



## INTERSCHOLASTIC EMERGENCY INFORMATION CARD

(Please print)

School Year \_\_\_\_\_ - \_\_\_\_\_ Sport \_\_\_\_\_

Student's Name \_\_\_\_\_ High School \_\_\_\_\_

Matric # \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Month) (Day) (Year)

Student's Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other individual to notify if necessary \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any known allergies \_\_\_\_\_

List any medications the student is currently taking \_\_\_\_\_

List any current medical conditions the student is being treated for (i.e., asthma, diabetes, sickle cell trait) and the doctor's name and phone number \_\_\_\_\_

The team physician, Certified Athletic Trainer, and /or coach may apply emergency treatment until the parent/guardian can be contacted. We give our consent for school officials or coaches to use their own judgment in securing aid, transportation, and ambulance service in case the parent/guardian cannot be reached.

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

ISC1002

Interscholastics | Tucson Unified School District

Revised: 11/07/12



## PARENT/GUARDIAN PERMISSION FOR PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES

Student's Name \_\_\_\_\_ Matric \_\_\_\_\_ Grade \_\_\_\_\_

Ethnicity:

White ☐ African American ☐ Hispanic ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐

We/I give our consent for \_\_\_\_\_ to engage in Interscholastic athletic competition and other activities during the school year \_\_\_\_\_ - \_\_\_\_\_. We/I realize that participation in organized Interscholastic athletics involves the potential for injury which is inherent in all sports. We/I give consent for the Certified Athletic Trainer to administer therapeutic and rehabilitative techniques, as recognized by Arizona Licensure Law, to assist in recovery from injury/illness. We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

### WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING

(This school district does not carry an accident insurance policy to cover injuries sustained in the Interscholastic program. Accident insurance is the responsibility of the parents or guardians. As a convenience, an individual accident insurance policy form may be picked up in the high school Activities office. Payment and/or correspondence is through the insurance company.)

We/I certify that the address/phone number listed below is correct. We/I accept the responsibility of notifying the school if this address/phone number should change during the current school year.

We do have medical insurance for the student named above. ☐ Yes ☐ No

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Emergency/Parent's Work Phone)

### OFFICE USE:

Physical Exam \_\_\_\_\_ Fees \_\_\_\_\_ Grades \_\_\_\_\_ Emergency Card \_\_\_\_\_ Date of Birth \_\_\_\_\_

ISC1003

Interscholastics | Tucson Unified School District

Revised: 12/13/14

3645 E. Pima (on the Catalina HS campus), Tucson, AZ 85716 | Phone (520) 232-8650 | Fax (520) 232-8643

<http://www.tusd1.org>

## Interscholastics

### Athletic Informed Consent Form

Tucson Unified School District provides elementary school students with the opportunity to participate on extra-curricular athletic teams.

These sports require students to be in good physical shape and condition. Students are expected to participate in strenuous activities that demand physical strength and endurance.

While participating in an extra-curricular sport, the risk of injury is high, and students injuries could result in broken bones, partial or total paralysis, or even death. Because of the possibility of serious or catastrophic injury or death and the risks involved, students must have a parent or guardian consent to their participation on an extra-curricular athletic team.

By signing below, students and parents/guardians release TUSD employees, school, and the TUSD Governing Board from any claim of negligence and from any liability arising from claims for damages for injury to our son/daughter and any claims for loss of or damage to his/her property which may arise out of his/her participation on an extra-curricular athletic team.

Name of Student: \_\_\_\_\_

Sport: \_\_\_\_\_

School: \_\_\_\_\_

**Parent:**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ACTIVITY SPECIFIC PARENT PERMISSION

I/We, \_\_\_\_\_ and \_\_\_\_\_

parent(s) or guardian(s) of \_\_\_\_\_ hereby grant permission to the Tucson

Unified School District (TUSD) to allow my/our child to participate in the following school sponsored activity;

\_\_\_\_\_

School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Travel Date: \_\_\_\_\_ Leave time: \_\_\_\_\_ Return time: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

School bus, school van, walking, private transportation

In case of serious illness or injury, I give consent for my child to be taken to our doctor's office or the closest hospital by school personnel or ambulance, and emergency care provided there, until I can be contacted.

