

**TARJETA DE INFORMACIÓN EN CASO DE EMERGENCIA INTERESCOLAR**

(Por favor imprima)

Ciclo escolar _____ - _____ Deporte _____
Nombre del estudiante _____ Escuela secundaria _____
de matrícula _____ Edad _____ Fecha de nacimiento _____
(mes) (día) año)
Dirección del estudiante _____ C.P. _____
Padre _____ Hogar _____ Trabajo _____ Celular _____
Madre _____ Hogar _____ Trabajo _____ Celular _____
Tutor _____ Hogar _____ Trabajo _____ Celular _____
Otro individuo para notificar si es necesario _____ Teléfono _____
Hospital preferido _____ Médico de la familia _____ Teléfono _____
Enumere cualquiera alergias conocidas _____
Enumere cualquiera medicamentos que el estudiante esté tomando actualmente _____

Enumere cualquiera condiciones médicas por las cuales el estudiante está recibiendo tratamiento (ej., asma, diabetes, anemia de célula depreanocítica) y el nombre y número de teléfono del médico _____

El médico del equipo, entrenador atlético certificado y/o entrenador pueden administrar un tratamiento de emergencia hasta que se pueda contactar al padre/tutor. Damos nuestro consentimiento para que los oficiales escolares o los entrenadores usen su juicio en obtener ayuda, transportación y el servicio de ambulancia en caso de que no se pueda contactar al padre/tutor.

Firma del padre/tutor _____ Fecha _____

ISC1002SP

Interscholastics | Tucson Unified School District

Revised: 11/07/12

**PERMISO DEL PADRE/TUTOR PARA LA PARTICIPACIÓN EN ACTIVIDADES INTERESCOLARES**

Nombre del estudiante _____ Matrícula _____ Grado _____

Etnicidad:

blanco ☐ africanoamericano ☐ hispano ☐ indio americano o nativo de Alaska ☐ asiático o isleño del Pacífico ☐

Nosotros/yo damos/doy mi/nuestro consentimiento para que _____ tome parte en una competencias atléticas interescolares y otras actividades durante el ciclo escolar _____ - _____. Comprendemos/comprendo que la participación en los eventos atléticos interescolares organizados incluye el potencial de lesión que es inherente en todos los deportes. Nosotros/Yo damos/doy consentimiento para un Entrenador de Atletismo Certificado para proporcionar técnicas terapéuticas y de rehabilitación, como lo estipula la Ley de Licencias de Arizona, para asistir en la recuperación de lesiones o enfermedades. Reconocemos que las lesiones son una posibilidad aun con el mejor entrenamiento, el uso de equipo protector más avanzado y una observación estricta de las reglas. En casos raros, estas lesiones pueden ser tan severas que resultan en la discapacidad total, parálisis, cuádrupleja o aun muerte.

RECONOCEMOS QUE HEMOS LEÍDO Y COMPRENDIDO ESTA ADVERTENCIA

(Este distrito escolar no tiene una póliza de seguro en caso de accidente para cubrir las lesiones sostenidas en el programa interescolar. El seguro contra accidentes es la responsabilidad de los padres o tutores. Como conveniencia, pueden obtener un formulario para una póliza de seguro en caso de accidentes en la oficina escolar de actividades. El pago y/o la correspondencia son por medio de la compañía de seguros.)

Certificamos/certifico que la dirección y número de teléfono enumerados abajo son correctos. Aceptamos/acepto la responsabilidad de notificar a la escuela si esta dirección/número de teléfono cambia durante el ciclo escolar actual.

Tenemos un seguro médico a nombre del estudiante antedicho. Sí ☐ No ☐

(Firma del padre/tutor)

Fecha)

(Dirección)

(Código postal)

(Teléfono en casa)

(Emergencia/Teléfono del trabajo de los padres)

OFFICE USE:

Physical Exam _____ Fees _____ Grades _____ Emergency Card _____ Date of Birth _____

ISC1003SP

Revised: 12/13/14

Interescolares

Forma de Permiso Informado de Atletismo

El Distrito Escolar Unificado de Tucson proporciona a los estudiantes de escuela primaria la oportunidad de participar en equipos de atletismo con actividades extra-curriculares.

Estos deportes requieren que los estudiantes estén en buena forma y condición física. Se anticipa que los estudiantes participarán en actividades rigurosas que requieren fuerza y resistencia física.

