



# HISTORY

## PRE-PARTICIPATION PHYSICAL EVALUATION

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

**TO BE COMPLETED ANNUALLY BY EVERY PARTICIPANT AND PARENT OR GUARDIAN**

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Personal physician \_\_\_\_\_ Parent Email \_\_\_\_\_

*In case of emergency, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.  
STUDENT/PARENT/GUARDIAN - answer questions below PRIOR TO EXAMINATION by physician.  
Explain "YES" answers in space below. Circle the number of the questions you do not know.**

- YES NO**
- Have you had a medical illness or injury since your last check up or sports physical?  
  Do you have an ongoing or chronic illness?
  - Have you ever been hospitalized overnight?  
  Have you ever had surgery?
  - Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?  
  Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
  - Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?
  - Have you ever passed out during or after exercise?  
  Have you ever been dizzy during or after exercise?  
  Have you ever had chest pain during or after exercise?  
  Do you get tired more quickly than your friends do during exercise?  
  Have you ever had racing of your heart or skipped heartbeats?  
  Have you had high blood pressure or high cholesterol?  
  Have you ever been told you have a heart murmur?  
  Has any family member or relative died of heart problems or of sudden death before age 50?  
  Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?  
  Has a physician ever denied or restricted your participation in sports for any heart problems?
  - Do you have any current skin problems (for example itching, rashes, acne, warts, fungus, or blisters)?
  - Have you ever had a head injury or concussion?  
When? \_\_\_\_\_ How many? \_\_\_\_\_  
  Have you ever been knocked out, become unconscious, or lost your memory?  
  Have you ever had a seizure?  
  Have you ever had numbness or tingling in your arms, hands, legs, or feet?  
  Have you ever had a stinger, burner, or pinched nerve?
  - Have you ever become ill from exercising in the heat?
  - Do you cough, wheeze, or have trouble breathing during or after activity?  
  Do you have asthma?  
  Do you use an inhaler before exercise?  
  Do you have seasonal allergies requiring medical treatment?

- YES NO**
- 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)?
  - Have you had any problems with your eyes or vision?  
  Do you wear glasses, contacts, or protective eyewear?
  - Have you ever had a sprain, strain, fracture or dislocation of a muscle, tendon, bone or joint?  
*If yes, check appropriate box and explain below.*

<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
<input type="checkbox"/> Upper arm		<input type="checkbox"/> Foot
  - Do you want to weigh more or less than you do now?  
  Do you lose weight regularly to meet weight requirements for your sport?
  - Has a doctor told you or a family member that you are at risk for blood disorders? Ex: Sickle Cell, etc...
  - Were you born without or are you missing a kidney, testicle or any other organs?
  - Do you feel that you have fatigue or increased shortness of breath with activity?
  - Do you have any concerns that you would like to discuss with the doctor?

- FEMALES ONLY**
- Have you begun menstruation?  
  If yes, are you ever experiencing any problem (i.e., irregularity, pain, etc.)?

**IDENTIFY "YES" ANSWERS (by number)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PHYSICAL EXAMINATION

## PRE-PARTICIPATION PHYSICAL EVALUATION

Name		Date of Birth	
Height	Weight	Pulse	Blood Pressure /
Vision	R 20/      L 20/	Corrected: Y N	Pupils: Equal      Unequal
Date of recent immunizations: Td		Tdap	Hep B
Varicella		HPV	Meningococcal

NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia/Hernia		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

\*Station-based examination only

## CLEARANCE

Cleared for all activities

Not cleared for: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**I HEREBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM**

Name of physician ( <i>print/type</i> )	Date
Address	Phone (      )
Signature of physician	, MD, DO, DC or RPA <i>(please circle)</i>

**HAYS HIGH ATHLETIC-ACTIVITY DEPARTMENT**  
**U.S.D. 489**  
**HAYS, KANSAS**

Hays High School will act in accordance with the USD 489 Substance Abuse Policy for all violations of chemical use/abuse. The Kansas State High School Activities Association guidelines will be followed with respect to student activity participants. This policy is intended to clearly state that the school will address incidents as presented to the administration and will not "police" the community looking for violators.

1. Student participants who possess and/or use controlled substances (other than those prescribed by a physician) during the season shall be excluded from participation in the next KSHSAA sponsored event. An alcohol/drug evaluation must be completed in order to avoid suspension of additional future events.
  
2. Students in violation of the rule for a second time will be dismissed from his/her present activity and must participate in follow-up activities as prescribed in the alcohol/drug evaluation in order to be eligible for participation for any upcoming season. Third time offenders will not be allowed to participate in any KSHSAA sanctioned activity for the remainder of the school year.
  
3. Violation of the rules as noted must be verified by the student involved, a staff member, a law enforcement officer, or the parents of the student involved if penalties are to be imposed.
  
4. An alcohol/drug evaluation must be completed with all recommendations adhered to by the offender to avoid suspension from future events. For the student to return in good standing, the treatment facility and/or evaluator must provide a statement to the school principal noting that the offender has successfully completed the recommended program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please return this form to the Athletic Office

**HAYS HIGH ATHLETIC DEPARTMENT**

**U.S.D. #489**

**Hays, KS**

Dear Parents,

We request that you read the following statement, sign below and have your son/daughter return it to the Athletic Office.

Athlete Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that Hays High School carries the Kansas State High School Activities Association Catastrophic Insurance Program on its athletes. The deductible is \$25,000 lifetime excess medical, dental, and rehabilitative expense benefit pays reasonable and customary covered expense, up to \$5,000,000 with a lifetime benefit period, for those injuries which incur \$25,000 in medical expenses within 2 years after the date of the accident. Claims must be presented to the insurance company within 180 days of the accident. The school district will not pay for any medical expenses. If you need additional information or a claim form, contact the Athletic Director at Hays High School at 623-2610.

