Norfolk Public Schools

MIDDLE SCHOOL LEAGUE
ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

(*Separate examination and certification required for each school year – May 1 of the current year through June 30 of the succeeding year. File in the Office of the Principal)*

Part I – ATHLETIC PARTICIPATION/PARENTAL CONSENT

(To be filled in and signed by the parent and the athlete)

Name _____ School Year _____ Grade_____ Sex _____

Home Address _____ City _____

Parent's Home Address _____ City _____

Date of Birth _____ Place of Birth _____ School Attended Last Year _____

☐ I am in the 6th grade ☐ I am in the 7th grade ☐ I am in the 8th grade Name of Middle School:_____

I have read the condensed individual Eligibility Rules of the Norfolk Public Schools Middle League that appear below and believe that I am eligible to represent my middle school in athletics.

Date _____ Student's Signature _____

I have read the individual Eligibility Rules listed below and give my consent and approval to the participation in middle school of the student named above. I verify that the above named student's medical history has been accurately completed prior to the examination given by a physician. I also give my consent and approval for the above named student to receive a physical examination, as required in Part III Physician's Certificate, of this form by _____, M.D. or by a qualified, registered physician as recommended by the named student's school administration.

Date _____ Parent's Signature _____

INDIVIDUAL ELIGIBILITY RULES

ATTENDTION ATHLETES AND CHEERLEADERS:

TO BE ELIGIBLE TO REPRESENT YOUR SCHOOL IN ANY INTERSCHOLASTIC CONTEST, YOU:

- must be a regular bona fide student in good standing of the school you represent
- must have been promoted to sixth grade or must have passed five subjects in a school year preceding the present one
- must have passed at least five subjects the previous grading period and must be currently taking no less than five subjects
- must not have reached your fifteenth birthday on or before the first day of august of the current school year
- must have been in residence at your present middle school during the entire semester immediately preceding the one in which you desire to participate
  - unless you are transferring from a public or private school with a corresponding move on the part of your parents into the area served by your present school
  - unless you are transferring to the middle school serving the district in which your parents reside upon completion of the highest grade level offered by the intermediate school, middle school, or nonpublic school from which you are transferring
  - unless you are legally adopted, are a foreign exchange student, are under the guidance of an orphanage, the State Department of Welfare, or State Department of Corrections, or are required to change residence by court order
- must not, after entering the seventh grade for the first time or after first enrolling in a school year after passing five subjects, have participated in any League-sponsored activity more than two years
- must be an amateur as defined by the Norfolk Public Schools Middle School League: "An amateur is one who engages in athletics for the educational, physical, mental, and social benefits one derives therefrom, and to whom athletics are nothing more than an avocation."
- must not have received in recognition of your ability as a middle school athlete any award not presented or approved by your school or the League
- must not have participated in any all-star contest between teams whose players are selected from more than one middle school

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your League and school. If you have any questions regarding your eligibility or are in doubt about the effect of an activity might have on your eligibility, check with your principal who is aware of the various interpretations and exceptions provided under League rules. Meeting the intent and spirit of League standards will prevent you, your tam, and community from being penalized.

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			Please explain any YES answers
		1.	Have you ever had any of the following?	
____	____		heart murmur	_____
____	____		high blood pressure	_____
____	____		other heart problems	_____
____	____		broken bones	_____
___	____		weak joints-ankles, knees	_____
____	____		concussion	_____
____	____		operation	_____
____	____		seizures or epilepsy	_____
____	____	2.	Have you ever fainted 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.	A. Have you ever had significant allergies to:	
____	____		bee stings? – On medication – yes___ no___	_____
____	____		foods	_____
____	____		medicine	_____
____	____		others	_____
			B. Do you have prescription for use of:	
____	____		Adrenaline	_____
____	____		Inhalers	_____
____	____		Other allergy medicine	_____
____	____		C. 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, hear problems or sudden death before the age of 50?	_____
____	____	11.	Do you wear contact lenses, eyeglasses or dental appliance?	_____
____	____	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 TETNUS IMMUNIZATION?	_____

Parent/Guardian Signature: _____

PART III - - PHYSICAL EXAMINATION
(To be completed and signed by examining physician)

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 _____

Genitalia/hernia

Peripheral pulses _____ *WHEN MEDICALLY INIDICATED

Cervical spine/neck _____

Back _____

Shoulders _____

Arm/elbow/wrist/hand _____

Knees/hips _____

Lab:

*Urine _____

*Hemoglobin or HCT _____

and/or Fe Stores _____

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 & recommendations: _____
_____

Any recommendations or concerns on such items as:

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

Physician Signature _____, M.D.* Date_____
***Doctor of Medicine, Doctor of Osteopathy, Licensed Nurse Practitioner or Physician Assistant (PA)**

Physician Name (Print) _____

Address _____
City/Zip Code _____
Telephone Number _____

PART IV – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

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

_____

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:

Name of 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_____
M.D., D.O. or LNP as recommended by the named 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 VHSL athletic program, publication or video.

PART V – EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME_____**GRADE**_____**AGE**_____
HIGH SCHOOL_____**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 student been prescribed an inhaler or epipen?_____
Is student presently taking medication?_____If so, what type? _____
Does student wear contact lenses? _____Please list 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 _____
Middle 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 emergency)_____

Evening time phone number (where to reach you in 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_____
Parent/Guardian Signature