Al participar en un deporte extra-curricular, el riesgo de una lesión es elevado, y las lesiones de los estudiantes pueden tener como resultado huesos fracturados, parálisis parcial o total, y hasta la muerte. Debido a la posibilidad de lesiones serias o catastróficas o muerte y los riesgos implicados, los estudiantes deberán tener un permiso del padre o tutor para su participación en el equipo de atletismo con actividades extra-curriculares.

Al firmar abajo, los estudiantes y padres/tutores liberan a los empleados de TUSD, la escuela, y a la Mesa Directiva de TUSD de cualquier reclamación de negligencia y de cualquier responsabilidad que surja de las reclamaciones de daños por lesiones a nuestro hijo/hija y cualesquiera reclamaciones de pérdida de o daño a su propiedad que pueda surgir de su participación en un equipo de atletismo con actividades extra-curriculares.

Nombre del Estudiante: _____

Deporte: _____

Escuela: _____

Padre:

Firma del Padre: _____ Fecha: _____

PERMISO DE LOS PADRES PARA ACTIVIDAD ESPECÍFICA

Yo/Nosotros, _____ y _____
padre(s) o tutor(s) de _____ por este medio otorgamos permiso al Distrito
Escolar Unificado de Tucson (TUSD) para que permitan a mi/nuestro niño(a) participar en las actividades
patrocinadas por la escuela siguientes:

Escuela: _____ Nombre del Maestro(a): _____

Fecha de la Excursión: _____ Hora de Partida: _____ Hora de Regreso: _____

Forma de Transportación: _____
Autobús escolar, camioneta escolar, caminando, transportación privada

En caso de enfermedad o herida seria, doy mi consentimiento para que mi niño(a) sea llevado al consultorio médico o al hospital más cercano por el personal escolar o ambulancia, y que se le proporcionen cuidados de emergencia ahí, hasta que puedan comunicarse conmigo.

Mi niño(a) es elegible para cuidado médico en: _____
Requisito del seguro o preferencia de hospital

En el evento de una emergencia, me pueden localizar en: _____
Casa, lugar de empleo, teléfono celular

Sí, mi niño(a) puede asistir a esta actividad patrocinada por la escuela y he repasado toda la información enumerada arriba.

Firma del padre/tutor

Fecha

NO, mi niño(a) NO puede asistir a esta actividad patrocinada por la escuela.

Firma del padre/tutor

Fecha

_____ (Inicial) SI ES APLICABLE, Yo seré responsable de alertar, e instruir, al maestro anotado arriba por escrito con respecto a cualesquiera necesidades de salud específicas de mi niño(a).

Información adicional:



**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: _____

Name: _____ Home Address: _____ Phone: _____ Date of Birth: _____ Age: _____ Gender: _____ Grade: _____ School: _____ Sport(s): _____ Personal Physician: _____ Hospital Preference: _____	In case of emergency contact: Name: _____ Relationship: _____ Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____ Name: _____ Relationship: _____ Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____
---	--

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): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection		
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):		
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 ≥ 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/

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

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.

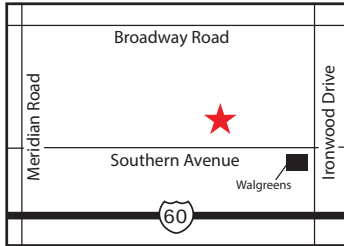
Signature of Student-Athlete

Signature of Parent/Guardian

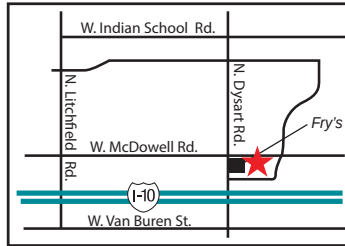
Date

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

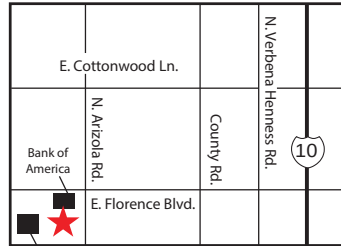
Date



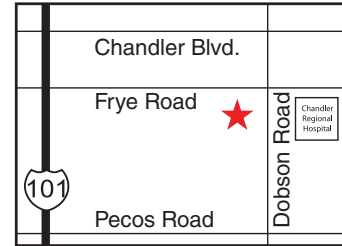
Apache Junction • 85120
 2080 West Southern Ave., Suite #A1



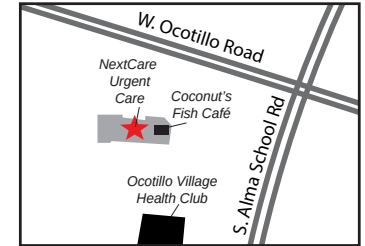
Avondale • 85392
 13075 W. McDowell Rd., Suite #D106



