



Brownsville Independent School District
Participation Form for Secondary Programs

Dear Student:

The Superintendent would like to take this opportunity to welcome you to the Brownsville Independent School District. We hope this letter will aid in the process of completing all necessary health forms to participate in the University Interscholastic League, extracurricular programs, and/or the Brownsville Academic Center. For the 2014-2015 school year, any student participating in University Interscholastic League, extracurricular programs, and/or alternative educational programs, will be required to have a physical on file prior to participation which includes all practices. Physicals are valid for one school year. This packet includes the following forms:

Pre-Participation Medical History and Pre-Participation Physical

The Medical History Form must be completed annually by parent and/or guardian and student in order for the student to participate. The questions are designed to determine if the student has developed any condition which would make it hazardous to participate. The Pre-Participation Physical Form must be on file for each student before the first day of participation. This physical **MUST** be completed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted. The physician must sign and print their name in the space provided.

Physical Exam Providers

Below are several options where you can take your child for a physical:

Your family physician

Valley Day & Night Clinics

BISD Campus Care Centers at Skinner Elementary and Campus Care Clinic @ Clinica 22

New Horizon Medical Center

Operation Lone Star (contact the Cameron County Health Department for dates and locations: 956-361-8244)

For a list of additional providers, contact your coach, director, and/or program sponsor.

Immunizations

Immunizations are required to assist in the health and well-being of student participation. The immunizations are required of all students and are consistent with the Texas Department of Health and local BISD policies. Refer to your designated campus nurse for updates on immunizations.

Emergency Information

All sections must be completed. If you have a medical insurance plan that is an HMO/PPO and you are not from the Brownsville area, it is advised that you designate a local physician as your primary care physician. This will assist in the event a medical referral is necessary for an injury or illness.

Health Insurance

Medical insurance is required of all students participating in University Interscholastic League, extracurricular programs, and/or the Brownsville Academic Center in case of injuries. If your insurance does not cover injuries during your participation, you will be financially responsible for any and all medical costs associated with any injuries. You must provide a photocopy of the front and back of your insurance card when you submit the packet. The District also provides affordable Student Accident Insurance which can be purchased at the families' expense. You may request a copy of this insurance plan and forms by calling the Employee Benefits/Risk Management Department at 956-548-8061.

Secondary Insurance Coverage

The Brownsville Independent School District provides an insurance coverage for all students involved in University Interscholastic League and/or extracurricular programs for grades 6-12. The insurance coverage that is provided is supplemental to the student's personal insurance. Once the primary insurance has paid its benefits, the BISD insurance will pay at a **REASONABLE AND CUSTOMARY RATE** of the remaining balance. If the student has no insurance, then BISD insurance becomes primary and will pay at a **REASONABLE AND CUSTOMARY RATE UP TO POLICY LIMITS**. It must be understood that after reasonable and customary benefits have been met, there still may be a balance due that must be paid, unless the physician is a member of the network. Physicians within the network provide zero balance billing. Trainers will have a list of the in-network providers. **THE PARENT/GUARDIAN IS RESPONSIBLE FOR ALL COSTS NOT COVERED BY THE INSURANCE PROVIDED.** Charges for treatment of injuries shall not be charged to BISD or any employee of BISD. It is the responsibility of the parent/guardian to file with the insurance. It is also the responsibility of the parent/guardian to notify BISD Personnel regarding any and all medical services for injuries received by the participant. The Brownsville Independent School District **WILL NOT** be held responsible for medical or other costs related to injuries received by the participant except to provide the insurance coverage as outlined above.

No student will be permitted to participate in any practices, University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs prior to all documents being on file with BISD.

If you have any questions in regards to any of the information listed above, please contact your coach, director, and/or program sponsor. Best of luck to all of you!



Brownsville Independent School District
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Brownsville Independent School District Participation Form for Secondary Programs

Name of Student: _____ School ID#: _____ Grade: _____

Sex (circle one): M F DOB: _____ School: _____

Name of Parent or Guardian: _____ Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Attention School Authorities: This form and all other inserts that pertain to your program must be updated and signed annually by both the student and parent/guardian and be on file at your school before the student may participate in any practice session or contest before, during, or after school.

Parents' or Guardians' Permit For Student Participation

I hereby give my consent for the above student to participate in University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs. The student will be allowed to travel with the coaches, directors, or other representative of the school on any approved trips in which the student is eligible.

It is understood that even though precautionary measures are taken whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the Brownsville Independent School District assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules included in this packet and agree that my son/daughter will abide by all of the University Interscholastic League rules and/or program requirements.

