CARLISLE

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Carlisle School
300 Carlisle Road, Axton VA 24054
P.O. Box 5388, Martinsville VA 24115

Athletic Participation/Parental Consent/Physical Examination Form
Part I – Athletic Participation

School Year _____ Grade _____ Male _____ Female _____
Name: (Last) _____ (First) _____ (MI) ____
Home Address: _____
City/State/Zip: _____
Date of Birth: _____ Place of Birth: _____

Carlisle Sports Agreement

I am aware that playing in any sport can be a dangerous activity involving risks, including injury. As an athlete at Carlisle School, I understand that all of my actions while playing for Carlisle will impact the way people view my school. Therefore, I will do my best to play as hard as I can at all times while following the rules of the sports that I play. I will exhibit good sportsmanship at all times. I will not engage in unsportsmanlike behavior of any type, including trash talk, the use of profanity, taunting, etc. I will not be disrespectful to officials, coaches, spectators, teammates or opponents. I will refrain from using inappropriate language on and off the field. I will be gracious and humble in victory and defeat.

I agree to abide by the policies of Carlisle School. I understand that I am to wear representative dress each day my team is scheduled to play a game, even if I am unable to participate in the game. I understand that representative dress for boys includes a Carlisle logo polo shirt or blue, yellow or white dress shirt with a Carlisle School tie, dress slacks with plain or pleated front with a belt, darks socks and dress shoes. I understand that sneakers are not considered acceptable dress. I understand that representative dress for girls includes a skirt or dress slacks, a blue, yellow or white collared Carlisle logo blouse or polo shirt, collared knit shirt sweater and dress shoes with no higher than 2" heels. I understand that failure to wear representative dress on a game day and during travel to away games may result in my not being allowed to play or travel on that day.

I understand that I am responsible for returning all uniforms and equipment issued to me for each sport that I participate in and that failure to return these items will result in my being responsible for the cost of replacement. I understand that it is my responsibility to return uniforms and equipment to my coach within one week after the last game of the season.

I agree to abide by the above guidelines for Carlisle Athletics.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

I plan to participate in the following sports this year: ___Soccer ___Field Hockey ___Volleyball ___ Cross County

___ Basketball ___ Softball ___Golf ___Fencing ___Baseball ___ Tennis ____ Swimming

Permission to Travel

_____ My child has permission to travel to and from practices and games on school transportation (buses).

_____ My child has my permission to travel to and from practices and games with another parent.

_____ My child has my permission to travel to and from practices and games driving himself/herself.

_____ My child has my permission to travel to and from practices and games with another student driving.

Parent's Signature _____ Date: _____

Part II – Medical History

This form must be completed by parent or guardian prior to the physical examination and should be taken with the physical examination form for review by the physician during the examination.

Yes No

1. Have you ever had any of the following? Please explain any YES answers.
   - Heart murmur _____
   - High blood pressure _____
   - Other heart problems _____
   - Broken bones _____
   - Weak joints-ankles, knees _____
   - Concussion _____
   - Operation _____
   - Seizures or epilepsy _____
2. Have you ever fained or passed out? _____
3. Have you ever been knocked out? _____
4. Have you ever been hospitalized? _____
5. Have you ever had to stop running after ¼ to ½ miles for chest pain or shortness of breath? _____
6. Have you ever had significant allergies to:
   - Bee stings? _____ On medication? Yes_____ No _____
   - Foods _____
   - Medicine _____
   - Others _____

   Do you have prescription for use of:
   - Adrenaline _____
   - Inhalers _____
   - Other allergy medicine _____

   Do you have asthma? _____
7. Do you take any medicine regularly? _____
8. Have you had any illnesses lasting a week or more such as mononucleosis, etc? _____
9. Have you had any blood disorders, including sickle cell trait, anemia, etc.? _____
10. Has any family member had a heart attack, heart problems, or sudden death before the age of 50? _____
11. Do you wear contact lenses, eyeglasses, or dental appliances? _____
12. Do you have any missing or non-functioning organs such as testes, eye, kidney, etc? _____
13. Menstrual History: Have you begun menses yet? _____
14. Do you have any other significant health problems? _____
15. Hepatitis B Immunization Series? _____
16. Date of Last Tetanus Immunization? _____

Parent/Guardian Signature: _____

Part III – Physical Examination

Name: _____ School: _____

Height: _____ Weight: _____ Sex _____ Age: _____

*Tanner Stage or Maturation Index: _____ BP: _____

*Percent Body Fat: _____ *Pulse (rest) _____
(exercise) _____
(recovery) _____

*Vision: Corrected (L) _____ (R) _____ Both _____
Uncorrected (L) _____(R) _____ Both _____

