



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.**

I hereby give my consent for _____ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PHYSICIAN SIGNATURE REQUIRED ON BACK

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____
 HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____
 BP: _____
 *Tanner Stage or Maturation Index? (males only): _____ Pulse: *(rest) _____
 *Percent Body Fat _____ *(Exercise) _____
 *Audiogram _____ *(Recovery) _____
 *Vision: Corrected: (L) _____ (R) _____ (Both) _____ *FEV or Peak _____
 Uncorrected: (L) _____ (R) _____ (Both) _____ Flow (rest) _____
 *(Exercise) _____
 *(Recovery) _____

	N	Abnormal	N	Abnormal
Eyes			Cervical Spine/neck	
Ears			Back	
Nose			Shoulders	
Throat			Arm/elbow/wrist/hand	
Teeth			Knees/hips	
Skin			Ankle/feet	
Lymphatic			Marfan Screen	
Lungs			*Urine	
Heart			*Hemoglobin or HCT and or Iron stores	
Peripheral pulses			^Echocardiogram	
Abdomen			^Neurophysc Testing	
Genitalia/hermia (male only)			^Pelvic Examination	

***WHEN MEDICALLY INDICATED**
 (Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS
 (These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
 Cleared AFTER further evaluation or treatment for: _____
 Cleared for Limited participation (check and explain "reason" for all that apply): _____
 Not cleared for (specific sports): _____
 Cleared only for (specific sports): _____
 Reason(s): _____
 NOT CLEARED FOR PARTICIPATION: _____
 Reason(s): _____
 Other Recommendations: _____
 Recommend monitoring during early conditioning because of weight/fitness/other _____
 Recommend restrictions or monitoring of weight loss or gain _____
 Other: Reasons: _____

MD/DO, PA, NP, DE-SPC#, Signature: _____

Date of Examination: _____ Date Signed: _____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print): _____

Address: _____

City: _____ State: _____ Zip: _____

PART II -- MEDICAL HISTORY
 This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

	YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY	YES	NO
1. Has a doctor ever diagnosed or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma) that requires medical attention or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or non-prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, poisons, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	Date of last head injury or concussion:		
5. Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had an injury, like a sprain, muscle tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	Do you limit or carefully control what you eat or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you had a bone or joint injury that required X-rays, MRI, CT, surgery, injections, chemotherapy, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
23. Have you ever had an x-ray of your neck for athletic-related instability? OR have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
24. Do you regularly use a brace or cast on any bones?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
25. Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
27. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
28. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
30. Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		
31. Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>	What is the date of your last Tetanus immunization? Date: _____		

Parent/Guardian Signature: _____

Athlete's Signature: _____

**MONTROSE SCHOOL DISTRICT RE-1J
ATHLETIC / ACTIVITIES
TRAINING CODE**

Name: _____
Sport: _____
Grade: _____
Parents' Name: _____
Phone Number: _____

Message from the Board of Education

The Board of Education of Montrose County School District RE-IJ recognizes the great benefit to the District and its students, as well as to the community, of a comprehensive and vigorous athletic/activities program firmly focused upon the welfare of its participants. The short term and long term health and life experience advantages to athletic participants are well known.

To that end, the Board wishes to make it clearly and widely known that full compliance with the adopted Athletic/Activities Training Code and Procedures Handbook is expected of all participants, their parents and guardians, and their coaches/sponsors. These rules and procedures have been established to insure that interscholastic participants in the Montrose County School District RE-IJ will be conducted primarily for the benefit of the students, that participation will be a worthwhile and healthy learning experience, and that individuals and teams will be well and fairly coached/sponsored. The Board considers the importance of individual and team win-loss records to be secondary to these objectives.

Furthermore, the Board takes very seriously its responsibility to the District's students and coaches/sponsors to insure that all policies, procedures and rules will be enforced fairly and uniformly. To that end, it holds the school district and building administrators, the coaches/sponsors, the students and the student's parents and guardians individually and collectively accountable for observing and enforcing those policies, procedures and rules. In return, it pledges, without reservation, to firmly support any and all reasonable efforts by school district personnel, students and parents and guardians to enforce those policies, procedures and rules.

Montrose School District RE-IJ Athletic/Activities Training Code

Philosophy

The athletic/activities code is built and can work only within each individual participant's sense of integrity and honesty, the unwavering support of parents in helping the participant to hold firmly to the code, and the consistency of coaches/sponsors and administrators in dealing with violations.