The undersigned agrees to be responsible for the safe return of all athletic equipment and/or uniforms issued by the school to the above named student. If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

The UIL Athletic Parent Information Manual is located at www.uil-texas.org/files/athletics/manuals/parent-information-manual.pdf.
The UIL Music Resources are located at www.uil-texas.org/music/resources-forms

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Circle any activity in which this student is allowed to participate:

- Baseball Basketball Cross Country Football Golf Soccer Softball Swimming/Diving Tennis Track Volleyball Powerlifting
Marching Band Cheerleading Dance Team BAC

Parent/Guardian Signature

Date

Student Signature

Date



University Interscholastic League



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

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is 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 ACKNOWLEDGEMENT 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 Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child 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 student's 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 my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

School Year (to be completed annually) _____



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GENERAL INFORMATION FOR ATHLETICS

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball campus (exception: See Section 1209 of the Constitution and Contest Rules (C & CR)).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES FOR ATHLETES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- Are not 19 years of age or older on or before September 1 of the current scholastic year (See Section 446 of the C & CR for exception).
- Have not graduated from high school.
- Are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- Are full-time students in the participant high school they wish to represent.
- Initially enrolled in the ninth grade not more than four years ago.
- Are meeting academic standards required by state law.
- Live with their parents inside the school district attendance zone their first year of attendance (parent residence applies to varsity athletic eligibility only). When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district to continue attending the school. Students placed by the Texas youth Commission are covered under Custodial Residence (see Section 442 of the C & CR).
- Have observed all provision of the Awards Rule.
- Have not been recruited (does not apply to college recruiting as permitted by rule).
- Have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a 7-12 grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, & 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from the school district attendance zone is employed, for no more than 8 consecutive days where school personnel work with their own students may be held in May, after the last day of school, June, July, and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- Have observed all provision of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable, or consumable) for participation in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan, or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- Did not change school for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL. I have read the regulations cited above and agree to follow the rules.

Signature of Student

Date

BISD ACKNOWLEDGEMENT OF RULES FOR ATHLETICS

Your son/daughter has expressed a desire to participate in the athletic program in the Brownsville Independent School District (BISD). It is the belief of the coaching staff of Brownsville ISD that athletics can do more for your son/daughter than teach him to play the sport he/she has chosen.

We believe athletics instill the desire to win, to attain personal goals insuring a maximum team effort, and to build strength of body and character. The latter of these qualities determines the success of the first three.

It is our belief that strength is the foundation upon which to build an individual. Athletes, as people in any specialized field, have a unique role to play. They are constantly being motivated by their peers, their teachers, and the community. By constantly being under this scrutiny, athletes must have strength of character and constantly be aware of the role they assumed. They must always be certain they present respect, sincerity, and honesty to their peers, teachers, and community.

We strongly believe that our athletes should possess these qualities. Because of this, we have established the following guidelines to be followed by all athletes.

All athletes, regardless of sport must:

1. Abide by all UIL rule specifications
2. Attend every practice session and athletic contest unless ill or in an emergency situation (parent or guardian must call if not attending practice).
3. At all times, on and off campus, respond to every situation as a young lady or gentleman

All athletes, regardless of sport must **NOT** at any time, on or off campus, break the following rules:

1. Smoke or use tobacco or snuff
2. Consume, possess, or distribute alcoholic beverages
3. Use or consume any type of drug (except for medical purposes) or narcotics
4. Misconduct which contains the elements of an offense under the Texas Penal Code.

Violations of these athletic policies will result in appropriate disciplinary actions being taken against the student and could result in his/her removal from the BISD Athletic Program. Therefore, we ask your cooperation in motivating your son/daughter to observe these rules so that he/she will receive the full benefits from the program.

Your signature below acknowledges that you have read the rules and agree to the expectations of the athletic program.

Signature of Parent/Guardian

Date



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention - Teach and practice safe play & proper technique.
- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion - The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is rest. Also avoid external stimulation such as watching television, music, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:
A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:
(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
(2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
(3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
(4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
(B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
(C) have signed a consent form indicating that the person signing:
(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
(iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2014

Name of Student: _____

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- **Conditions present at birth**
 - ***Inherited (passed on from parents/relatives) conditions of the heart muscle:***
 - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
 - ***Inherited conditions of the electrical system:***
 - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
 - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but are inherited.
 - ***NonInherited (not passed on from the family, but still present at birth) conditions:***
 - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
 - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
 - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
 - ◆ **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
 - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
 - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2014

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation - Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- Check the Health & Safety page of the UIL website (<http://www.uiltexas.org/health>) or do an internet search for "Sudden Cardiac Arrest".

