

HIGH SCHOOL ACTIVITIES FORM(A new form must be on file in the Athletic Office **each school year** that the student participates in a sport)Sport(s): _____
List all sports you intend to try out for

Date Received in Athletic Office: _____

GPA check: _____
*for office use only*Student's Name: _____ M / F 9 10 11 12 Cell Phone: _____
Last First Sex Grade Alternate Phone: _____

Address: _____

Date of Birth: _____ Parent Email: _____ School attended last year: _____

Student Email: _____

1. PARENT'S OR GUARDIAN'S PERMISSION:

I hereby give my consent for the above-named student to compete in the Newport-Mesa Unified School District's approved activity program such as sports, marching band, drill team, etc., and travel with the school representative on necessary school trips.

I realize that there is a risk of serious injury from participation in school sports and related activities.

It is understood that the school district, the student body, and/or any of the employees are not financially responsible in case of accident or injury.

2. CONSENT FOR EMERGENCY TREATMENT:

I hereby give permission to a physician to administer emergency treatment.

The team physician, trainer, or coach may apply first aid treatment until emergency assistance arrives. ____yes ____no

In Case of **Emergency**, if Parent/Guardian cannot be contacted, please contact:

Name: _____ Phone: _____ Relationship: _____

List any allergies/medications:

_____**3. INSURANCE CERTIFICATION:**I hereby certify that the above-named student is covered by accident insurance which provides protection for accidental bodily injury as required by Education Code Sections 32220-32221 for participation in approved school activities during the 2017 to 2018 school year. I understand that the above-named student will be permitted to participate in the District's activity program only upon my representation that insurance coverage as described in Section 3A. or 3B. is in effect for the present school year. *If there is a change in medical insurance, it is the parent/guardian responsibility to notify the school.***A. OR B. must be completed for the student athlete clearance to participate:****3A.** Medical Insurance Plan -- **Required to attach copy of insurance card**

Name of Medical Insurance Company and Policy or Group Number

3B. District-offered insurance plan must be purchased by parent/guardian if the student does not have medical insurance☐ School Time Plan (DOES NOT INCLUDE TACKLE FOOTBALL)☐ Full Time 24-Hour Plan (DOES NOT INCLUDE TACKLE FOOTBALL)☐ Tackle Football Plan (Includes TACKLE FOOTBALL ONLY) - If playing another sport after football, must buy another plan

4. I have read the Ed Code requirements for insurance stated on the back of this form.

5. We agree to be responsible for the **safe return of all equipment** issued by the school to the above-named student.

6. Student promises to abide by the California Interscholastic Federation/Southern Section, League, and school rules of eligibility.

The undersigned agrees to numbers 1 - 6 above:

Signature of Student: _____

Signature of Parent/Guardian: _____

INSURANCE FOR ATHLETIC TEAMS

Education Code Section 32220. Definitions

As used in this chapter:

- (a) "Education Institution" means a school district
- (b) "Governing Board" means the governing board of a school district
- (c) "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.
- Organized rooting sections, student body members who are spectators, and other spectators, students, who are not actually participating in the conduct of the athletic event, are not members of an athletic team. Participants in a playday or field day activity occurring occasionally during a school year, in which students of one or more particular grade levels from two or more schools of a school district or community college district participate in athletic contests, are not members of an athletic team. Nothing in this section shall be construed as prohibiting a governing board from extending the applicability of the provisions of this article to any such persons, should the governing board elect so to do.
- (d) "Student body organization" means any student organization under supervision of the educational institution or its officers.

Education Code Section 32221. Insurance; Amounts

The governing board of any education institution, except a school district or community college district of any kind or class and Department of Education special schools as defined in Sections 59000, 59100, and 59200, shall provide for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least five thousand dollars (\$5,000) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers, or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code. Such coverage shall be for the injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or 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 school or other place of instruction and the place of the athletic event;

The governing board of each school district or community college district of any kind or class and the Department of Education special schools as defined in Sections 59000, 59100 and 59200 shall provide for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

- (a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
- (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).
- (c) At least one thousand five hundred dollars (\$1,500) for all such medical and hospital expenses.

Insurance protection in any of the above amounts shall be provided through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code. Such coverage shall be for the injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the school districts or community college districts or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Division of Industrial Accidents of the State of California, effective October 1, 1966.

The governing boards of the various school districts or community college districts and the Department of Education special schools shall require that each member of an athletic team have insurance protection as prescribed by this section, with the costs of such insurance protection to be paid either out of the funds of the district, the funds of the student body, or by any other persons on behalf of, the individual team members or students covered by such insurance. In the event that the governing board of a school district or community college district should determine that a member of an athletic team or the parents, guardians or other person having charge or control of a member of an athletic team are financially unable to pay the costs of such insurance protection, then the governing board shall require the costs of such protection to be paid either out of funds of the district or funds of the student body.

The insurance required by this article shall be issued by an admitted insurer, or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for him in any other way or manner, including, but not limited to, purchase by himself, or by his parent or guardian.

Child Health and Disability Prevention (CHDP) Program Preparticipation Physical Evaluation History Form

Child's Name: _____ Sex: _____ Age: _____ Date of Birth: _____
Grade: _____ School: _____ Sport(s): _____

This form should be filed in the patient's medical chart.

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

Allergies: Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergies below:

☐ Medicines: _____ ☐ Pollens: _____ ☐ Foods: _____ ☐ Stinging Insects: _____

*This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before seeing the health care provider.
Explain Yes answers below. Circle questions that you don't know the answers to.*

GENERAL QUESTIONS:	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU:	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart ever race or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> A Heart Infection <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you get more tired or short of breath more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament or tendon (for example, tear, sprain, or tendonitis) that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down Syndrome or dwarfism)	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace, orthotics, or other assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have any history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
28. Is there anyone in your family that has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
34. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you have a history of seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
37. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
39. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
40. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
41. Do you get frequent muscle cramps when exercising?	<input type="checkbox"/>	<input type="checkbox"/>
42. Do you or someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
43. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
44. Have you had any eye injuries?	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you wear protective eyewear, such as goggles, or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
47. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
48. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
49. Are you on a special diet or do you avoid certain types of food?	<input type="checkbox"/>	<input type="checkbox"/>
50. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
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, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: _____ Signature of parent/guardian: _____ Date: _____

Child Health and Disability Prevention (CHDP) Program
Physical Examination Form for Preparticipation

The section below is to be completed by physician or provider after history and consent forms are completed.

Student's Name: _____ DOB: _____
 Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: ____/____, (____/____, ____/____)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

EMERGENCY INFORMATION

Allergies: _____
 Other Information: _____

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 ¹ ● Murmurs (auscultation standing, supine, +/- Valsalva) ● Location of point of maximal impulse (PMI)		
Pulses ● Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ²		
Skin ● HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ³		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional ● Duck-walk, single leg hop		

¹ Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

² Consider GU exam if in private setting. Having third party present is recommended.

³ Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Clearance

- ☐ 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 evaluated the above named student and completed the preparticipation physical evaluation. The athlete does not present apparent contraindications to practice, tryout, 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 parent. 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/ Provider: (print/ type/ stamp) _____ (MD, DO, NP, or PA) Date: _____

Address: _____ Phone: _____

Signature of Physician/ Provider: _____