My child is eligible for medical care at: \_\_\_\_\_

Insurance requirement or preference of hospital

In the event of an emergency, I can be reached at: \_\_\_\_\_

Home, work, cell phone

***Yes, my child may attend this school sponsored activity and I have reviewed all information listed above.***

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

***NO, my child may NOT attend this school sponsored activity.***

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date

\_\_\_\_\_ (Initial) IF APPLICABLE, I will be responsible for alerting, and instructing, the above named teacher in writing regarding any specific health care needs of my child.

Additional Information:



## TUSD INTERSCHOLASTIC ATHLETIC TRANSPORTATION GUIDELINES (Parent transporting his/her own student to contest)

Please ✓ the appropriate box and complete the form below.

☐ **PARENT TRANSPORTATION – SEASON**

I/We, \_\_\_\_\_ and \_\_\_\_\_, parents or legal guardians  
of \_\_\_\_\_, wish to provide transportation for our daughter/son  
to all of the away (sport) \_\_\_\_\_ games for the current school year.

☐ Please check here if you will only be providing transportation home from these contests.

☐ **PARENT TRANSPORTATION – GAME**

I/We, \_\_\_\_\_ and \_\_\_\_\_, parents or legal guardians  
of \_\_\_\_\_, wish to provide transportation for our daughter/son  
to the away(sport) \_\_\_\_\_ game to be held at (site) \_\_\_\_\_  
on (date) \_\_\_\_\_.

☐ Please check here if you will only be providing transportation home from this contest.

I/We understand that we are waiving any claims I/we may have against the Tucson Unified School District, and are relieving the District of any liability with regard to the safe transport of my/our daughter/son.

My/our vehicle is insured with a minimum of \$15,000/\$30,000/\$10,000 liability and \$15,000/\$30,000 uninsured motorist insurance coverage.

I/We understand that I/we may transport ONLY my/our daughter/son to the contest, and that this approval must be received by the Assistant Principal for Activities one day prior to the above named sport season.

I/We also understand the violation of these Transportation Regulations and Guidelines will result in my/our daughter/son being barred from participating in the next contest.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

Accepted by: \_\_\_\_\_

\_\_\_\_\_  
(School Administrator)

\_\_\_\_\_  
(Date)

COPIES  
WHITE – Assistant Principal, Activities  
PINK – Coach/Sponsor  
CANARY – Participant



## 2022-23 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete) Exam Date: \_\_\_\_\_

<p>Name: _____</p> <p>Home Address: _____</p> <p>Phone: _____</p> <p>Date of Birth: _____</p> <p>Age: _____</p> <p>Gender: _____</p> <p>Grade: _____</p> <p>School: _____</p> <p>Sport(s): _____</p> <p>Personal Physician: _____</p> <p>Hospital Preference: _____</p>	<p>In case of emergency contact:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone (Home): _____</p> <p>Phone (Work): _____</p> <p>Phone (Cell): _____</p> <hr style="border-top: 1px dashed black;"/> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone (Home): _____</p> <p>Phone (Work): _____</p> <p>Phone (Cell): _____</p>
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Explain "Yes" answers on the 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 conditional (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 stringing 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): <div style="display: flex; justify-content: space-between; padding: 0 20px;"> <span>High Blood Pressure</span> <span>A Heart Murmur</span> <span>High Cholesterol</span> <span>A Heart Infection</span> </div>																				
7) Have you ever spent the night in a 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, check affected area in the box below in question 11)																				
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):																				
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, check affected area in the box below):																				
<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Head</td> <td style="padding: 5px;">Neck</td> <td style="padding: 5px;">Shoulder</td> <td style="padding: 5px;">Upper Arm</td> <td style="padding: 5px;">Elbow</td> <td style="padding: 5px;">Forearm</td> </tr> <tr> <td style="padding: 5px;">Hand/Fingers</td> <td style="padding: 5px;">Chest</td> <td style="padding: 5px;">Upper Back</td> <td style="padding: 5px;">Lower Back</td> <td style="padding: 5px;">Hip</td> <td style="padding: 5px;">Thigh</td> </tr> <tr> <td style="padding: 5px;">Knee</td> <td style="padding: 5px;">Calf/Shin</td> <td style="padding: 5px;">Ankle</td> <td style="padding: 5px;">Foot/Toes</td> <td></td> <td></td> </tr> </table>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes				
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm															
Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh															
Knee	Calf/Shin	Ankle	Foot/Toes																	



Y N

- 12) Have you ever had a stress fracture?
- 13) Have you ever 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 medication?
- 19) Were you born without, are you missing, or do you have a non-functioning 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) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 26) While exercising in the heat, do you have severe muscle cramps or become ill?
- 27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 28) Have you ever been tested for sickle cell trait?
- 29) Have you had any problems with your eyes or vision?
- 30) Do you wear glasses or contact lenses?
- 31) Do you wear protective eyewear, such as goggles or a face shield?
- 32) Are you happy with your weight?
- 33) Are you trying to gain or lose weight?
- 34) Has anyone recommended you change your weight or eating habits?
- 35) Do you limit or carefully control what you eat?
- 36) Do you have any concerns that you would like to discuss with a doctor?

