Athletic Consent and Emergency Treatment Form

☐ Consent to play all sports

OR

☐ Consent to only play listed sports _____

(Please list the sports you give your student consent to join)

I give my consent to the below named student to participate in CCJH interscholastic activities.

Student:_____ Birth Date:_____ Grade:_____

Address:_____ City:_____ Zip:_____

Parent Name:_____ Home Phone:(___)_____-_____ Work Phone:(___)_____-_____

Cell Phone:(___)_____-_____ E-Mail:_____

Medical Waiver / Emergency Clearance

All athletes must have a copy of a current physical exam on file in the health office

Family Doctor:_____ Phone:(___)_____-_____

Preferred Hospital:_____

Insurance Company_____ Policy #:_____ Group #:_____

If parent/guardian cannot be contacted in an emergency, please contact:

Name:_____ Phone:(___)_____-_____ Relationship:_____

I clearly understand that the School District strongly recommends that all students participating in interscholastic activities have health insurance and that the school cannot pay any medical costs resulting from an injury to a student. The school does NOT provide any medical insurance or claims assistance in the event of an accident. The School District does make voluntary student insurance information available. Please call the Athletic Office at your school if you would like to review and/or purchase this insurance.

_____ _____

Parent or Guardian Signature Date

TREATMENT CONSENT:

In the event that I cannot be reached, I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above named school. IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to be valid for 365 days unless rescinded

_____ _____

Parent or Guardian Signature Date

Cactus Canyon Student Athlete Expectations

The Cactus Canyon Athletic program is committed to building outstanding student athletes. In order to accomplish this goal, we have established expectations for our student athletes they must abide by to participate in our program.

- Student athletes must be committed to the classroom first by maintaining at least a 70% in each class to participate in Cactus Canyon athletics.
- Cactus Canyon's programs are competitive. Therefore, student athletes must earn their place on the team through tryouts. They will also earn their play time with their attitude on and off the field/court, attendance at school, practice, and with their work ethic in the classroom, practices, and games.
- Attendance at school is critical to your student athlete's academic success. If your student misses more than half the school day they are not permitted to participate in athletics, a game or practice, that day.
- Attendance at games and practices are part of being on a team and required to develop your student's skills along with the team's success. Missing games or practices may result in loss of playing time and could lead to dismissal from the team.
- Student athletes must maintain acceptable levels of behavior in the classroom, around campus, and at opposing schools. Referrals may lead to consequences from the coach, the student athlete being benched, or dismissal from the team. Stealing from the locker room during practices or PE will result in your student athlete being barred from participating in Cactus Canyon athletics for the remainder of the year.
- Student athletes should be dedicated to the team they are joining. If they come to practice with the wrong attitude or do not attend practices and games, they are not contributing to the success of the team and have taken a roster spot from a student who is dedicated. It is critical for students to begin to learn about responsibility and dedication while participating in Cactus Canyon Athletics.
- Coaches may have expectations that exceed those listed here. They will share those expectations with you and your student athlete once they are on the team.
- All parents are expected to abide by the rules of the school hosting the game and maintain appropriate behavior towards the student athletes and officials. If you do not compose yourself according to those rules you may be asked to leave by school staff or game officials.
- Schedules are set in advance and may change from time to time due to conflicts that may arise.

By signing you have read and understand the expectations of Cactus Canyon student athletes.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Stree t, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.) Exam Date:

Name:
Home Address:
Phone:
Date of Birth:
Age:
Sex:
Grade:
School:
Sport(s):
Personal Physician:
Hospital Preference:

In case of emergency, contact:
Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Explain "Yes" answers on following page.
Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?		
2) Do you have an ongoing medical condition (like diabetes or asthma)?		
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):		
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):		
5) Does your heart race or skip beats during exercise?		
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection		
7) Have you ever spent the night in the hospital?		
8) Have you ever had surgery?		

* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):

*10) Have you had any broken/fractured bones or dislocated joints?
(If yes, circle affected area in the box below):

* 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, circle affected area in the box below):

Head Neck Shoulder Upper Arm Elbow Forearm
Hand/Fingers Chest Upper Back Low Back Hip Thigh
Knee Calf/Shin Ankle Foot/Toes

	Y	N
12) Have you ever had a stress fracture?		
13) Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
14) Do you regularly use a brace or assistive device?		
15) Has a doctor told you that you have asthma or allergies?		
16) Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17) Is there anyone in your family who has asthma?		
18) Have you ever used an inhaler or taken asthma medicine?		
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?		
20) Have you had infectious mononucleosis (mono) within the last month?		
21) Do you have any rashes, pressure sores, or other skin problems?		
22) Have you had a herpes skin infection?		
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?		
24) Have you ever had a seizure?		
25) Do you have headaches with exercise?		
26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?		
27) When exercising in the heat, do you have severe muscle cramps or become ill?		
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
29) Have you ever been tested for sickle cell trait?		
30) Have you had any problems with your eyes or vision?		
31) Do you wear glasses or contact lenses?		
32) Do you wear protective eyewear, such as goggles or a face shield?		
33) Are you happy with your weight?		
34) Are you trying to gain or lose weight?		
35) Has anyone recommended you change your weight or eating habits?		
36) Do you limit or carefully control what you eat?		
37) Do you have any concerns that you would like to discuss with a doctor?		

Females Only

	Y	N
38) Have you ever had a menstrual period?		
39) How old were you when you had your first menstrual period?		
40) How many periods have you had in the last year?		

Explain "Yes" Answers Here

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2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Physician should fill out this form with assistance from the Parent or Guardian.)

Student Name: Date of Birth:

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?		
2) Has your child ever had extreme shortness of breath during exercise?		
3) Has your child had extreme fatigue associated with exercise (different from other children)?		
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?		
5) Has a doctor ever ordered a test for your child's heart?		
6) Has your child ever been diagnosed with an unexplained seizure disorder?		
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?		

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)		
9) Are there any family members who died suddenly of "heart problems" before age 50?		
10) Are there any family members who have unexplained fainting or seizures?		
11) Are there any relatives with certain conditions, such as:		
Enlarged Heart		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm problems:		
Long QT Syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
Marfan Syndrome (Aortic Rupture)		
Heart Attack, age 50 or younger		
Pacemaker or Implanted Defibrillator		
Deaf at Birth (Congenital Deafness)		

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP _____ Date: _____

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2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: Date of Birth:

Age: Sex:

Height: Weight:

% Body fat (optional): Pulse:

BP:____/____ (____/____,____/____)

Vision: R20/_____ L20/_____ Corrected: Y___ N___

Pupils: Equal_____ Unequal____

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.
† Having a third party present is recommended for the genitourinary examination.

NOTES: _____

_____

☐ Cleared Without Restriction

☐ Not Cleared For: ☐ All Sports ☐ Certain Sports _____ ☐ Reason: _____

Recommendations: _____

Name of Physician(Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP

 NextCare is the preferred partner of the AIA. It is not required you visit NextCare locations for your healthcare needs.