*Audiogram: _____

Eyes _____
Ears _____
Nose _____
Throat _____
Teeth: _____
Skin _____
Lymphatic _____
Lungs _____
Heart _____
Abdomen _____
Genitailia/hernia _____
Peripheral pulses _____

Cervical spine/neck _____
Back _____
Shoulders _____
Arm/elbow/wrist/hand _____
Knees/hips _____
Ankles/feet _____

Lab:
*Urine _____
*Hemoglobin or HCT _____
and or Fe stores _____

*WHEN MEDICALLY INDICATED

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

_____ Full Participation _____ :Limited Participation

_____ No Participation _____ Needs additional evaluation

If not full participation, give reasons and recommendations: _____

Any recommendations or concerns on such items as:

a. Weight losse or gain or restrictions of weight loss:
b. Slow and careful monitoring of conditioning because of being overweight or show an abnormal exercise testing:
c. Other:

Physician signature:_____ Date:_____

Physician Name:_____

Address/City/State/Ziip:_____

Telephone Number:_____

Part IV – Insurance Statement

I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, football, cheerleading, cross country, field hockey, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sport).

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/She has student accident insurance available through the school (yes _____ no _____); has athletic participation insurance coverage through the school (yes _____ no _____); is insured by our family policy with:

Nam eof Company: _____

Policy Number: _____ Name of Policy Holder _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

I also give my consent and approval for my child/ward to receive a physical examination as required in Part III-Physical Examination, of this form, by _____ MD, OD of LNP as recommended by the name student's school administration.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school or athletic program, publication or video.

Part V – Emergency Permission Form
(to be completed and signed by parent/guardian)

Students Name: _____ Grade _____ Age _____

School Name: _____ City _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.

_____

_____

Please list any allergies to medications, etc.: _____

_____

Has the student been prescribed an inhaler or epipen? _____

Is the student presently taking medications? _____ If so, what type? _____

Does the student wear contact lenses? _____ Please list the date of last tetanus shot: _____

Emergency authorization: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Carlisle School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime Phone Number (where to reach you in an emergency) _____

Evening Phone Number (where to reach you in an emergency) _____

Signature of parent or guardian _____ Date: _____

Relationship to student _____

*Emergency permission form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct: _____

Carlisle School Concussion Information Form

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. It may be 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. A concussion 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 they can take hours or days to 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:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck Pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More Emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question / comment

Signs observed by teammates, parents, and coaches include the following:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forget plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

❖ *Adapted from the CDC and the 3rd International Conference in Sport*

What can happen if my child keeps on playing with a concussion or returns too 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 the 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 athletes will often under-report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key for the 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 written medical clearance from a Medical Doctor (MD). Close observation of the athlete should continue for several hours. You should inform your child's coach if you think that your child may have a concussion. Remember, it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

For current and up-to-date information on concussions you can visit this web site:
http://www.cdc.gov/concussion/HeadsUp/youth.html

Sign below to acknowledge this document:

I have read the information provided related to concussions and head injuries occurring during participation in athletic programs and understand its content and warnings.

Student –athlete name printed	Student-athlete signature	Date
Parent/Legal Guardian name printed	Parent/Legal Guardian signature	Date

CARLISLE SCHOOL TRANSPORTATION PERMISSION FORM

The purpose of this form is to obtain parental permission for various transportation options and situations that may arise during the school year. ***It is the responsibility of the parents and student to ensure that the student follows all safety guidelines as prescribed by the Division of Motor Vehicles.***

****The Virginia DMV states that a driver under the age of 18 may only carry one minor passenger for the first year in which they hold a driver's license. After that time any driver under the age of 18 may only carry three minor passengers. State law also prohibits any driver from using any electronic device while driving. ****

When driving or riding off campus, the school assumes no responsibility for any traffic violations. For all other policies and procedures for transportation of students to and from school functions please refer to the school handbook. ***Please check all of the boxes for which you give permission for various transportation privileges for your child at Carlisle School.***

Student's Full Name _____

1. **Athletic Travel** – I agree that my child will be able to travel locally in the following manner:
   - ❑ Travel with a sports team to practices and games on the school bus.
   - ❑ Travel with a sports team to practices and games with another parent.
   - ❑ Travel with a sports team to practices and games driving himself/herself or family members.
   - ❑ Travel with a sports team to practices and games with another student with the other student driving. (If necessary, please designate the student driver _____.)

   - ❑ **Students should inform school officials that they are driving another student or riding with another student by completing the transportation sign-out form at the end of each school day.**

4. **Comments – Please provide any other comments that you feel necessary regarding the transportation for your child.**

_____

_____

Carlisle School and its agents reserve the right to restrict student transportation as deemed appropriate. Student travel may also be restricted as outlined in the Student Handbook.

Parent/Guardian Signature: _____

Student Signature: _____

Phone: _____ **Cell Phone:** _____

Parent's email: _____