- This code should be viewed, first and foremost, as a promise to oneself. Further, it is a promise to one's teammates, parents and coaches/sponsors to abstain from all illegal activities, and to maintain a standard of excellence in academics and citizenship.

Students who choose to participate in athletics/activities also assume the responsibility of representing our schools and keeping their commitment to follow the athletic/activity code.

- Students, in order to participate to the best of their ability, must be physically fit.
- Students must maintain academic standards to establish their privilege to participate.
- Students in extra-curricular activities are "looked up to" and receive public recognition. They have the responsibility of maintaining acceptable behavior standards in school and in the community.

Coaches/Sponsors will follow the athletic/activities policy handbook as established by the District. Violations of these policies will not be taken on hearsay or rumor; however, an investigation will be initiated by the head coach and/or athletic director when reliable information comes to their attention. A valid case for action would include eye-witness testimony, law enforcement records or an admission of guilt.

The Athletic/Activities Training Code shall be in force from the beginning of the participant's first sport season through the last official day of the participant's academic career. (7-8, 9-12) Violations shall be cumulative during that period. A Montrose County School District RE-IJ Athletic/Activities Training Code Contract must be signed by the student and his/her parent or guardian before the student will be considered a member of a team.

Citizenship Violations:

Any flagrant disregard of appropriate behavior that is counter to established school policies and/or governmental law will be considered a citizenship violation and will be dealt with accordingly. The appropriate school administrator of the student violator's school will take appropriate disciplinary action, ranging from school sanctions to temporary or permanent suspension from participation.

Violations: Substance Abuse.

- The use or possession of tobacco in any form
- The use or possession of alcohol
- The use or possession of illegal drugs or misuse of any form of legal drug or medication
- The use or possession of e-cigarettes and /or vapor pen products

Penalties:

The above behaviors or activities will be considered a violation of the Athletic/Activities Training Code and will result in disciplinary action as follows:

First Offense: The participant will be suspended immediately from the current sport season for a minimum of twenty percent (20%) of the allowable contests as established by the Colorado High School Activities Association (including playoffs) or according to the carry-over rule. If the participant is not currently involved in an activity; he/she will be suspended for twenty percent (20%) of the next season in which he/she is a bona fide team member.

Participants that successfully complete drug and/or alcohol counseling or education may have first offense penalties waved or reduced.

Second Offense: The participant will be suspended immediately from the current sport season for a minimum of thirty percent (30%) of the allowable contests as established by the Colorado High School Activities Association (including playoffs) or according to the carry-over rule. If the participant is not currently involved in an activity, he/she will be suspended for thirty percent (30%) of the next season in which he/she is a bona fide team member. If the participant has not served any of the first violation suspension, then the participant will be suspended for fifty percent (50%) of the allowable contests of the next season in which he/she is a bona fide team member.

Third Offense: The participant will be suspended immediately from the current sport season for the remainder of that season and from fifty percent (50%) of the allowable contests from the next sports season in which he/she is a bona fide team member. If a participant has not served any of the first violation suspension or the second violation suspension, then the participant will be suspended from the entire next season in which he/she is a bona fide team member and for fifty percent (50%) of the allowable contests for the next season in which he/she is a bona fide team member.

Fourth Offense: The participant will be suspended for one calendar year from participation in all athletic activities. Upon completion of the calendar year, a student/athlete may file for reinstatement of his/her eligibility with the building administrative team. The building administrative team retains the right to deny this request for reinstatement, to approve the reinstatement with stipulations, or to approve reinstatement without stipulations.

*Stipulations must be agreed upon prior to reinstatement

*Stipulations must be adhered to by the athlete or eligibility will be revoked immediately

SELF-REPORTING OF A TRAINING CODE VIOLATION: If a student self reports a violation of the training code to a coach or school official in a timely manner, (to be determined by school administration) the student may elect to meet with an infraction committee (comprised of school administration and available coaching staff) in lieu of an automatic 20% suspension of activities. The committee may determine that the suspension of activities is not warranted for the infraction and may assign consequences that are more restorative in nature or may reduce the suspension to no less than 10% of total games played in that season, to include playoffs if the number of games has not been satisfied in the regular season."

