



Santa Fe Public Schools Athletic Department

610 Alta Vista
 Santa Fe, NM 87505
 (505) 467-2000

**PRE-EXAMINATION MEDICAL
 EVALUATION FOR PARTICIPATION
 IN INTERSCHOLASTIC ATHLETICS**

Medical History – Parent/Guardian please fill out prior to examination.

Student Athlete Name (Last, First, M.I.):					
Home Address:				Grade:	
Street	City	State	Zip		
DOB:				AGE:	
Name of Parent/Guardian					
Home Address:				Phone:	Work:
Street	City	State	Zip	Cell:	
Emergency Contact				Phone:	Work:
Name	Relationship			Cell:	
Address:					
Street	City	State	Zip		
SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)					
Sports/Activities					
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Cheer/Drill	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Bowling	
<input type="checkbox"/> Track/Field	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Golf	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Basketball		
<ul style="list-style-type: none"> • Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form. • Note: A concussion is a disturbance in function of the brain, caused by a blow to the body or head, occurring in any sport or activity. Results include a variety of symptoms (headache, nausea, dizziness, memory or a balance problem) with or without a loss of consciousness. • I, we, understand that there is a concussion protocol established for/by the sport that includes care and return to play criteria. • Physical examinations are required by NMAA 6.12 for all athletic, cheer, and drill participants. The physical must be dated <u>April 1st or after</u> to be valid for the following school year. • Please bring the student's immunization records to the physical. 					
Date of last tetanus shot: _____					

ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Examination

Student Athlete Name _____ Gender _____ DOB _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR PROVIDER -PLEASE COMPLETE BOTH PAGES

Student Athlete Name (Last, First, M.I.): _____ DOB: _____
 Height: _____ Weight: _____

BMI %ile _____ Pulse: _____ Blood Pressure: _____ / _____ Blood Pressure %ile _____
 (Per CDC %ile charts) (Recheck if elevated) _____ / _____ (per NIH guidelines)

Vision: R20/ _____ L20/ _____ Corrected: Y / N Pupils : Equal _____ Unequal _____

MEDICAL	Normal (circle one)		Abnormal Findings/Comments
	YES	NO	
Appearance	YES	NO	
Eyes/Ears/Nose/Throat	YES	NO	
Hearing	YES	NO	
Lymph nodes	YES	NO	
Heart (auscultation should be done supine and standing- abnormal findings require referral for further evaluation)	YES	NO	
Murmurs	YES	NO	
Pulses	YES	NO	
Lungs: Auscultation	YES	NO	
Abdomen: Assessment (incl. liver, spleen)	YES	NO	
Genitourinary (males only)	YES	NO	
Skin	YES	NO	
MUSCULOSKELETAL			
Neck	YES	NO	
Back	YES	NO	
Shoulder/Arm	YES	NO	
Elbow/Forearm	YES	NO	
Wrist/Hand/Fingers	YES	NO	
Hip/Thigh	YES	NO	
Knee	YES	NO	
Leg/Ankle	YES	NO	
Foot/Toes	YES	NO	

NOTES: _____

Does Athlete wear contacts? Yes No

Does Athlete require eye protection while playing? Yes No

Student MAY participate in the following types of sports (CHECK ALL THAT APPLY): ALL FORMS OF SPORTS

- CONTACT/COLLISION NON-CONTACT/STRENUOUS
- LIMITED CONTACT NON-CONTACT/NON-STRENUOUS
- STUDENT CLEARED FOR PARTICIPATION
- STUDENT CLEARED FOR PARTICIPATION PENDING: _____
- STUDENT NOT CLEARED FOR PARTICIPATION

Name of Physician/Provider (print/type) _____ Date _____

Signature of Physician /Provider _____

Student's Primary Physician/Provider (for follow up, if necessary): _____

CLEARANCE FORM

Student Athlete Name: _____ Gender _____ DOB _____

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Field Hockey	Baseball	Discus	Bowling
Football	Basketball	Javelin	Golf
Ice Hockey	Cheerleading	Shot put	
Lacrosse	Diving	Rowing	
Soccer	Fencing	Running/Cross Country	
Wrestling	Field	Strength Training	
	High Jump	Swimming	
	Pole vault	Tennis	
	Gymnastics	Track	
	Skating		
	Softball		
	Volleyball		

Student MAY participate in the following types of sports: (CHECK ALL THAT APPLY)

STUDENT CLEARED FOR ALL FORMS OF SPORTS

CONTACT/COLLISION NON-CONTACT/STRENUOUS LIMITED CONTACT NON-CONTACT/NON-STRENUOUS

STUDENT CLEARED FOR PARTICIPATION

STUDENT CLEARED FOR PARTICIPATION PENDING: _____

STUDENT NOT CLEARED FOR PARTICIPATION

STUDENT ATHLETE EMERGENCY INFORMATION

ALLERGIES _____

HISTORY OF ANAPHYLAXIS? Yes No

IMMUNIZATIONS Up to date Last Tetanus Immunization _____

Significant Medical History Information (*Please include any history of asthma, hypertension, previous head injury, unequal pupil size etc.*)

