

PHYSICAL EXAM FORM FOR SPORTS PARTICIPATION- GREENWICH SCHOOLS

Health History

(To be completed by Parent/Guardian)

Student's Name _____ Address _____

Grade _____ School _____ Sports Being Played (1) _____ (2) _____ (3) _____

All questions must be answered. All "Yes" answers must be explained in the space provided below. Use additional sheet if necessary.

- | Yes | No | Yes | No |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Allergy – Epipen: Yes or No (circle) | | Rheumatic Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Head Injury, Concussion, Loss of Consciousness | | Mononucleosis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Frequent Headaches, Dizziness, Fainting | | Hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Visual Impairment | | Asthma Inhaler, Yes or No (circle) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Eye Injury, Retinal Detachment | | Recent Viral Illness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Eyeglasses, Contact Lenses | | Orthopedic Injury, i.e., Knee, Ankle, Shoulder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Hearing Impairment | | Broken Bones |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Dental Bridge, Plate, Braces | | Neck, Spine, or Low Back Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Heart Problem, Murmur, Arrhythmia | | Scoliosis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | High Blood Pressure | | Hospitalizations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chest Pain, Fainting During Exercise | | Surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Cough, Wheeze, Shortness of Breath
With Exercise or Cold Weather | | Death of Family Member Younger Than 40
Years of Age Due to Illness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Heart Attack or Stroke of Family Member
Younger Than 50 Years of Age | | Skin Disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Gastrointestinal Problems | | Heat Stroke, Heat Exhaustion |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Kidney, Urinary Tract Problems | | Medications at Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chronic or Recurrent Illness | | Missing Organs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Blood Clotting Disorder | | Menstrual Disturbance |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Other Information |

I give permission for release of appropriate information from this sports form to the coach and his/her staff for maintenance of a healthy and safe environment while participating in the sports program. (I will update as appropriate during the school year). In addition, I am aware of the risk inherent in athletics and hereby give permission for my child to tryout and participate.

Signature of Parent or Guardian

Date

PLEASE HAVE PHYSICIAN COMPLETE REVERSE SIDE.

STUDENT'S NAME _____ GD. __ D.O.B. _____ MALE __ FEMALE __

PHYSICIAN'S EXAM

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ SPINAL CURVATURE _____

LAST TETANUS TOXIOD BOOSTER WAS ON _____

PHYSICAL EVALUATION

_____ I find this student physically qualified to participate in **ALL** supervised sports.

_____ This student should have the following problems evaluated prior to participation in **ANY** competitive athletics:

This student has health problems, which would prohibit him/her from participating in specific competitive athletics.

YES ___ NO ___

RESTRICTIONS: CIRCLE BELOW

- | | | | | |
|---------------|--------------|--------------|----------|-------------|
| Badminton | Fencing | Ice Hockey | Soccer | Volleyball |
| Baseball | Field Hockey | Indoor Track | Softball | Water Polo |
| Basketball | Football | Lacrosse | Swimming | Wrestling |
| Cheerleading | Golf | Rugby | Tennis | Other _____ |
| Cross Country | Gymnastics | Skiing | Track | _____ |

In addition to reviewing the health history and immunization records, this certifies that I have performed a complete Physical Exam including evaluation of the musculo-skeletal system.

THIS EXAM IS VALID FOR THIRTEEN (13) MONTHS FROM THE DATE OF THE EXAM. IF THIS PHYSICAL EXAM EXPIRES DURING A SPORT SEASON, THE STUDENT WILL NOT BE ELIGIBLE TO PARTICIPATE (PRACTICE OR PLAY) UNTIL A NEW EXAM HAS BEEN SUBMITTED AND APPROVED BY THE SCHOOL NURSE.

Signature of Physician Date if Exam Telephone # of Physician Physician (stamp)

Please return this form to the School Nurse before the first day of tryouts.