THE SELF REPORTING OPTION ONLY APPLIES TO 1ST OFFENCES; ALL OTHER INFRACTIONS WILL FOLLOW THE ESTABLISHED PROTOCOL.

CARRY OVER RULE: A suspension will be carried over and enforced, on a percentage basis unless otherwise stipulated, into the athlete's next sport season if the suspension has not been completed. (The next sport season being the next sport the athlete participates in and is a bona fide team member as determined by the building administrator.)

BONA FIDE - School administrators will determine if a student/athlete qualifies as a bona fide team member. i.e. incurring training code violations and going out for a sport one would not normally participate in order to serve suspension time.

Incidents that warrant education on anger management, drug, alcohol, and/or tobacco use must be completed before returning from the first, second and third offenses and must be approved by a school administrator.

Due Process

- A thorough investigation of a suspected violation will be conducted before action is taken.
- The school building administrator will arrange for a conference with the head coach/sponsor and the student and will notify the student's parents or guardian of that conference. (NOTE: If the conference with the student is to be one involving questioning of the student, the student has the right to have an adult present.)
- The administrator will determine if a violation has occurred, and if so, will take the indicated disciplinary action.
- After a decision has been reached, the parents or guardian, the student, the coach/sponsor and the central office will be informed of the decision, in writing. The parent or guardian, or the student may appeal the school level decision to the principal, if the principal has not been involved in the original action.
- An appeal may be made to the superintendent of schools and if the disagreement is not resolved by the superintendent, an appeal can be directed to the School Board in executive session.
- At the beginning of each athletic/activities session, schools are required to provide information to students about the Training Code, and each participant and his/her parent/guardian must have signed the code. Coaches/Sponsors must conduct the meetings with participants so that all will understand the Training Code.

WARNING

By their very nature, competitive athletic/activities can put students in situations where SERIOUS, CATASTROPHIC, and perhaps FATAL ACCIDENTS may occur.

ATHLETIC/ACTIVITY TRAINING CODE CONTRACT

I have read the Montrose County School District RE-IJ Training Code and the Montrose School District Athletic/Activities Procedures Handbook. I understand that I will be governed by these training rules as a participant in all District Athletic/Activities. I have reviewed the training rules and my signature acknowledges an understanding of the rules and the consequences of a violation.

Student Signature

Date

I have read the Montrose County School District RE-IJ Training Code and the Montrose School District Athletic/Activities Procedures Handbook. I understand that my son/daughter will be governed by these training rules and my signature acknowledges an understanding of the rules and the consequences of a violation.

Parent's/Guardian's Signature

Montrose County School District RE-1J
126 South 5th Street
PO Box 100000
Montrose, CO 81402-9701
(970) 249-7726 – phone
(970) 249-7173 – fax
www.mcsd.org



MONTROSE COUNTY SCHOOL DISTRICT RE-1J INSURANCE FORM

CHSAA and the Montrose County School District RE-1J suggest any student who participates in activities/athletics in the State of Colorado to be covered by insurance.

The undersigned student and parent(s)/guardian(s) understand that the District does not purchase or have any medical, dental, or hospitalization insurance to cover injuries to or loss of life of students or to indemnify parents or guardians for expenses in connection therewith, and that such insurance, must be purchased by the student or parents/guardians.

If the undersigned student has medical, dental, and/or hospitalization insurance, please provide the following information:

PROVIDER _____

POLICY/GROUP NO.L _____

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN _____ DATE _____

I, the undersigned parent/guardian hereby exempt and release the School District, its employees, and authorized volunteers from all claims arising from the student's participation in athletics/activities unless caused by actions for which the School District would otherwise be liable under Colorado law.

DATE _____ PARENT/GUARDIAN _____



Student: _____ Date of Birth: _____

Permission is hereby granted to the attending physicians and hospital to proceed with any medical or minor surgical treatment, e-ray examinations, and immunizations for the above named student. In the event of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by that attending physician or hospital to communicate with me. In the event they are not able to reach me, the treatment necessary for the best interest of the above named student may be given.

Ambulance personnel are requested to transport my child to an appropriate hospital or emergency care facility if such action is deemed necessary by his or her school official.

Signature of Parent or Guardian

Date

Phone numbers where parents can be reached:

Home: _____ Office: _____ Other: _____

Family Physician _____ Phone _____