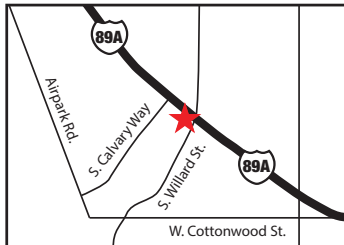
Casa Grande • 85122
 1683 E. Florence Blvd., Suite #7



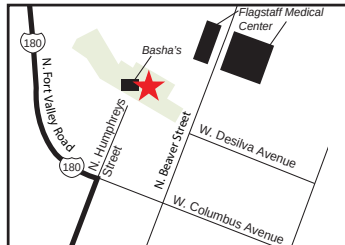
Chandler • 85224
 600 S. Dobson Road, Suite #C-26



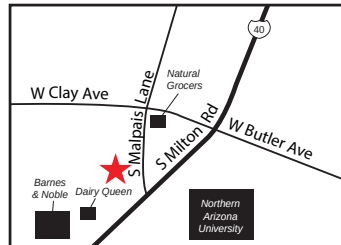
Chandler • 85248
 1155 W. Ocotillo Road, Suite #4



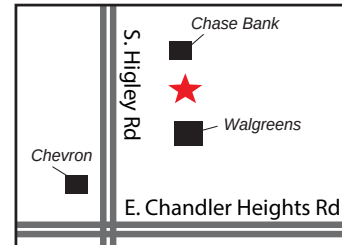
Cottonwood • 86326
 450 S. Willard Street, Suite #120



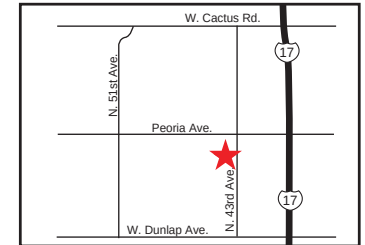
Flagstaff • 86001
 1000 N. Humphreys St., Suite #104



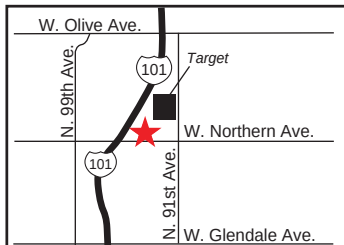
Flagstaff • 86001
 399 S. Malpais Lane, Suite #100



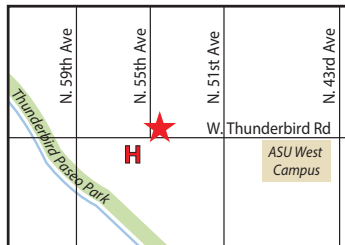
Gilbert • 85298
 6343 S. Higley Road



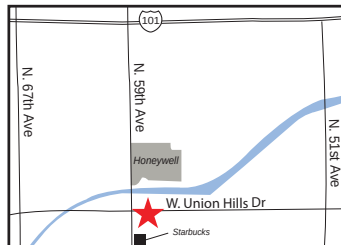
Glendale • 85302
 10240 N. 43rd Ave., Suite #3



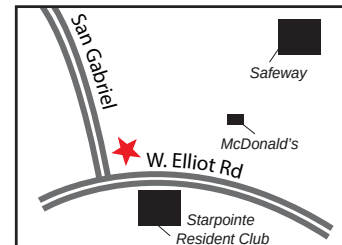
Glendale • 85305
 9494 W. Northern Ave., Suite #101



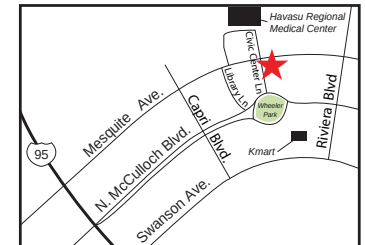
Glendale • 85306
 5410 W. Thunderbird Road, Suite #101



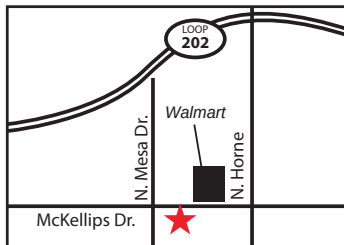
Glendale • 85308
 18589 N. 59th Ave., Suite #101