### Females Only

### Explain "Yes" Answers Here

Y N

- 37) Have you ever had a menstrual period?
- 38) How old were you when you had your first menstrual period? \_\_\_\_\_
- 39) How many periods have you had in the last year? \_\_\_\_\_



## 2022-23 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

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?

### Explain "Yes" Answers Here

### COVID-19...

Y N

- 1) Has your child been diagnosed with COVID-19?  
1a) If yes, is your child still having symptoms from their COVID-19 infection?
- 2) Was your child hospitalized as a result for complications of COVID-19?
- 3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?
- 4) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?
- 5) Has your child returned back to full participation in sports?
- 6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months?  
6a) Was your child tested for COVID-19?
- 7) Did your child receive the COVID-19 vaccine?  
7a) What was the manufacturer of the vaccine? \_\_\_\_\_  
7b) Date of vaccination(s) \_\_\_\_\_

### Explain "Yes" Answers Here

## Patient Health Questionnaire Version 4 (PHQ-4)

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	Not At All	Several Days	Over Half The Days	Nearly Every Day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:  
[Quiet Suffering - A Resource for Student-Athlete Mental Health](https://spark.adobe.com/page/lltwyoLpTAp0V/)  
[spark.adobe.com/page/lltwyoLpTAp0V/](https://spark.adobe.com/page/lltwyoLpTAp0V/)

Teen Lifeline Call and Text Crisis Line  
(602) 248-8336 (TEEN)

Outside Maricopa county call: 1-800-248-8336 (TEEN)

Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily

Crisis text line: Text HOME to 741741 to connect with a crisis counselor

National Suicide Prevention Lifeline  
1-800-273-8255 or [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

The Trevor Lifeline  
866-488-7386 (for gender diverse youth)



## Family History Questions: Please Tell Me About Any Of The Following In Your Family...

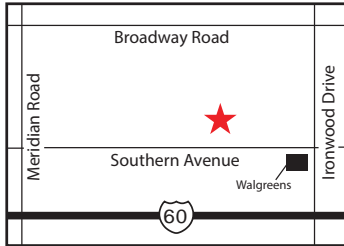
	Y	N
1) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)		
2) Are there any family members who died suddenly of "heart problems" before age 50?		
3) Are there any family members who have unexplained fainting or seizures?		
4) Are there any relatives with certain conditions, such as:		
	Y	N
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		

## Explain "Yes" Answers Here

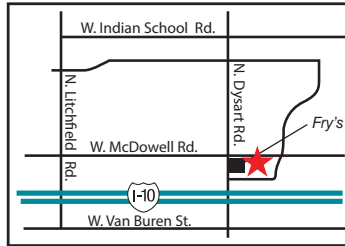
I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

\_\_\_\_\_  
Signature of Student-Athlete      Signature of Parent/Guardian      Date

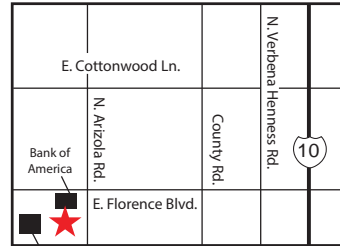
\_\_\_\_\_  
Signature of MD/DO/ND/NMD/NP/PA-C/CCSP      Date



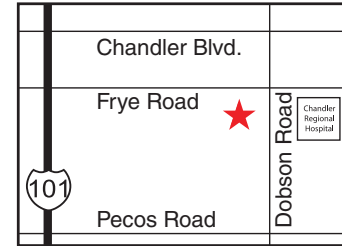
**Apache Junction • 85120**  
2080 West Southern Ave., Suite #A1



