

Parent/ Guardian 1: _____
Relationship: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ LIVES WITH: YES NO

Parent/Guardian 2: _____
Relationship: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ LIVES WITH: YES NO

EMERGENCY CONTACT: Please list the emergency contact other than names above **IN CASE** a parent/guardian **CANNOT** be reached:
Name: _____ Home Phone: _____ Cell Phone: _____
Work Phone: _____ Relationship: _____ Other Phone: _____
Family Physician: _____ Office Phone: _____

HEALTH INSURANCE INFORMATION: Please provide ALL Insurance Information for your student-athlete.
Insurance Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Policy and/or Group Identification Numbers: _____
 ← CHECK HERE IF THIS ATHLETE IS **NOT** COVERED UNDER ANY FORM OF HEALTH INSURANCE AT THIS TIME.

PLEASE IDENTIFY ANY MEDICAL CONDITIONS THAT THE ATHLETE HAS BEEN DIAGNOSED WITH:

ASTHMA	HEART CONDITION	EPILEPSY	SICKLE CELL	DIABETES
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Allergy to: _____
Please explain any issues: _____

MEDICATIONS: Please list ANY prescribed medications that the student-athlete is currently taking. (Student Athletes carrying Inhalers must have a Student Asthma Action Plan on file with the Campus Nurse and/or Athletic Trainer.)

Asthma Inhaler _____
Medication _____ Reason for Medication _____
Medication _____ Reason for Medication _____
Medication _____ Reason for Medication _____

Student – Parent/Guardian Section-MEDICAL HISTORY FORM This Form must be completed by parent/guardian and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has any condition(s) which would make it hazardous to participate in an athletic event. Explain **"YES"** answers in the box below**. Circle questions you don't know the answers to. Any **YES** answer may require further medical evaluation which may include a physical examination. **Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games, or matches.**

		YES	NO			YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?				8. Do you have any allergies? (ex: to pollen, medicine, food, or insects)			
2. Have you been hospitalized overnight in the past year?				9. Have you ever become dizzy during or after exercise?			
Have you ever had surgery?				10. Do you have any current skin problems? (itching, rashes, acne, warts, fungus, blisters)			
3. Have you ever passed out during or after exercise?				11. Have you ever become ill from exercising in the heat?			
Have you ever had chest pains during or after exercise?				12. Have you ever had any problems with your eyes or vision?			
Do you get tired more quickly than your friends do during exercise?				13. Have you ever gotten unexpectedly short of breath with exercise?			
Have you ever had racing heart or skipped heartbeats?				Do you have asthma?			
Have you have or have had high blood pressure or high cholesterol?				If YES, is an inhaler required by your physician. (Must have Inhaler Action Plan on file.)			
Have you ever been told you have a heart murmur?				Do you have seasonal allergies that require medical treatment?			
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?				14. Do you use any special protective or corrective equipment of devices that aren't usually used for your sport or position?			
Has any family member been diagnosed with enlarged heart hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?				15. Have you ever had a sprain, strain, or swelling after injury?			
Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?				Have you broken or fractured any bones or dislocated any joints?			
Has a physician ever denied or restricted your participation in sports for any heart related problems?				Have you had any problems with pain or swelling in muscles, tendons, bones, joints?			
4. Have you ever had a head injury or concussion?				If yes, check appropriate box and explain below: o Head o Elbow o Hip o Neck o Thigh o Back o Wrist o Knee o Chest o Hand o Finger o Ankle o Foot o Shin/Calf o Upper Arm o Shoulder o Forearm			
Have you ever been knocked out, become unconscious, or lost your memory?				16. Do you want to weigh more or less than you do now?			
If YES, how many times? _____				Do you lose weight regularly to meet weight requirements for your sport?			
When was the last concussion? _____				17. Do you feel stressed out?			
How severe was each one? (Explain) _____				18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?			
Have you ever had a seizure?				19. Have you ever been diagnosed with diabetes? If YES Type I _____ or Type II _____			
Do you have frequent or severe headaches?				Females Only: 20. When was your first menstrual period? _____			
Have you ever had numbness or tingling in your arms, hands, legs, or feet?				When was your most recent menstrual period? _____			
Have you ever had a stinger, burner, or pinched nerve?				How much time do you usually have from the start of one period to the start of another? _____			
5. Are you missing any paired organs?				How many periods have you had in the last year? _____			
6. Are you under a doctor's care?				What the longest time between periods in the last year? _____			
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?							

**Explain "YES" answers here

For School Use Only:
This Medical History Form was reviewed by: Print Name: _____ Date: _____ Signature _____

If the student adopted or living with foster parents please communicate with the athletic trainers letting them know of any known or unknown family medical history.