GREENWICH HIGH SCHOOL ATHLETICS

EMERGENCY INFORMATION

sport _____
name _____ birth date _____ grade _____
address _____
parent/guardian _____ home phone _____
father's work phone _____ cell phone _____
mother's work phone _____ cell phone _____
family physician _____ family dentist _____
present medications _____
allergies _____
emergency contact / phone number (friend/relative) _____

PARENTAL PERMISSION

In the event of a medical emergency or illness, I hereby authorize Greenwich Public Schools to provide first aid, and request if necessary emergency treatment and transportation to a hospital. Any hospital or emergency personnel are authorized to provide treatment to my child such nature as they deem appropriate and to consult with the physician above.

signature of parent/guardian _____

- IMPORTANT:** Checking this box will indicate that you give permission to post your daughter's / son's name and photograph on the Greenwich Public School Web Site.

HEALTH OFFICE VERIFICATION

(must be completed by a GHS School Nurse prior to participation)

This certifies that

has a current athletic physical examination on file in the Greenwich High School Health Office and is eligible for the sport of _____.

school nurse

date of physical

GREENWICH HIGH SCHOOL ATHLETIC CODE OF CONDUCT

Our athletes have a responsibility to provide a positive image in the classroom, on the playing fields, and in our community. They must be reminded that participation in athletics is a privilege and not a right. All athletes are expected to meet this athletic code and failure to comply during their season could result in suspension or removal from a team. All athletes and parents must sign our code of conduct prior to participation.

While at school: A good athlete is also a good student and one who obeys all school rules and regulations. This means good attendance, participation, effort and behavior. An athlete must be in school and attend all scheduled classes (including physical education) in order to participate in any practices or contests. If an athlete is suspended from school, she/he may not participate in practices or games during her/his suspension period.

On the playing fields or courts: Fair play and good sportsmanship is expected at all times. No athlete will use profanity. An athlete will respect teammates, opponents, officials and spectators.

In our community: The way an athlete acts in our community is very important. As an athlete, she/he shall respect the rights of others and represent our team, our school and the Town of Greenwich with dignity.

The use of illegal substances: Any use, possession or involvement with illegal substances (drugs/alcohol) of an athlete is prohibited. This is a twenty-four hour rule, extends beyond the school day, and includes the following circumstances:

- Being in a motor vehicle with alcohol or drugs regardless of whether the athlete is the passenger or driver, or whether the athlete is in personal possession of any alcohol or drugs.
- Permitting the illegal consumption of alcohol or use of drugs in the athlete's home or on an athlete's premises.
- Postings on blogs and social-networking web sites that confirm a violation.

Failure to comply with this code will result in the following consequences:

- First offense - A two week suspension from all practices and games (minimum of two games). The athlete will be required to meet with her/his school social worker prior to rejoining the team. Upon completion of the suspension, the athlete may apply for reinstatement through a conference with the Athletic Director, Coach and Parent.
- Subsequent offense - A subsequent offense during the school year, will result in the removal of the athlete from their team for the remainder of their current season. The athlete will be ineligible for any post-season awards, recognition or participation at team events, and excluded from the opportunity of becoming a varsity captain.

The use of androgenic / anabolic steroids or other performance enhancing substances: Any athlete who has been determined to have used, in or out-of-season, androgenic / anabolic steroids or other performance enhancing substances shall be declared ineligible for all CIAC-controlled activities for one hundred eighty (180) school days on each occurrence. This one hundred eighty (180) school day period of ineligibility commences on the day the CIAC Board of Control makes such determination.

The use of tobacco products: An athlete shall not use or have in possession any tobacco products. This is a twenty-four hour rule and extends beyond the school day. Failure to comply with this code will result in a one-week suspension from all practices and games (minimum of one game). The athlete will be required to enroll in our high school smoking cessation course. Upon the conclusion of the suspension, the athlete will be reinstated with the understanding that the smoking cessation course must be completed.

The Greenwich High School Athletic Department does not wish to penalize an athlete attempting to act correctly in situations not of their own making or that could not be avoided. The Director of Athletics and Coach will assess each alleged violation and provide enforcement of this code when and where appropriate. A violation of the Athletic Code of Conduct or Cardinal Rules during team tryouts could negatively impact an athlete's selection to that team.

I have read the Greenwich High School Athletic Code of Conduct and agree to adhere to it while participating in athletics at GHS. Failure to comply could result in suspension or dismissal from my team.

athlete's signature

parent or guardian signature