Student's Primary Physician/Provider (*For follow up, if necessary*): _____

Current Medical Conditions:

Current Medications (*If on asthma medication please indicate if needed prior to sports*):

Does Athlete wear contacts? Yes No

Does Athlete require eye protection while playing? Yes No

Providers Name

____MD____DO____NP____PA

Phone:

Address:

Street

City

State

Zip

Signature of Provider

Date:

**SANTA FE PUBLIC SCHOOLS ACKNOWLEDGMENT AND AGREEMENT
FOR STUDENT PARTICIPATION IN EXTRACURRICULAR ACTIVITIES
(Desplazar hacia abajo para el español.)**

ACKNOWLEDGMENT

By signing this document, the Student and Parent(s)/Guardian(s) acknowledge and accept the following:

- I. **Student Participation Benefits.** The benefits of students' participation in extracurricular, co-curricular, intramural and athletic team activities ("extracurricular activities") can last a lifetime. Students can stretch themselves in every way in a structured environment, while learning and practicing multi-purpose skills, personal responsibility, self-discipline, respect for self, respect for others, collaboration, and leadership.
- II. **Higher Standard of Conduct.** Since student participants are seen as role models among their peers and serve as representatives of their schools, the District, and the Santa Fe Community, they are held to a higher standard of conduct. Student participants are expected to represent themselves and their co-participants, coaches/instructors, schools, and District with honesty, integrity, and character.
- III. **Year-round and On- and Off-Campus Conduct.** The higher standard of conduct is expected: 1) both on- and off-campus; 2) on a year-round (12-month) basis; and 3) as a condition of participation in extracurricular activities. For a greater understanding of the behavioral expectations, student participants and parents/guardians are responsible for becoming familiar with the terms of this Agreement, the Student Code of Conduct, the New Mexico Activities Association bylaws and policies, and relevant Board of Education policies, all of which apply to student participants – please ask your Principal for website links or copies if you need them.

AGREEMENT

By signing this document, the Student and Parent(s)/Guardian(s) agree that Student *WILL*:

- 1) Maintain a grade point average of 2.0 or greater and no "F";
- 2) Attend a minimum of one-half school day to participate in a practice, rehearsal, meeting, performance, competition, game or other event scheduled for the same date;
- 3) Be punctual and respectful and act on the basis of the welfare, cohesiveness, and best interest of the group, the other participants, the school, and the District; and
- 4) Complete by the applicable deadlines all other required forms for participation – for student athletes, the forms include a Sports Physical, Assumption and Acknowledgement of Risk, Concussion Certificate, and Medical Authorization.

By signing this document, the Student and Parent(s)/Guardian(s) agree that Student *WILL NOT*:

- 1) Possess, use, consume, or distribute tobacco, alcohol, or drugs;
- 2) Engage in conduct that violates the Student Code of Conduct;
- 3) Engage in hazing or conduct that could result in arrest or criminal charges for misdemeanor or felony, regardless of whether prosecution or conviction results; and
- 4) Engage in conduct that the coach/instructor, Athletics and Activities Director, or Superintendent deems to be in violation of this Acknowledgment and Agreement or the spirit of good sportsmanship.

The Student and Parent(s)/Guardian(s) further understand that:

- 1) Consequences for violation of this Agreement could range from a verbal warning to a suspension from any activity to a prohibition from participation in all activities for the season or the remainder of the school year;
- 2) All potential consequences discussed in the Student Code of Conduct may be applied; &
- 3) The Principal or Superintendent may apply and enforce additional behavioral expectations, interventions, and consequences, depending on the activity and circumstances and the nature and severity of the conduct.

Student Signature

Student Printed Name

Date

Parent or Guardian Signature

Parent or Guardian Printed Name

Date

Parent or Guardian Signature

Parent or Guardian Printed Name

Date

**ESCUELAS PÚBLICAS DE SANTA FE
RECONOCIMIENTO y ACUERDO
PARA PARTICIPACIÓN DEL ESTUDIANTE EN ACTIVIDADES EXTRACURRICULARES**

RECONOCIMIENTO

Al firmar este documento, el estudiante y padre(s) / tutor(s) reconocen y aceptan lo siguiente:

I. **Beneficios de participación para los estudiantes.** Los beneficios de la participación de los estudiantes en las actividades de equipo extracurriculares, co-curriculares, intramurales y atléticas pueden durar toda la vida. Los estudiantes pueden desarrollarse en todos los sentidos en un ambiente estructurado, mientras que aprenden y practican habilidades de usos múltiples, la responsabilidad personal, la autodisciplina, el respeto por uno mismo, respeto por los demás, colaboración y liderazgo.

II. **Superior estándar de conducta.** Dado que los estudiantes participantes son vistos como modelos de conducta entre sus pares y sirven como representantes de su escuela, el distrito, y la comunidad de Santa Fe, se espera un nivel más alto de conducta. Se espera que se representen a sí mismo y a sus compañeros, entrenadores / profesores, escuelas, y el Distrito con honestidad, integridad y carácter.

