

ALBUQUERQUE PUBLIC SCHOOLS

STUDENT'S NAME \_\_\_\_\_ (Print)  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
ID# \_\_\_\_\_ Sport(s): \_\_\_\_\_

ATHLETIC PARTICIPATION REQUIREMENTS: INSURANCE, CONSENT,  
ACKNOWLEDGMENT, PHYSICAL EXAM

TO: Parent(s)/Guardian(s) and Student-Athlete Participating in Athletics  
PLEASE READ THE FOLLOWING STATEMENTS CONCERNING PARTICIPATING IN  
ALBUQUERQUE PUBLIC SCHOOLS (APS) INTERSCHOLASTIC ATHLETICS AND RESPOND  
WITH YOUR SIGNATURE (S).

Consent To Participate:

Consent is hereby given for the named student to engage in interscholastic athletics as approved by APS and represent ELDORADO HIGH SCHOOL as a member of an interscholastic activity . It is agreed that financial responsibility for securing care of athletic injuries is a matter between the parent(s)/guardian(s) and the health care provider. APS cannot pay health care providers for treatment of any students. It is further agreed that the parent(s)/guardian(s) and student will assume the legal responsibilities for the personal safety and action of the above named student while traveling to and from practices and games when transportation is not provided by APS. When Transportation is provided by APS, policy requires students to travel to and from on that bus. Any exceptions must be arranged with the school prior to departure and in accordance with the athletic travel policy.

Acknowledgement of Injury Risk

We the parent(s)/guardian(s) and the student-athlete are aware that preparation for and participation in interscholastic athletics involves many risk of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity.

Personal Medical Notification

For my own protection, I, the student-athlete, agree to inform the athletic trainer/coach at my school and/or all health care providers, BEFORE receiving therapy or treatment of any kind, if I am taking any drugs, medication, supplement, or using any ointment, liniments, balms, or have an implant in my body. We parent(s)/guardian(s) and student-athletes understand and acknowledge that any combination of the above and certain therapy may cause serious medical problems to the student athlete. If the student is under the care of a licensed health care professional, a written course of treatment must be on file with the school.

Notification of Injuries

In order to protect the student/athlete at all times, APS athletic trainers will share information concerning the care, disposition, and treatment, of athletic injuries only with the treating physician, team physician, athletic trainer, and coaches on a need to know basis only for the time that the student is in high school. Any information released to third parties will be done only with permission of the parents and students.

Physical Examinations

Physical exams are required by NMAA 4.16 for all athletic, cheer, and drill participants. The physical must be dated April 1st or after to be valid for the following school year.

Substance Abuse: The APS Student Behavior Handbook addresses this issue for all Students. The Substance Abuse and Tobacco Policy must be signed by all Participants and Parents.

**Authorization for Health Care Services**

I/We hereby designate the team coach or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention, surgery, and any other health care services as may be recommended in an emergency because of illness or injuries while preparing for or participating in interscholastic athletics. I/We hereby assume all financial responsibility for all health care services provided.

**Accidental/Health Insurance**

Accidental/Health Insurance is a requirement, prior to tryout, practice, or participation in interscholastic athletics. Insurance can be purchased from a private carrier or from a carrier contracted through APS at a nominal rate. Please contact your school for the application. APS does not cover athletic injuries.

Please check and complete everyone that applies:

\_\_\_\_ APS Health/Accidental Insurance carrier:

We have applied for accidental/health insurance at \_\_\_\_\_ School

\_\_\_\_ Private Health/Accident Insurance Carrier \_\_\_\_\_

(Name of company)

**Emergency Contact Information:**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Athlete's Date of Birth

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Parent Work Phone #

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Parent Work Phone #

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

Medication(s) Student is taking \_\_\_\_\_

Known Allergies to Medication or Foods: \_\_\_\_\_

Known Medical Problems \_\_\_\_\_

**We the parent(s)/guardian(s) and the student-athlete have completely read, fully understand and voluntarily accept and agree with all of the above terms and conditions (pages 1 & 2). We also verify all the information provided is correct.**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Relationship (Print)

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

(An **original** copy of this page should be in the possession of the coach at all home contests and on away trips.)