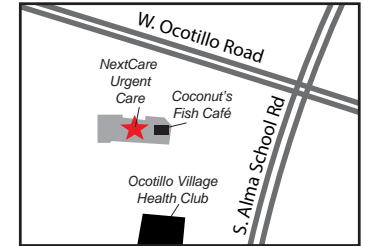
**Avondale • 85392**  
13075 W. McDowell Rd., Suite #D106



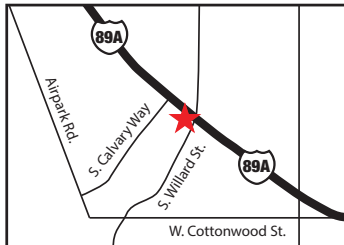
**Casa Grande • 85122**  
1683 E. Florence Blvd., Suite #7



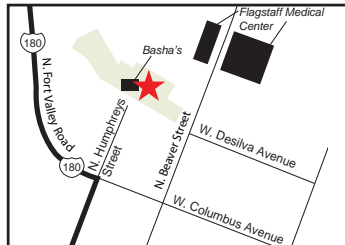
**Chandler • 85224**  
600 S. Dobson Road, Suite #C-26



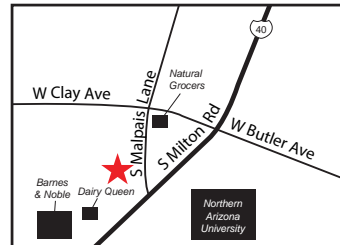
**Chandler • 85248**  
1155 W. Ocotillo Road, Suite #4



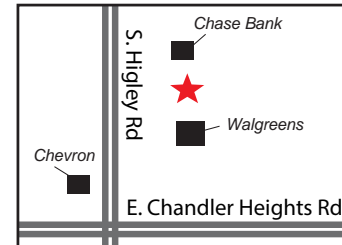
**Cottonwood • 86326**  
450 S. Willard Street, Suite #120



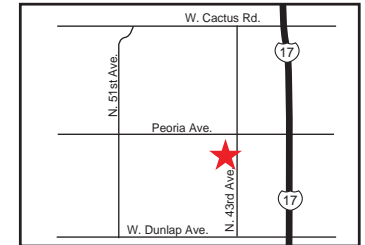
**Flagstaff • 86001**  
1000 N. Humphreys St., Suite #104



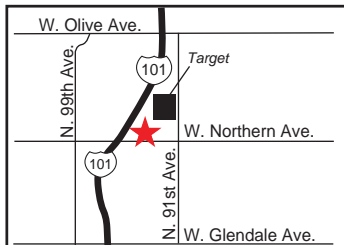
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399 S. Malpais Lane, Suite #100



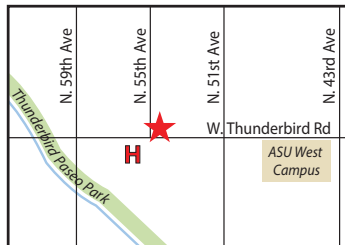
**Gilbert • 85298**  
6343 S. Higley Road



**Glendale • 85302**  
10240 N. 43rd Ave., Suite #3



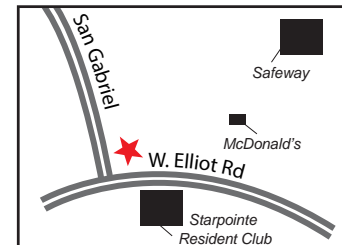
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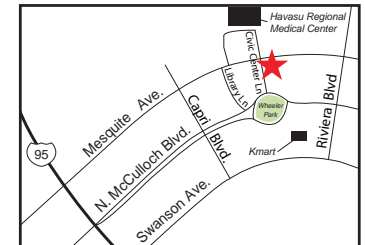
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5410 W. Thunderbird Road, Suite #101



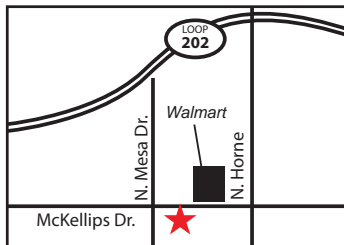
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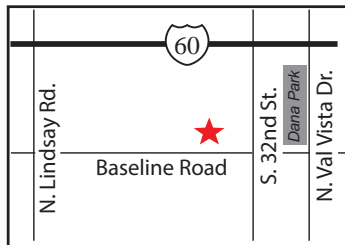
**Goodyear • 85338**  
17688 W. Elliot Road



