

Please Give This Your Prompt Attention!!!

Important/Urgent/Please Read Carefully

STATE OF SOUTH CAROLINA >

ACKNOWLEDGEMENT OF MEDICAL SERVICES WITHOUT COMPENSATION

COUNTY OF COLLETON >

The undersigned is a patient who received medical services voluntarily and without compensation, expectation or promise thereof. Dr. John G. Creel a physician rendered these services. The facility that these medical services were rendered is Colleton County High School. The physician has made this acknowledgement or agreement before the rendering of the medical services. I understand that this is simply a screening evaluation and not a substitute for regular health care.

Date

Parent or Guardian's Signature

CERTIFICATE OF PHYSICIAN

The undersigned physician certifies that he has rendered medical services voluntarily and without compensation, expectation or promise thereof to the above name individual. The agreement to provide voluntary non-compensated service to the above named individual was made and executed before the rendering of the medical services by the undersigned physician.

Date

Physician's Signature

****THIS FORM IS TO BE COMPLETED ONLY IN THE EVENT THAT YOUR CHILD IS HAVING A PHYSICAL DONE FREE OF CHARGE IN ORDER TO PARTICIPATE IN A SCHOOL SPORT.**

Athletic Insurance Coverage

In order to participate on an athletic team you must show proof of your own accident/injury insurance coverage. Please bring a copy of the athlete's insurance card when they report for physicals so we can make a copy for our files. Medicaid/Medicare cards are acceptable proof of insurance coverage. Please bring your card for us to make a copy for our files.

Those who do not have coverage or would like to have additional coverage may purchase the voluntary coverage plans offered through our school districts provider of student insurance coverage. K&K Insurance Group is the insurance carrier. A brochure on their policy items can be picked up from the athletic office. You may take out a policy with this company on-line. Should you elect to take out a policy through them, please bring documentation when your child reports for physicals? If you elect this coverage, please bring the completed application with check or money order to the athletic office for us to copy and put in the mail for you

Please be aware that on medical expenses exceeding \$25,000.00 all athletes are covered under a blanket catastrophic plan provided by athletics. This plan will pay 100% of medical expenses over \$25,000.00. **Please note: There is a football coverage policy. Purchasing football insurance coverage insures you for football only – no other sports are included. You can purchase combo coverage.**

I have read and understand the above information for insurance coverage. I understand that Colleton County High School, CCHS Athletics, or Colleton County School District will not be responsible for payment of any medical expenses incurred by my child and will be the responsibility of my insurance carrier and myself. I understand that I am responsible for seeing that any proof of medical insurance coverage I provide to CCHS is current, applicable and remains active throughout his participation I also understand that if there is termination of my child's personnel coverage from that I must immediately notify the Athletic Department and my child's participation must cease until a personal coverage plan can be arranged and documentation of coverage can be provided to the Athletic Department.

Signature of Parent/Guardian

Date

(Print Name of Signatures above)

- **If you have any questions or concerns regarding this matter, please feel free to contact the Athletic Office at 843-782-0035.**

Sportsmanship Pledge

Young people need to know that integrity, fairness and respect are lifetime values taught through athletics, and these are the principles of good sportsmanship. We need to display good sportsmanship at all athletic events.

- To prevent violent action towards officials, opponents and other spectators which are becoming commonplace in today's society and sports.
- To decrease the emphasis on just winning and losing an athletic event.
- To promote ethics, respect, and integrity in all walks of life.
- To promote the ideal of intrinsic rewards of athletics.
- To learn the attitudes necessary for responsible behavior. You can make proper behavioral choices while viewing your school's athletic events.

Those who pledge agree

- To be a proper role model for our student-athletes.
- To inform our students that we have taken the pledge and why.
- To be clear and firm about rules concerning our conduct and behavior while viewing and participating in an athletic contest.

As a parent, I acknowledge that I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for students. I must show respect for all players, coaches, spectators, officials and support groups. I will participate in cheers that support, encourage and uplift the teams involved. I understand the spirit of fair play and that good sportsmanship is expected by Colleton County High School, Region 8 AAAA, and the SCHSL.

I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student-athlete. I understand that violating the sportsmanship pledge may lead to removal from events.

Parent Signature _____

Date: _____

Athlete Signature _____

Date: _____

Colleton County School District

EMERGENCY CONTACT INFORMATION

PLEASE PRINT

Athlete's Name: Last _____ First _____ Middle _____

Sex _____ Age _____ Date of Birth _____ Email _____

Mailing Address _____ City _____ Zip _____

Mother's Name _____ Phone # _____ Cell # _____ Work # _____

Father's Name _____ Phone # _____ Cell # _____ Work # _____

In an EMERGENCY, if parents cannot be contacted notify:

Name _____ Phone # _____ Cell # _____ Relationship _____

HEALTH INSURANCE INFORMATION

Do you have health insurance? Y / N _____ Do you have Medicaid Y / N _____ Medicaid Number _____

Name of Company _____ Insured's Name _____

Policy # _____

CONSENT FOR MEDICAL TREATMENT/RELEASE OF INFORMATION

Permission is hereby granted to the attending physician/athletic trainer to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations deemed necessary for a condition arising during participation of events, for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician/athletic trainer to contact me in the most expeditious way possible. If said physician/athletic trainer are not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given. **If your student athlete is seen by a physician for a sports-related or non-sports related injury or illness, he/she will not be able to return to participation without written release from the physician.** Without the release form, the athletic trainer has no way to confirm the diagnosis, knowing what treatment may be provided, whether or not the athlete is actually cleared to participate or if there are limitations to his/her participation. In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Permission is also granted for appropriate authorities, team doctors, trainers, coaches, etc. to release necessary information to one another. The coach may also release general information concerning the injury status of my child.

Parent Signature _____ Date _____

Athlete Signature _____ Date _____

PARENT'S PERMISSION & ACKNOWLEDGEMENT OF RISK FOR SON/DAUGHTER TO PARTICIPATE IN ATHLETICS

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers, and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Parent Signature _____ Date _____

Athlete Signature _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam: _____
 Name: _____ Date of Birth: _____
 Age: _____ Grade: _____ School: _____ Sports: _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify each allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an Inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, 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"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here:

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: _____

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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) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
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.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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. If conditions arise after the athlete had 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

Colleton County School District

PERMISSION TO RELEASE HIGH SCHOOL ACADEMIC RECORDS

Permission is granted to release my child's academic records to any athletic college recruiter who may request such information.

Explanation - If your child's ability attracts the interest of college coaches, we must determine if your child will meet college academic requirements. By granting your permission now, it can avoid any inconvenience for everyone in the future.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

PERMISSION TO ENROLL IN WEIGHT-TRAINING

Permission is granted to enroll my child in the appropriate strength development class. This allows guidance to enroll student-athletes in strength training. It does not guarantee enrollment.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

Student-Athlete & Parent/Legal Guardian Concussion Statement

If there is anything on the following sheet that you do not understand, please ask a school Coach or Athletic Trainer to explain it to you.

Student-Athlete Name: _____

Parent/Legal Guardian Name (s): _____

We have read the Student-Athlete & Parent/Legal Guardian Concussion Information Sheet.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

HEADS*UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just "not feeling right" or "feeling down" 	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion, Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.



It's better to miss one game than the whole season. For more information, visit www.cdc.gov/Concussion.

April 2013

HEADS*UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR ATHLETES

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

- Every sport is different, but there are steps you can take to protect yourself.
- Follow your coach's rules for safety and the rules of the sport.
 - Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.



It's better to miss one game than the whole season. For more information, visit www.cdc.gov/Concussion.

April 2013