## Pre-participation Medical History Evaluation

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 City/State \_\_\_\_\_ School \_\_\_\_\_  
 of Birth: \_\_\_\_\_ Last Year: \_\_\_\_\_  
 Permanent \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Zip: \_\_\_\_\_ Number \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_  
 Dentist Name \_\_\_\_\_ Dentist Phone # \_\_\_\_\_

**Explain all "Yes" answers on page 4**

	Yes	No
1. Are you under a physician's care for any reason now? .....	_____	_____
Have you ever been hospitalized? .....	_____	_____
Have you ever had surgery (i.e. tonsillectomy, arthroscopy, etc.)?	_____	_____
Are you missing any organs? .....	_____	_____
2. Are you presently taking any medications or pills? .....	_____	_____
3. Do you have any allergies (hay fever, hives, eczema		
medicines, stinging insects, etc.) .....	_____	_____
4. Do you have asthma or do you have trouble breathing or cough		
during or after activity? .....	_____	_____
5. Have you ever passed out during or after exercise? .....	_____	_____
Have you ever been dizzy during or after exercise? .....	_____	_____
Have you ever had chest pain during or after exercise? .....	_____	_____
Do you tire more quickly than your friends during exercise? ....	_____	_____
Have you ever had high blood pressure? .....	_____	_____
Have you ever been told that you have a heart murmur? .....	_____	_____
Have you ever had racing of you heart or skipped beats? .....	_____	_____
Has anyone in your family experiences or died of		
heart problems before age 50? .....	_____	_____
6. Do you have, or have you had in the last six months, skin rashes?	_____	_____
7. Have you had a head injury? .....	_____	_____
Have you ever been knocked out unconscious? .....	_____	_____
Have you ever had a memory loss from any cause? .....	_____	_____
Have you ever had a seizure? .....	_____	_____
Have you ever had a stinger or burner or pinched nerve in the neck?	_____	_____
8. Have you ever had heat cramps or muscle cramps? .....	_____	_____
Have you ever been dizzy or passed out in the heat? .....	_____	_____
9. Do you use any special equipment (pads, braces, neck rolls.		
mouth guard, eye guards etc)? .....	_____	_____
10. Have you had any problems with eyes or vision? .....	_____	_____
Do you wear glasses or contacts or protective eyewear? ...	_____	_____

11. Do you wear any dental appliances (braces, false teeth)? .....    \_\_\_    \_\_\_
12. Do you have any ear drum tubes or a perforated eardrum? .....    \_\_\_    \_\_\_
13. Have you ever missed practice for three (3) or more days? .....    \_\_\_    \_\_\_
14. Have you had any medical problems  
(ie. Infectious mononucleosis, diabetes, etc)? .....    \_\_\_    \_\_\_
15. Have you had any medical problems or injury since your last  
physical evaluation? .....    \_\_\_    \_\_\_
16. Have you ever been told not to participate in any sport? .....    \_\_\_    \_\_\_  
If yes, which sport and when? \_\_\_\_\_
17. When was your last tetanus (Td) shot? \_\_\_\_\_(month) \_\_\_\_\_(year)
18. When was your last measles (MMR) immunization? \_\_\_\_\_(month) \_\_\_\_\_(year)
19. Check any of the following you have sprained/strained, dislocated, broken or had  
repeated swelling of:
- |             |               |             |            |                 |
|-------------|---------------|-------------|------------|-----------------|
| _____ Hand  | _____ Neck    | _____ Chest | _____ Back | _____ Shoulder  |
| _____ Elbow | _____ Forearm | _____ Wrist | _____ Hand | _____ Hip       |
| _____ Thigh | _____ Knee    | _____ Ankle | _____ Foot | _____ Shin/Calf |

**Question #20 for females only**

20. When was your first menstrual period? .....: \_\_\_\_\_
- When was your last menstrual period? .....: \_\_\_\_\_
- What was the longest time between periods last year? .....: \_\_\_\_\_

**Maturity Statement for Contact Sports**

As a parent you should understand that statistics indicate that there may be increase in the number of injuries in contact sports in those students who are not comparable maturity level as other participants. If you fell that your son/daughter might be subject to potential injury because of his/her stage of development, please discuss this with him/her and your doctor.