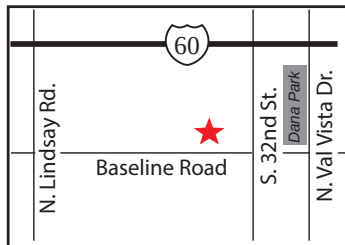
Goodyear • 85338
 17688 W. Elliot Road



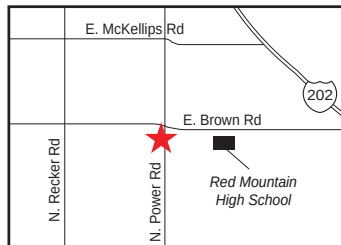
Lake Havasu City • 86403
 1810 Mesquite Ave., Suite B



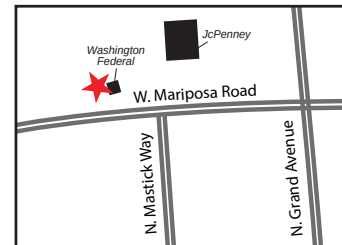
Mesa • 85203
 535 E. McKellips Road, Suite #101



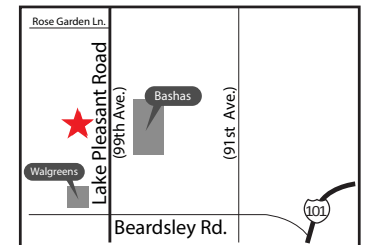
Mesa • 85204
 3130 E. Baseline Road, Suite #105



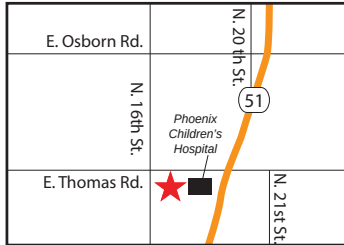
Mesa • 85205
 1066 N. Power Road, Suite #101



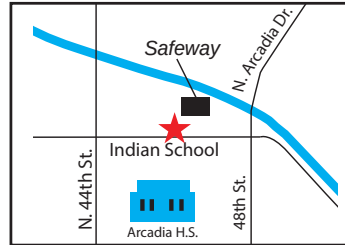
Nogales • 85621
 298 W. Mariposa Road



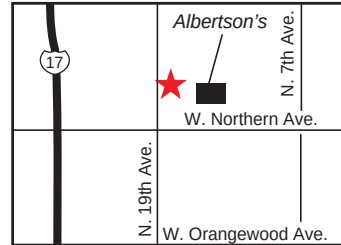
Peoria • 85382
 20470 N. Lake Pleasant Rd., Suite #102



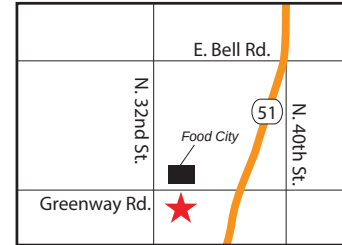
Phoenix • 85016
1701 E. Thomas Road, Suite #A104



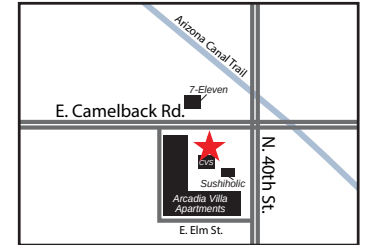
Phoenix • 85018
4730 E. Indian School Rd., Suite #211



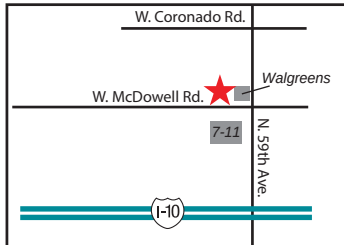
Phoenix • 85021
8101 N. 19th Ave., Suite #A



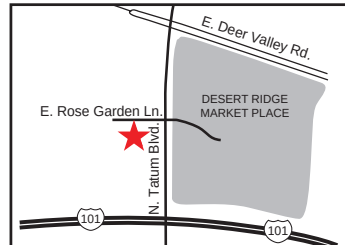
Phoenix • 85032
3229 E. Greenway Rd., Suite #102



