

Ohio High School Athletic Association
Student Participation and Physical Form

Student ID# _____ Yr of Graduation _____

(Please Print)

NAME _____ SEX _____ AGE _____ BIRTHDATE _____
Last, first

PARENT(S) NAME _____ HOME PHONE _____

YES NO

Athlete's History

- ____ 1. Has this athlete ever had serious medical illness/injury?
____ 2. Is this athlete now under the care of a physician?
____ 3. Has any physician ever recommended, or do you feel that there should be, limits placed on this athlete's participation in competitive sports.
____ 4. Does this athlete wear glasses or contact lens?

If YES to any above please specify: _____

We consent to the participation of the above names student in the interscholastic program of his/her school, including practice sessions, and travel to and from athletic contests. We also agree to emergency medical treatment as deemed necessary by the physicians designated.

X _____ X _____ X _____
Student signature Parent signature Date

HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO THE PHYSICAL EXAMINATION

Health Examination Form

Student's Name _____

Height _____ Weight _____ BP _____ Pulse _____

Abnormal Physical Findings:

Cardio Pulmonary _____ Musculoskeletal _____

Abdomen _____ GU _____ Head and Neck _____

CLEARANCE:

____ Cleared without restriction

____ Cleared, with recommendations for further evaluation or treatment for _____

____ Not cleared for: ____ all sports ____ certain sports REASON _____

Recommendations _____

Please Stamp or Print
Physician's Name and Address

EXAMINER'S SIGNATURE _____

Examiner's telephone # _____

Date of Physical _____

If the Physician's Assistant or Advances Nurse
Practitioner perform the exam, name and address of
collaborating physician or group.

Beavercreek City Schools - Athletic Department

MEDICAL HISTORY FORM

Student Name _____

Yes No

- 1. Have you had a medical illness or injury since your last checkup or sports physical?
2. Have you ever been hospitalized overnight?
3. Are you currently taking any prescription or non-prescription medications or pills or using and inhaler?
4. Do you have any allergies (medicine, bees, etc.)?
5. Have you ever passed out during exercise?
Have you ever been dizzy during exercise?
Have you ever had chest pain?
Do you tire quicker than your friends during exercise?
Have you ever had high blood pressure?
Have you ever been told you have a heart murmur?
Have you ever had racing of your heart or skipped beats?
Has anyone in your family died of heart problems or a sudden death before age 40?
Has a physician ever denied or restricted your participation in sports for any heart problem?
6. Do you have any skin problems (itching, moles, breaking out)?
7. Have you ever had a head injury?
Have you ever been knocked out?
Have you ever had a seizure?
Have you ever had a stinger, burner or pinched nerve?
8. Do you cough, wheeze, or have trouble breathing during or after activity?
Do you have asthma?
Do you have seasonal allergies that require medical treatment?
9. Have you ever injured (sprained, dislocated, fractured, etc.)
Hand Shoulder Thigh Elbow Wrist
Neck Knee Back Forearm Chest
Shin/Calf Ankle Arm Hip Foot
10. Have you ever had heat cramps?
Have you ever been dizzy or passed out in the heat?
11. Have you ever had:
Mono Diabetes TB Hepatitis
Headaches Stomach Ulcer Asthma Eye Injuries
12. Do you use special pads or braces?
13. When was your last tetanus shot?
14. FEMALES: when was your first period? Last period
15. Are there any known health problems that would prevent this student from participation?
Reason

EXPLAIN "YES" ANSWERS HERE:

X _____ X _____
Student's signature Parent's signature Date

BEAVERCREEK CITY SCHOOL DISTRICT ATHLETIC CODE AND POLICIES
OHSAA ELIGIBILITY AND AUTHORIZATION STATEMENT

This document is to be signed by the participant from an OHSAA member school and by the participant's parent or guardian:

- I acknowledge that the BHS Student Agenda contains the Beavercreek City School District Athletic Code and Policies and also summarizes the eligibility rules of the OHSAA. I understand that a copy of the OHSAA Handbook is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the Handbook are also posted on the OHSAA web site at www.ohsaa.org.
- I understand that an OHSAA member school must adhere to all rules and regulations that pertain to the interscholastic athletics programs that the school sponsors, but that Beavercreek City School's policy may be more stringent than OHSAA rules.
- To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school, I consent to the release to the OHSAA any and all portions of the school record files, beginning with seventh grade, of the herein student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received and attendance data.
- I consent to the OHSAA's and Beavercreek City School District's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics including the district's web site and related links.
- I understand that participation in interscholastic athletics is a privilege not a right.
- **Informed Consent** - By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**
- I understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student athlete will be transported via ambulance to the nearest hospital.
- I consent for the herein named student to engage in interscholastic athletics in the Beavercreek City School District during the current school year and to accompany the team as a member on all athletic trips. The district is not liable for injuries incurred while the student is participating in the athletic program or the cost of medical care resulting from these injuries.
- I give my permission for the herein named student to receive medical attention by the assigned physician or athletic trainer when in attendance of a school related function per standing orders of the district's medical director.
- My consent for the herein named student to engage in interscholastic athletics is given with my complete knowledge and understanding of the risk of serious personal injuries associated with participation therein.
- By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.

X _____
Student's Signature Date

X _____
Parent's or Guardian's Signature Date