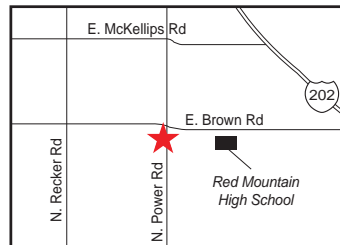
**Lake Havasu City • 86403**  
1810 Mesquite Ave., Suite B



**Mesa • 85203**  
535 E. McKellips Road, Suite #101



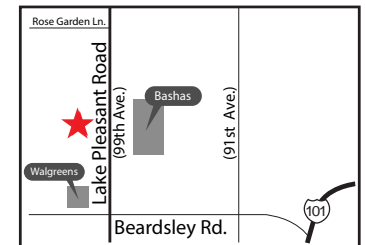
**Mesa • 85204**  
3130 E. Baseline Road, Suite #105



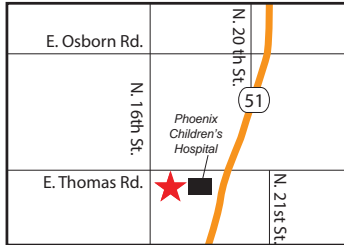
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1066 N. Power Road, Suite #101



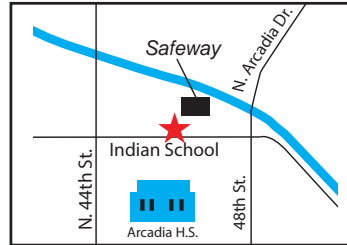
**Nogales • 85621**  
298 W. Mariposa Road



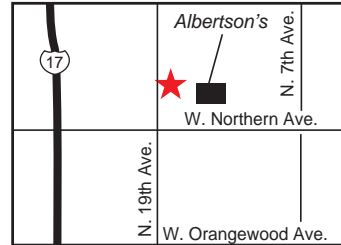
**Peoria • 85382**  
20470 N. Lake Pleasant Rd., Suite #102



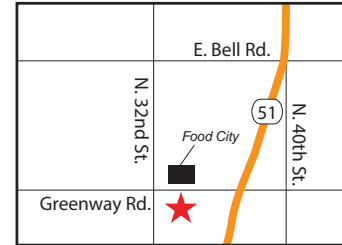
**Phoenix • 85016**  
1701 E. Thomas Road, Suite #A104



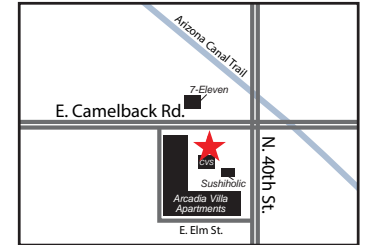
**Phoenix • 85018**  
4730 E. Indian School Rd., Suite #211



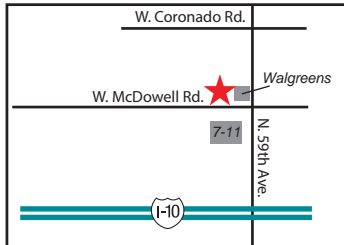
**Phoenix • 85021**  
8101 N. 19th Ave., Suite #A



**Phoenix • 85032**  
3229 E. Greenway Rd., Suite #102



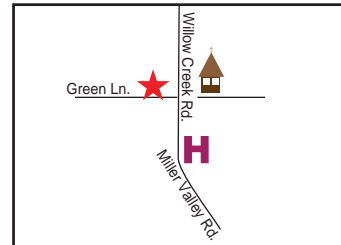
**Phoenix • 85018**  
3931 E. Camelback Road



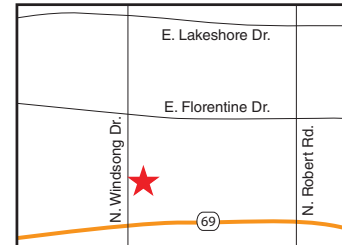
**Phoenix • 85035**  
5920 W. McDowell Road



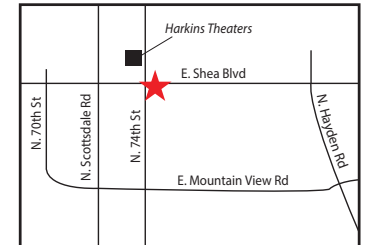
**Phoenix • 85050**  
20950 N. Tatum Blvd., Suite #190