III. **Durante todo el año y en cualquier sitio.** Este estándar más alto de conducta se espera: 1) dentro y fuera de la escuela 2) todo el año y 3) como condición para la participación en actividades extracurriculares.

Para una mayor comprensión de las expectativas de comportamiento, los estudiantes y los padres / tutores son responsables de familiarizarse con los términos de este Acuerdo, el Código de Conducta del Estudiante, los estatutos y políticas de New Mexico Athletic Association y del Consejo Escolar correspondiente de las políticas de educación, todos los cuales se aplican a los estudiantes participantes - por favor pidan a su director los enlaces a páginas web o copias, si los necesitan.

ACUERDO

Al firmar este documento, el estudiante y padre(s) / tutor(s) acuerdan que el estudiante:

- 1) Mantendrá un promedio de calificaciones de 2.0 y no "F";
- 2) Asistirá a un mínimo de la mitad del día escolar para poder participar en una práctica, ensayo, reunión, funcionamiento, competencia, juegos u otro evento programado para la misma fecha;
- 3) Será puntual y respetuoso y actuará pensando en el bienestar, cohesión, y el mejor interés del grupo, los otros participantes, la escuela y el Distrito; y
- 4) completará los requisitos aplicables y formularios requeridos para la participación - para los estudiantes atletas, las formas incluyen un examen físico para deportes, aceptación y reconocimiento de riesgos, documento de conocimiento cerebral, y Autorización Médica.

Al firmar este documento, el estudiante y padre(s) / tutor(s) acuerdan que el estudiante no:

- 1) Tendrá, usará, consumirá o distribuirá tabaco, alcohol o drogas;
- 2) Participará en conducta que viola el Código de Conducta del Estudiante;
- 3) Participará en ritos o conducta que pueda resultar en la detención o cargos criminales por delito menor o mayor, independientemente de si resulta en enjuiciamiento o condena; y
- 4) Participará en conducta que el entrenador / instructor, Director Atletismo y Actividades, o la Superintendente consideren estar en violación de este Reconocimiento y Acuerdo o del espíritu deportivo.

El estudiante y padres) / tutor(s) comprenden, además, que:

- 1) Las consecuencias por la violación de este acuerdo podrían ir desde una advertencia verbal a una suspensión de cualquier actividad a la prohibición de la participación en todas las actividades de la temporada o el resto del año escolar;
- 2) Todas las consecuencias potenciales discutidos en el Código de Conducta del Estudiante se pueden aplicar; y
- 3) El director o Superintendente puede aplicar y hacer cumplir expectativas de comportamiento adicionales, intervenciones y consecuencias, dependiendo de la actividad y las circunstancias y la naturaleza y gravedad de la conducta.

Firma del Estudiante

Nombre Impreso del Estudiante

Fecha

Firma del Padre o tutor

Nombre Impreso del Padre o tutor

Fecha

Firma del Padre o tutor

Nombre Impreso del Padre o tutor

Fecha

PARENTAL CONSENT AND RELEASE OF LIABILITY
SANTA FE PUBLIC SCHOOLS
_____ School Year

NAME OF STUDENT: _____ STUDENT ID # _____

We hereby certify that the above-named student, born on _____, enrolled in grade _____ at _____ School, has our approval to participate in the Santa Fe Public Schools athletic and sports programs, on or of school premises in or out of Santa Fe County. We fully realize that when participating in athletic activities there is a risk of serious injury or death, and we have been warned of the inherent danger of sports participation. We, for ourselves and our successors in interest hereby release the Board of Education of Santa Fe City Schools, its agents, employees, and representatives, for any and all claims relating to losses of any nature whosever which we may have at this time or at any time in the future, arising from the athletic and sports activity in which our child will participate.

We acknowledge that District policy is to deny to any student the privilege of participation the athletic and sports programs until a properly executed copy of the Parental Consent and Release of Liability has been filed in the school records, accompanied by a Medical History and Annual Physical Examination Form signed by a physician, prior to the first day of participation.

We further authorize any agent, representative or employee of Santa Fe Public Schools to consent to, and any medical person to administer, any medical treatment to our child which may appear to be reasonable for the treatment of any injuries or ailment which our child may sustain in connection with an athletic or sports program. We further acknowledge that any claims arising from injury to our child is to be presented to and paid by us an is not to be presented to, or paid by the Santa Fe Public Schools. In conformity with this understanding we hereby make known the following:

Check one:

_____ We have purchased a Student Accident Insurance Plan
(Students Full Name): _____
(Completed application and check or money order for premium are attached to this form)

_____ We have Family Medical Insurance that covers (Students Full Name): _____
with substantially the same protection as provided under the Student Accident Insurance Plan and wish to have no additional insurance coverage.
Name of Insurance Company: _____
Address: _____
Policy Number: _____

_____ We have access to the Indian Hospital, which also includes access for
(Students Full Name): _____
and wish to have no additional insurance coverage or other financial protection.

Student Name: _____ Signature: _____ Date of Birth _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone#: _____ Home Phone #: _____ Work Phone# _____

Witness: _____ Witness: _____ Witness: _____