Medical Examiner Section
 Humble ISD requires an annual physical exam Grade (14-15): _____

Height _____ Weight _____ Pulse _____ BP _____ / _____ (_____ / _____ : _____ / _____)

Vision: R -20/ _____ L-20/ _____ Corrected: Y N Contacts / Glasses Pupils: Equal/Unequal

Medical	Normal	Abnormal	Initials
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart- Auscultation Supine			
Heart – Auscultation Standing			
Heart -Lower Extremity			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan’s Stigmata (arachnodactyly, pectus excavatum, joint hyperobility, scoliosis)			

Musculoskeletal	Normal	Abnormal	Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Knee			
Leg Ankle			
Foot			

Clearance:

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____
- Not Cleared for: _____

Reason: _____
 Recommendations: _____

**MUST INCLUDE PHYSICIAN
 STAMP TO BE VALID**

Physicians Stamp:

NOTE OF CLEARANCE MUST BE ON LETTERHEAD OF CLEARING PHYSICIAN

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, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Date of Examination: _____ Address: _____ Phone Number: _____

Physician’s Signature: _____ Name: (print/type): _____

INJURY INFORMATION:

If the athlete is referred to a physician, or chooses to visit a physician on their own, documentation must be provided to the proper people.

- **High School:** Athletic trainers
- **Middle School:** the Head Coach of the sport you are participating in.

The documentation is to include the following:

- Diagnosis
- Status – Not only what you can’t do, but also what you can do.
- Treatment Options – High School Athletics only.
- Next appointment date.

This documentation is necessary to ensure that the athlete is medically able and cleared to participate. The guidelines outlined in the documentation will be the ones followed until another notice is received from the athletes’ physician. **If a COACH or ATHLETIC TRAINER discovers that an athlete was examined by a physician without providing documentation, they will not be allowed to participate or be provided further treatment or rehabilitation until the proper documentation is received.**

Energy Drinks:

Energy drinks have become extremely popular among teens and young people in the last few years. As a district we are committed to ensuring our student athletes are as safe and healthy as possible while in our care. This is why we have decided to enforce a zero-tolerance policy in regards to “energy” drinks. **They are very dangerous as they have many adverse side-effects that include but aren't limited to: increased heart rate, heart palpitations, seizures, high blood pressure etc...** Student athletes increase their heart rate with activity and adding an energy drink to an already increased heart rate could cause severe adverse reactions

As a student athlete in Humble ISD, we are asking that you do not drink ANY form of “energy” drinks WHILE participating in Humble ISD Athletics. If you discover that another student athlete is consuming an “energy” drink, PLEASE report it immediately to either a COACH or ATHLETIC TRAINER. If a student athlete is seen with an “energy” drink it may be confiscated and/or disposed of by a coach or athletic trainer. Again, we are not trying to restrict you from anything we are just attempting to improve the safety of our athletes.

University Interscholastic League Steroid Agreement

Parent and Student Agreement/Acknowledgement – Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering a steroid in a manner not allowed by state law.
 - Texas state law also provides that body building, muscle enhancement or increase in muscle bulk or strength through the use of steroid by a person in good health is not a valid medical purpose.
 - Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

Student Acknowledgment and Agreement

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.texas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student (Print) _____ Grade (9-12) _____ Student Signature: _____ Date: _____

Parent/Guardian (Print): _____ Relationship: _____ Signature: _____ Date: _____

Neurocognitive Testing Authorization (for parent and athlete)

Humble ISD will be utilizing ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) for pre-season baseline testing in all contact sports and post-injury testing if seen by an ImPACT trained doctor as a tool in the concussion management protocol. ImPACT is a non-invasive test that is essentially a preseason physical for the brain. ImPACT tests memory, reaction time, speed and concentration. ImPACT provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. By signing below you agree to participate in the ImPACT Concussion Management Program.

Athlete's Name (print): _____ Athlete's Signature: _____

Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____

Please list any concussions over the last 2 years with date and days missed (if known)

For Athletic Trainer Use ONLY: Date of Baseline #1: _____ Date of Baseline #2: _____

By signing below you are stating that all information on this form is correct. Falsifying or forging any information can make the student-athlete ineligible for athletics

Parent Signature

Date

****HIGH SCHOOL STUDENTS INCLUDING THOSE GOING IN TO THE 9TH GRADE****

Return your completed form to your campus Athletic Training Room. **** DO NOT GIVE ANY FORMS TO COACH OR NURSE **** After turning your physical into the **ATHLETIC TRAINER** keep the white receipt and take the yellow receipt to the **HEAD COACH** of the first sport you're going to participate in. Keep the white receipt for your records and any other sports you may want to participate in. You must have a **YELLOW** receipt to give your **HEAD COACH** before you will be allowed to participate in **ANY UIL** in or out of season sport(s).

****DO NOT LOSE YOUR WHITE RECEIPT. THIS IS PROOF YOU TURNED IN A PHYSICAL FORM****

**** MIDDLE SCHOOL STUDENTS ONLY ****

Middle School Students (going to the 7th and 8th grades only) return all completed forms to the **HEAD COACH**. After turning your physical to the **HEAD COACH** they will give you a receipt. **BE SURE TO KEEP A RECEIPT FOR YOUR RECORDS**

If you have any questions about this form, including SUMMER turn in locations and times... Please call the Humble ISD Athletic Office at 281-641-8130 or your campus athletic training room.

Atascocita HS	281.641.7655	Kingwood HS	281.641.7028
Humble HS	281.641.6510 hhstrainingroom@gmail.com	Kingwood Park HS	281.641.6738
Summer Creek HS	281.641.5441	www.humbleisd.net/schssportsmedicine	