School Year:

Burton School District
SPORTS PHYSICAL EXAMINATION FORM

PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)

Last Name		First Name		Grade
Birthdate	Fall Sport	Winter Sport	Spring Sport	Student

PART 1 -- HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)

	Yes	No	Has this student had:
1.	☐	☐	Chronic or recurrent illness?
2.	☐	☐	Illness lasting over 1 week?
3.	☐	☐	Hospitalizations or Surgeries?
4.	☐	☐	Nervous, psychiatric, or neurologic condition?
5.	☐	☐	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?
6.	☐	☐	Allergies (medicines, insect bites, food)?
7.	☐	☐	Problems with heart or blood pressure?
8.	☐	☐	Chest pain or significant or severe shortness of breath during or after exercise?
9.	☐	☐	Dizziness or fainting with exercise?
10.	☐	☐	Fainting, bad headaches or convulsions?
11.	☐	☐	Potential concussion or loss of consciousness?
12.	☐	☐	Heat exhaustion, heatstroke, or other problems managing or responding to heat?
13.	☐	☐	Racing heartbeat, skipped or irregular heartbeats, or heart murmur?
14.	☐	☐	Seizures or seizure disorders?
15.	☐	☐	Severe or repeated instances of muscle cramps?
16.	☐	☐	Injuries requiring medical care or treatment?
17.	☐	☐	Neck or back pain or injury?
18.	☐	☐	Knee pain or injury?
19.	☐	☐	Shoulder or elbow pain or injury?
20.	☐	☐	Ankle pain or injury?
21.	☐	☐	Other joint pain or injury?
22.	☐	☐	Broken bones (fractures)?
	Yes	**No**	**Does this student presently:**
23.	☐	☐	Wear eyeglasses or contact lenses?
24.	☐	☐	Wear dental bridges, braces or plates?
25.	☐	☐	Take any medications? (List below):
	Yes	**No**	**Further History:**
26.	☐	☐	Birth defects (corrected or not)?
27.	☐	☐	Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
28.	☐	☐	Parent or grandparent requiring treatment for heart condition less than 50 years of age?
29.	☐	☐	Been seen by a physician on an emergency or urgent basis in the last 12-months?

Date of last known tetanus (lockjaw) shot:________________________ Date of last complete physical examination:____________________

Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):

PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be performed by District volunteers, I understand the evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider.

Print Name Of Parent Or Guardian	Signature Of Parent Or Guardian	
Address	Work Phone	Home Phone
Regular Physicians Name	Office Phone	Date

PART 2 – MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)

This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)

	NORMAL	ABNORMAL (Describe)	(May be contained on Provider's Form)
Eyes/Ears/Nose/Throat			Height: Weight:
Heart, lungs, pulmonary function			Pulse: After Ex:
Abdomen, genital/hernia (males)			BP:
Skin and Musculoskeletal:			**Recommendation:**
a. Neck/Spine/Shoulders/Back			☐ Unlimited participation
b. Arms/Hands/Fingers			☐ Limited participation/specific sports, events or activities
c. Hips/Thighs/Knees/Legs			☐ Clearance withheld pending further testing/evaluation
d. Feet/Ankles			☐ No athletic participation
Neurologic Screening Exam (NSE)/			
Concussion Screening Evaluation (only if needed based on above info.)			**One of the above MUST be checked.**

Comments:

PRINT NAME OF PHYSICIAN	PHYSICIAN'S SIGNATURE	DATE

Original to be held on file for a period of one (1) year after the end of the Academic Year (Ed. 12/1/11)

School Year:

BURTON SCHOOL DISTRICT

Athletic and Activity/Club Registration Form

My student wishes to participate in the following sports or activities

___ Cross Country	___ Soccer	___ Cheerleading
___ Baseball	___ Golf	___ Drill Team
___ Softball	___ Basketball	___ Wrestling
___ Flag Football	___ Volleyball	___ Band/Orchestra
		Other( )

All prospective participants must complete these materials, provide proof of medical insurance and have a parent/guardian signature authorizing their participation prior to participation in any activity or practice.

Student Name (Please Print) ____________ School ____________ Date of Birth ____________ Grade ____________

Address - Street ____________ Apt. ____________ City ____________ Zip ____________ Home Phone ____________

CALIFORNIA LAW

The California Education Code (Sections 32221-32224 and 49470-49474) requires that each member of an athletic team shall have insurance coverage for medical and hospital expenses in an amount of at least $1,500 while practicing for or participating in athletic activities under the jurisdiction of a public school district. "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. "Member of an athletic team" also includes members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally insured program. Information about these programs which include other comparable no-cost or low-cost local, state or federally sponsored health insurance programs, may be obtained by calling 1-800-234-1317 or the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

INSURANCE PROTECTION

Parents/Guardians must provide proof of insurance and complete and sign the following athletic waiver of insurance as evidence of other insurance coverage, or purchase Student Accident Insurance made available by the Burton School District before the student is eligible to participate in athletic events.

Option A ☐ **Personal Insurance** - I hereby declare that my student, ____________, has medical insurance in the amount of at least $1,500 administered by ____________ Insurance Co., Policy # ____________, which will provide coverage for medical and hospital expenses resulting from accidental bodily injury while practicing for or participating in athletic events. Therefore, I do not want my student to subscribe to membership in the insurance program made available through the school district for accidental bodily injury and hereby release the Governing Board and school officials of the Burton School District from any and all responsibility to provide the insurance required under California Education Code Section 32220-32224. I WILL NOTIFY THE SCHOOL OF ANY CHANGE OR LAPSE IN THE ABOVE COVERAGE.

☐ A copy of student's proof of medical insurance is attached.

____________ Date ____________

Signature of Parent/Guardian

Option B ☐ **I wish to participate in the Student Accident Plan made available by Burton School District.**

An insurance enrollment form should accompany this form, or you can obtain one online at the Student Insurance provider website.

1. Log on to www.peinsurance.com. Under "Products", click on "Students", then click the appropriate link for a Brochure in English or Spanish. **You may also sign up online and print proof of your coverage (attach to this document)** OR
2. Print Brochure, complete and bring to your coach or teacher to forward to the insurance company with your payment.

☐ A copy of student's proof of insurance is attached.

____________ Date ____________

Signature of Parent/Guardian

-Over-

SPORTS WARNING STATEMENT

Participating in competitive athletics may result in severe injury, including paralysis or death. Players can reduce the risk by reporting all physical problems to their coaches, following coaches' instructions regarding playing techniques, training and other team rules, etc., and agreeing to obey such instructions. Even if all these requirements are met, a serious accident may still occur.

PARENT PERMISSION

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE** and **HOLD HARMLESS** the Burton School District from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge of the Burton School District from all liability includes any defect or alleged negligence attributed to the Burton School District or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/ activity. (________________)**(to be initialed by the student and/or parent or guardian)**

I, __________________________, being the parent/legal guardian of ______________________________ (student), have read the above release. I understand and agree to its terms. I understand that all sports can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I am signing this document on my own behalf, as well as on behalf of my student athlete.

____ ____________________

Signature of Parent/Guardian Date