Parent/Guardian Signature

Date

Parent/Guardian Name (Print)

Student Signature

Date

Student Name (Print)



Emergency Information Form

Last Name First Name ID# DOB Teacher/Grade

Address

Mother/Guardian Home/Cell Number Work Number

Father/Guardian Home/Cell Number Work Number

Insurance Company: _____

Type of Coverage: Basic (circle one): Yes No Major Medical (circle one): Yes No

Deductible (optional): _____ Policy/Group Number (optional): _____

Contact Lenses (circle one): Yes No

1. Is your child currently taking any medications prescribed by a doctor (circle one)? Yes No If yes, please list medications and reasons for taking them. _____

2. Does your child have any allergic reactions to any type of medication (circle one)? Yes No If yes, please list. _____

3. Does your child have any type of medical condition for which we should be notified (circle one)? Yes No If yes, please list. _____

PARENT OF GUARDIAN'S PERMIT

The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. Permission is hereby granted to the attending physician to proceed with any above named student. In the event of surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student will be given.

Signature of Parent/Guardian: _____ Date: _____



Brownsville Independent School District
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Forma de Información de Emergencia Para Todos Los Programas

Apellido Nombre ID# Fecha de Nacimiento Maestro/Nivel

Dirección

Madre/Tutor Teléfono de Casa/Celular Teléfono de Trabajo

Padre/Tutor Teléfono de Casa/Celular Teléfono de Trabajo

Compañía de Seguros: _____

Tipo de Cobertura: Básico (circule uno): Si No Médicos Mayores (circule uno): Si No

Deductible (opcional): _____ Política /Número del Grupo (opcional): _____

Lentes de Contacto (circule uno): Si No

1. Su niño está tomando actualmente medicamentos prescritas por un doctor (circule uno)? Si No. Si es si enumere, por favor las medicaciones y las razones de tomarlas. _____

2. Su niño tiene reacciones alérgicas algún tipo de medicamentos (circule uno)? Si No. Si es si, enumere por favor. _____

3. Su niño tiene algún tipo de dolencia por la cual debemos ser notificados (circule uno)? Si No. Si es si, enumere por favor. _____

PERMISO DEL PADRE o GUARDIAN

El padre adjunto concede el permiso para los empleados de la escuela a los servicios medicos seguros para el estudiante arriba en caso de necesidad nombrado. El permiso se concede por esta medio al medico de asistencia para proceder con el estudiante nombrado. En caso de la manera mas expeditiva posible. Si el medico dicho no puede comunicarse conmigo, el tratamiento necesario para el mayor interés del estudiante arriba nobrado sera dado.

Firma de Padre/Guardian: _____ Fecha: _____



Brownsville Independent School District
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Pre-Participation Physical Examination Form

Student's Name: _____ Sex (circle one): M F Age: _____ Date of Birth: _____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ BP: _____ / _____ / _____
Brachial blood pressure while sitting

Vision: R 20/ _____ L 20/ _____ Corrected Lenses (circle one): Yes No Contact Lenses (circle one): Yes No Pupils (circle one): Equal Unequal

The Brownsville Independent School District requires any student participating in University Interscholastic League and/or extracurricular programs to have a physical examination annually.

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Auscultation of the heart in the supine position			
Heart: Auscultation of the heart in the standing position			
Heart: Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE:

____ Cleared

____ Cleared after completing evaluation/rehabilitation for: _____

____ Not cleared for: _____ Reason: _____

Recommendations:

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

Name (please print): _____ Date of Examination: _____

Address: _____ Phone Number: _____

Signature: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, OR CONTEST BEFORE, DURING, OR AFTER SCHOOL.



Brownsville Independent School District
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Pre-Participation Medical History Form

Name of Student: School ID#: Grade:
Sex (circle one): M F DOB: School:
Name of Parent or Guardian: Address:
Home phone: Work phone: Cell phone:
Personal Physician: Phone:
In case of emergency, contact:
Name: Relationship: Phone: (cell) (other)

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any "Yes" answers to questions 3-12 requires further medical evaluation. Written clearance from a physician, physician assistant, or nurse practitioner is required before any participation in any practices, University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs.

Table with 6 columns: Question, Yes, No, Question, Yes, No. Contains 36 medical history questions and a section for female students.

It is understood that even though protective equipment is worn by the student, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school district assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by a person on account of such care and treatment of said.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.
Student Signature: Parent/Guardian Signature: Date:

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, OR CONTEST BEFORE, DURING, OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name: Title:
Signature: Date: