

DOUGLAS COUNTY SCHOOL SYSTEM ~ RELEASE / EMERGENCY MEDICAL FORM  
PLEASE READ CAREFULLY

EMERGENCY MEDICAL AUTHORIZATION

Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

WHOM CAN WE CONTACT IF NO PARENT/GUARDIAN CAN BE REACHED TO ASSUME RESPONSIBILITY FOR THIS STUDENT?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Activities Agreement**

To insure the proper atmosphere for interscholastic competition, the participant and his/her parents or guardians must understand and cooperate in helping establish that atmosphere by adhering to all school rules and regulations. When a violation of school rules occurs proper steps will be taken. A participant may be suspended from participating in interscholastic activities or from a team for violating any of the following standards: (1) falsification of physician's signature, parent or guardian's signature, any information pertaining to school enrollment, school records, or interscholastic activity forms; (2) use of, possession of, or distribution of alcohol or tobacco; misuse of non-prescription drugs, or of controlled substances; (3) theft or destruction to property of any school or individual; (4) repeated acts of unsportsmanlike conduct; (5) failure to follow rules as set for individual activities by coaches.

A student must have his/her parent's or guardian's signed permission to participate. All athletic participation requires a physical examination with the doctor's permission to participate. The participant is required to abide by the rules and regulations of the State Board of Education, the Douglas County Board of Education, and the Georgia High School Association.

**Informed Consent**

We realize that such activities involve the potential for injury to our son or daughter which is inherent in all activities. We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries to our son/daughter are still a possibility. We recognize that on rare occasions these injuries to our son/daughter can be so severe as to result in total disability, paralysis or even death.

**Drug Testing Consent (High School Only)**

We understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Douglas County School System. We further understand that refusal to take the test, failure to report for the test, or if the test establishes a violation of the drug testing policy, our son/daughter will be subject to consequences as set forth by the drug testing policy (JCDAB-R (1)).

**General Release**

It is anticipated that my son/daughter, while a participant in interscholastic activities in the Douglas County School System, will travel to many activities off campus. Transportation for my child to these off campus activities may be school buses, private vehicles, or alternate transportation operated by employees or agents of the School System. In consideration of their performing this valuable service for me and my child, I hereby release and discharge any and all claims and causes of action of any kind or nature which may arise out of my child's travel while at school both for myself and my minor child. It is the express intent of this release to forever hold the Douglas County School System, its agents and employees, harmless for any injuries which may occur to my child as a result of travel while he or she is in the custody of the School System.

**Insurance Waiver**

I fully understand that the Douglas County School System does not provide any insurance and it is my responsibility to provide insurance coverage for my son/daughter. The Douglas County School System will not assume liability for injuries incurred by my son/daughter during participation in or practice of any interscholastic activity.

A parent/guardian may elect to enroll the participant in a supplemental school insurance program which is authorized by the Douglas County School System. If you choose to purchase coverage through this plan, contact the school principal or head coach for additional information.

**Authorization:**

In case of an emergency or accident during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I authorize the school to take such emergency actions as may be deemed necessary, including the transportation of the student to a hospital or medical center and authorizing medical treatment. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise. I assume the responsibility for any medical expenses incurred during this emergency. The coach, school, or the Douglas County School System will not be held responsible for any medical expenses.

**Permission to Participate:**

I have carefully read and understand each of the above section and will comply with these policies or statement. Permission is granted to my son/daughter to practice and complete in interscholastic activities.

Parent/ Guardian Signature	Date: ____ / ____ / ____	Student Signature	Date: ____ / ____ / ____
	Mo. Day Year		Mo. Day Year

DOUGLAS COUNTY SCHOOL SYSTEM
CODE OF CONDUCT CONTRACT/VIOLATIONS/CONSEQUENCES
FOR ATHLETIC PARTICIPATION

Participation in athletic activities is a privilege in schools and not a property right. It is understood by all students, parents, and coaches that the top priority is academic progress. Everyone involved in these activities will make every effort not to interfere with that ultimate goal. The purpose of the Code of Conduct is to establish a minimum standard of behavior. Therefore, coaches may establish rules and consequences that are more severe than the stated code. Team rules must be in writing and approved by the administration of each school.

CODE OF CONDUCT VIOLATIONS/CONSEQUENCES

- A. VIOLATION-CONSEQUENCES- Assigned to Alternative School/Long Term suspension
Dismissed from Athletics for one calendar year with the right to appeal to the local school review committee upon return to school.
B. VIOLATION-CONSEQUENCES Arrest for Felony: (Regardless of location or time of the alleged act; in- or out-of- school.)
1. The student will be immediately suspended from all participation until the investigation is completed.
2. Upon conviction the student will be suspended for a minimum of one calendar year.

For Violations C, D, E, and F, a school administrator must have valid evidence and/or written admission to the violation by the student/athlete. If this offense occurs on school property, the student will be subject to the actions of the Douglas County School System Discipline Code.

- C. VIOLATION-CONSEQUENCES- Alcohol/Drugs or any Misdemeanor (Non-Felony) - (off/on Campus) (in/out of season)
The coach will meet with the student and parents.
1st Offense- four (4) week suspension from any athletic activity. (20 school days)
\* If not in season, it will be the next sport the student participates in after making the team.
2nd Offense- one (1) year suspension from all athletic activities with the right to appeal to the local review committee.
D. VIOLATION-CONSEQUENCES- Tobacco (any type)-In season
1st Offense- Minimum of one (1) game suspension.
2nd Offense- Dismissed from the team but allowed to try out for subsequent athletic activities after that sport has completed its season.
3rd Offense- One (1) year suspension fro all athletic activities with the right to appeal to the local school review committee.
E. VIOLATION-CONSEQUENCES- Violations of High School rules will result in: (In season)\*
Student/Athletes may resume participation when:
(1) All assignments are completed and released from ISS and/or
(2) The student returns to school on the next school day upon completion of Out-of-School Suspension
1st Offense- ISS/Out-of-School Suspension (Short Term)
Minimum of one (1) game suspension.
2nd Offense- Minimum of two (2) game suspensions.
3rd Offense- Dismissed from team but allowed to try out for subsequent athletic activities after that sport has completed its season.
4th Offense- One (1) year suspension from all athletic activities with the right to appeal to the local school review committee.
F. VIOLATION-CONSEQUENCES- Middle School-Violations of Douglas County school rules will be dealt with according to Policy JDD-R/JDE-R
During the time students are assigned to In-School Suspension or suspended out-of-school they will not be allowed to participate in extra-curricular activities or assemblies.

NOTE: The review committee should be made up of: a) Douglas County Director of Athletics, b) Douglas County Director of General Administration, c) Douglas County Director of High or Middle School.

APPEAL PROCEDURE: Any student wishing to appeal an athletic suspension must submit in writing to the County Athletic Director the reason(s) why their rule infraction(s) should not be disciplined as outlined. This request will then be forwarded to the members of the review committee for their consideration. Parents will be given a written statement on the decision of the committee.

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_



# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ ( / )	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>†</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>‡</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>†</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>‡</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction  
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature of physician \_\_\_\_\_, MD or DO

### EMERGENCY INFORMATION

Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	<b>Yes</b>	<b>No</b>
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_