\*Explain all "YES" answers from medical history here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby state that, to the best of my knowledge, the answers to my medical history are correct.**

\_\_\_\_\_  
**Students/Athlete Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Sports Pre-participation Medical Evaluation

(This is not a substitute for regular visits to your personal physician)

Name _____	Age _____	Height _____	Weight _____
Blood Pressure _____ / _____	Pulse _____		
<b>Visual Acuity</b>		<b>Musculoskeletal Examination</b>	
<input type="checkbox"/> With correction <input type="checkbox"/> Without correction Left 20/____ Right 20/____ With contact lenses _____ yes _____ no		(Screening examination only)	
<b>General Appearances:</b>		General Posture/Gait <input type="checkbox"/> Neck & Spine <input type="checkbox"/> Shoulders <input type="checkbox"/> Elbow, Wrist, Hand <input type="checkbox"/> Hips <input type="checkbox"/> Knees <input type="checkbox"/> Ankles/Feet <input type="checkbox"/>	
Pupils : L <input type="checkbox"/> Greater than <input type="checkbox"/> Equal to <input type="checkbox"/> less than R Eyes E.O.M: _____ Ear/Nose/Throat: _____ Lymph Nodes: _____ Cardiac: _____ Chest: _____ Abdomen: _____ Genitals: _____ <input type="checkbox"/> not examined Skin: _____ Maturity Assessment –Tanner Stage _____ Other/Remarks: _____		Key: Normal: ✓ Abnormal: * Ligament Laxity (0, 1, 2, 3) If Abnormal, explain below: _____ _____ _____ _____	

### DETAILED EXAMINATION FOR SELECTED AREAS

(Do this section only if there is an abnormality on the musculoskeletal screening exam above, e.g., if there is an abnormality on the screening exam of the knee only. You do not have to do all the parts of this exam section; you only have to do it when indicated. In this section range of motion and strength should be evaluated.)

<b>Neck</b>					<b>Knee</b>		
Flexion/Extension _____					Flexion/Extension	R	L
Rotation Left/Right _____					Quadriceps Tone/Symmetry	_____	_____
Lateral Flexion Left/Right _____					<b>Patella</b>		
Axial Compression _____					Patella Tendon	_____	_____
					Tracking/Subluxation	_____	_____
<b>Shoulder</b>	R	L			Tibial Tubercle	_____	_____
Flexion/Extension	_____	_____			Medical Collateral Ligament	_____	_____
Abduction/adduction	_____	_____			Lateral Collateral Ligament	_____	_____
Internal/External Rotation	_____	_____			Anterior Cruciate Ligament	_____	_____
Impingement Signs	_____	_____			Posterior Cruciate Ligament	_____	_____
Instability Testing	_____	_____			Menisci	_____	_____
<b>Lower Extremity</b>					<b>Ankle</b>	R	L
Flexibility/Biomechanics	R	L			Plantar Flexion	_____	_____
Groin/Hip Flexors	_____	_____			Dorsiflexion	_____	_____
Hamstring	_____	_____			Inversion	_____	_____
Quadriceps	_____	_____			Eversion	_____	_____
Calf/heel Cords	_____	_____			Ligaments Stress Tests	_____	_____
Leg Lengths	_____	_____			Anterior Drawer	_____	_____
Q Angle	_____	_____			Inversion/Talar Tilt	_____	_____
					<b>Foot</b>	_____	_____

**Maturity Statement for Contact Sports**

Statistics indicates that there may be an increase in the number of injuries in contact sports in those students who are not of comparable maturity level as other participants. If you think this student might be subject to potential injury because of his/her stage of development, please discuss this with him/her and/or the parent/guardian.

**Sports Certification Statement**

**I hereby state that I have reviewed the medical history and I certify that I have examined this student and that on the basis of the examination by the school authorities and the student's medical history as furnished to me. It is permissible for the student-athlete to participate as indicated below.**

- Cleared for all classifications
  - Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- 

**Not cleared for;**

- Contact/Collision (Football, Soccer, Wrestling)
- Limited Contact (Baseball/Softball, Basketball, Cheerleading, Diving, High Jump, Pole Vault, Volleyball)

**Non Contact**

- Strenuous (Drill Team, Discus, Javelin, Shot put, Running, Swimming, Tennis, Weight Lifting)
- Non Strenuous (Golf)

\_\_\_\_\_  
**Signature: Licensed Health Care Provider**

\_\_\_\_\_  
**Date of Examination**

Circle

Degree: M.D. D.O. PAC CNP DC

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

Reference material from the "American Academy of Pediatrics Committee on Sports Medicine". Pediatrics Vol. 81, p 738, copyright 1988

For a copy of suggested guidelines of participation with injured or missing organs contact Albuquerque Public Schools Athletic Office

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