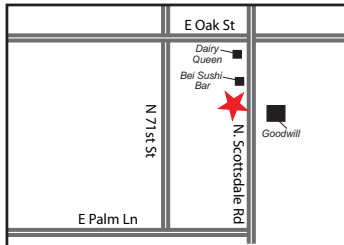
**Prescott • 86301**  
2062 Willow Creek Road



**Prescott Valley • 86314**  
3051 N. Windsong Drive



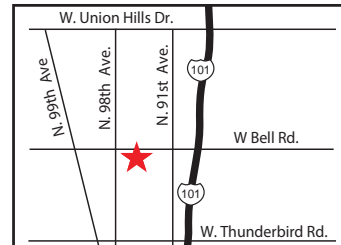
**Scottsdale • 85260**  
7425 E. Shea Blvd., Suite #108



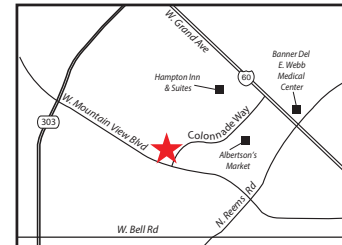
**Scottsdale • 85257**  
2122 N. Scottsdale Road



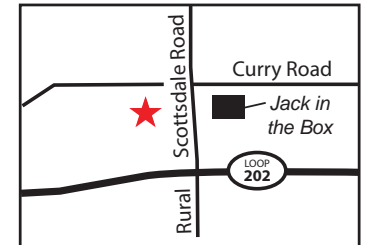
**Sedona • 86336**  
2530 W. SR 89A, Suite #A



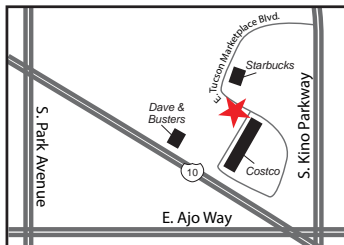
**Sun City • 85351**  
9745 W. Bell Road, Suite #105



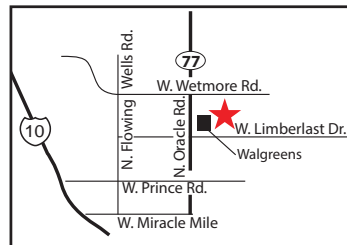
**Surprise • 85374**  
14800 W. Mtn. View Blvd., Suite #100



**Tempe • 85281**  
914 N. Scottsdale Rd., Suite #104



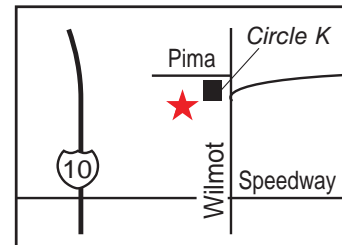
**Tucson • 85713**  
1570 E. Tucson Marketplace Blvd.



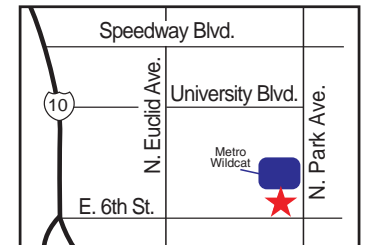
**Tucson • 85705**  
4280 North Oracle Rd., Suite #100



**Tucson • 85706**  
5369 S. Calle Santa Cruz, Suite #145



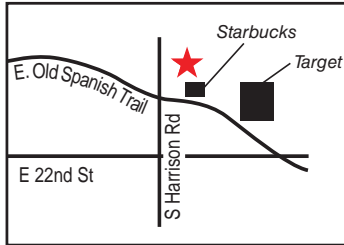
**Tucson • 85712**  
6238 E. Pima Street



**Tucson • 85719**  
501 North Park Ave., Suite #110

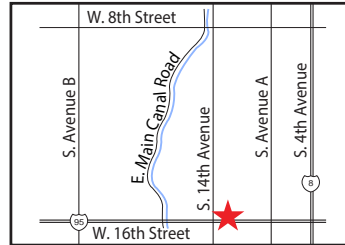


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**Tucson • 85748**

9525 E. Old Spanish Trail, Suite #101



**Yuma • 85364**

1394 W. 16th Street



## 2022-23 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 *
<b>Medical</b>			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/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

Cleared With Following Restriction: \_\_\_\_\_

Not Cleared For: All Sports Certain Sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:

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

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

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

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

## Arizona Interscholastic Association, Inc. Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form

I, \_\_\_\_\_ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

### By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or legal guardian must print and sign name below and indicate date signed:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_