I acknowledge that I have read the above statement:

\_\_\_\_\_  
Parent/Guardian Signature Date

Please complete:

Name of your insurance company: \_\_\_\_\_

Individual policy number: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

Contact father at: \_\_\_\_\_

Place of employment

Phone

Contact mother at: \_\_\_\_\_

Place of employment

Phone

Physician Preference: \_\_\_\_\_

Name

Phone

Dentist Preference: \_\_\_\_\_

Name

Phone

Known health problems or allergies: \_\_\_\_\_

\_\_\_\_\_

**\*\*Please complete form even if not purchasing the optional student insurance.**

Dear Parents/Guardians:

Unified School District 489 DOES NOT purchase accident insurance to cover injuries incurred by your child at school.

We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. Please review the student insurance program as outlined in the Student Accident Insurance brochure.

If you have a plan with a **Deductible, Co-Pay, or Limited Benefits**, you may want to consider this coverage. If you have a **High Deductible or No Other Insurance** on your child, you may want to consider including the Major Expense Benefit as well. The options provided are:

Coverage	Annual Premium	With Major Expense Benefit
Full time coverage PK-12 (with NO Interscholastic Sports Coverage)	\$79	\$139
Full time coverage 7-12 (with Interscholastic Sports Coverage except Football Grades 9-12)	\$123	\$183
<b>OR</b>		
School time coverage PK-12 (with NO Interscholastic Sports Coverage)	\$14	
School time coverage 7-12 (with Interscholastic Sports Coverage except Football Grades 9-12)	\$58	
<b><u>OPTIONAL</u></b>		
Football Coverage Grades 9-12	\$160	
Extended Dental Coverage	\$7	

Visit [www.sas-midwest.com](http://www.sas-midwest.com) or call (800) 520-9909 for more information.

(Rates are for the 2008-09 school year. Rates for the 09-10 school year will be available in August, 2009).

\_\_\_\_\_ I am insuring my student under the Security Life Insurance Plan. (Premium and Enrollment Form available at the Hays High School office.)

\_\_\_\_\_ I do not wish to purchase the optional student insurance. I, the undersigned, feel my child has adequate insurance protection for our son/daughter while participating in Interscholastic Sports or other school sponsored activities.

I, the undersigned understand that accidents may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has my permission to practice and compete in interscholastic athletics programs.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

**U.S.D. 489 - Hays, Kansas  
Athletic/Activity Emergency Information and Consent Card**

NAME \_\_\_\_\_ Grade \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALLERGIES OR CHRONIC ILLNESSES: \_\_\_\_\_

In case of accident, illness or emergency, it is necessary for the school to know your preference for the care of your child. Please list three (3) choices.

Parent _____	Home Phone _____
	Bus. Phone _____
Parent _____	Home Phone _____
	Bus. Phone _____
Relative, Neighbor or Friend _____	Home Phone _____
	Bus. Phone _____

If parent or guardian cannot be contacted, we, the undersigned parents of the child identified above hereby authorize officials of the above School District to contact directly the following physicians of our selection, and we hereby certify that we are the parents of the said minor child, and do authorize the physicians named below to render such treatment as said physicians or either of them may deem reasonably necessary, in an emergency, for the health of said child, without further authorization than here expressed. In the event neither of the physicians here named can be contacted, or either of us is unavailable to give our express consent at such time with reference to any other physician, we hereby consent and authorize the officials of the School District to contact any licensed physician, and we hereby authorize said physician to render such treatment as he may deem reasonably necessary, in what he may consider to be an emergency, for the health of our aforesaid minor child.

(1st choice)  
PHYSICIAN: \_\_\_\_\_ Phone \_\_\_\_\_

(2nd choice)  
PHYSICIAN: \_\_\_\_\_ Phone \_\_\_\_\_

HOSPITAL  
PREFERENCE: \_\_\_\_\_ Phone \_\_\_\_\_

DENTIST: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

Expense incurred as a result of emergency ambulance use or treatment by physician will not be borne by the school or school personnel.

# ATTENTION PARENTS AND STUDENTS

## KSHSAA ELIGIBILITY CHECK LIST

**PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.**

**NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:**

**BEGINNING SEVENTH GRADER**—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

**BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL**—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

**ENTERING HIGH SCHOOL FOR THE FIRST TIME**—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

### For Middle/Junior High and Senior High School Students to Retain Eligibility

**Schools may have stricter rules** than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

**Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.**

**Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** given by a physician and have the written consent of their parents or legal guardian.

**Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

**Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

**Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

*NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.*

**Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before September 1 of the school year in which they compete.

**Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

**Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

**Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

*NOTE: Consult the coach or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.*

**Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

**Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

**Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name \_\_\_\_\_

(PLEASE PRINT CLEARLY)

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a practicing physician or registered physicians assistant certifying the student has passed an adequate physical examination and is physically fit to participate. (See KSHSAA Handbook, Rule 7.) A complete history and physical examination must be performed upon a student's initial entrance into KSHSAA interscholastic athletics/cheerleading.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

## Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, the school nurse, trainer, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

**The above named student and I have read the  
KSHSAA Eligibility Check List  
and how to retain eligibility information listed in this form.**

### For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on **all** transfer students.)

**YES**    **NO**

1.   Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2.   Did you **pass at least five new subjects (those not previously passed)** last semester? (The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.)
3.   Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? (The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.)
4.   Did you **attend** this school or a feeder school in your district last semester? (If the answer is "no" to this question, please answer Sections a and b.)
  - a.   Do you reside with your parents?
  - b.   If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Grade

# HAYS HIGH SCHOOL

## Concussion Information Form

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>
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**Signs observed by teammates, parents and coaches include:**

<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>
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**What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date