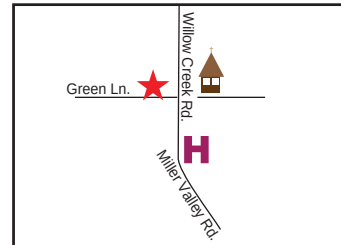
Phoenix • 85018
3931 E. Camelback Road



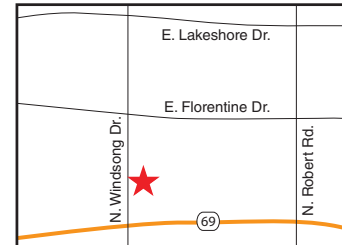
Phoenix • 85035
5920 W. McDowell Road



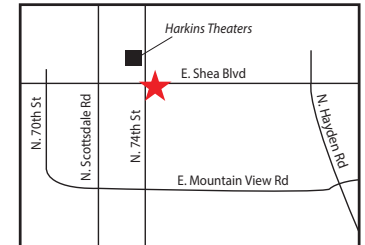
Phoenix • 85050
20950 N. Tatum Blvd., Suite #190



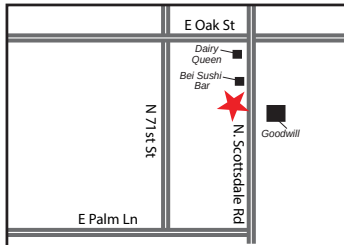
Prescott • 86301
2062 Willow Creek Road



Prescott Valley • 86314
3051 N. Windsong Drive



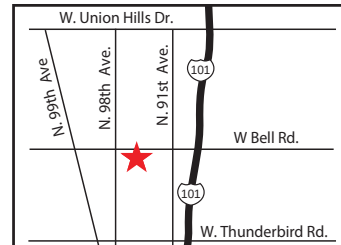
Scottsdale • 85260
7425 E. Shea Blvd., Suite #108



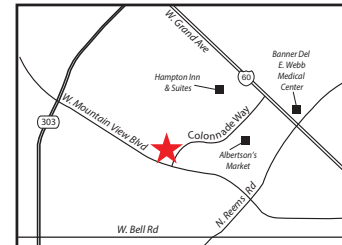
Scottsdale • 85257
2122 N. Scottsdale Road



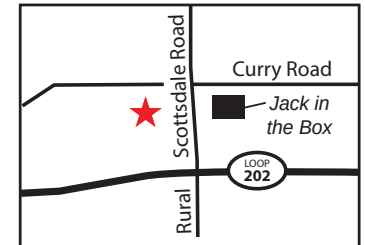
Sedona • 86336
2530 W. SR 89A, Suite #A



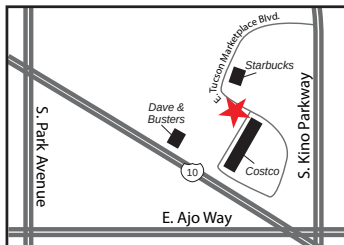
Sun City • 85351
9745 W. Bell Road, Suite #105



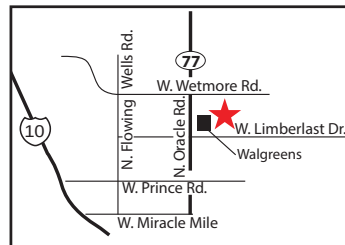
Surprise • 85374
14800 W. Mtn. View Blvd., Suite #100



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



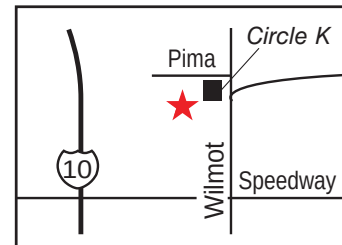
Tucson • 85713
1570 E. Tucson Marketplace Blvd.



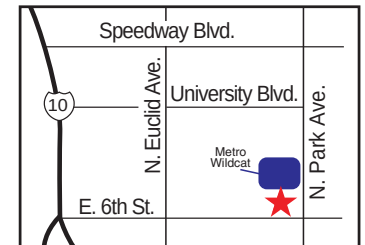
Tucson • 85705
4280 North Oracle Rd., Suite #100



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



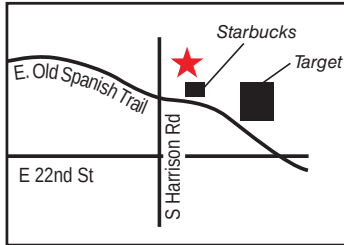
Tucson • 85712
6238 E. Pima Street



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

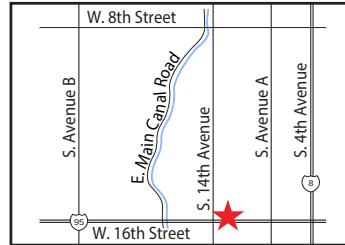


Visit website for additional locations & hours
NEXTCARE.COM • 1-888-705-8562



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 *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
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: _____