



Stillwater Jr. High School

Stillwater Area Public Schools Athletics Parent's Permit & Health Questionnaire Grades 7 & 8



Form must be completed, signed, & returned to the school each year before the student will be permitted to participate.

STUDENT CODE OF RESPONSIBILITIES

- As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities:
 - I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
 - I will be fully responsible for my own actions and the consequences of my actions.
 - I will respect the property of others.
 - I will respect and obey the rules of my school and the laws of my community, state and country.
 - I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by the principal. While a student not in good standing, a student may not serve any penalty for other violations.

- Informed Consent:** By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Herpes and Hepatitis B and others. 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 have the responsibility to help reduce that 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 THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN MSHSL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**
- I consent to the athletic trainer or coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice. I further 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.
- By signing this we acknowledge that we have read the information contained in the Athletic Eligibility Information and Statement.

The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student/parent understands and agrees that public information shall include names and pictures of students participating in or attending extra-curricular activities.

Student's Signature

Birth Date

Grade in School

Date

Parent's or Guardian's Signature

Date



ANNUAL HEALTH QUESTIONNAIRE FORM

Student Name _____ **Sex M / F** **Age** ___ **Birth Date** ___ / ___ / ___

High School _____ **Grade** _____ **Sport(s)** _____

Date of last sports exam (PPE) _____ / _____ / _____

Circle yes (Y) or no (N) Circle questions you don't know the answers to.

1. Has a doctor restricted your participation in sports for any reason since your PPE exam?	Y / N
2. Do you have any new allergies to medicines, pollens, foods, or stinging insects?	Y / N
3. Have you ever passed out or nearly passed out DURING exercise?	Y / N
4. Have you ever passed out or nearly passed out AFTER exercise?	Y / N
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	Y / N
6. Does your heart race or skip beats during exercise?	Y / N
7. Do you have (circle): High blood pressure; A heart murmur; High cholesterol; A heart infection; Rheumatic fever	Y / N
8. Has a doctor recently ordered a test for your heart? (for example, ECG, echocardiogram, stress test)	Y / N
9. Has anyone in your family died suddenly and unexpectedly for no apparent reason?	Y / N
10. Does anyone in your family have a heart problem?	Y / N
11. Has any family member or relative died of heart problems or of sudden death before age 50?	Y / N
12. Has anyone in your family less than 50 years old had unexplained drowning while swimming or an unexplained car accident?	Y / N
13. Does anyone in your family have Marfan syndrome?	Y / N
14. Have you spent the night in a hospital since your last PPE?	Y / N
15. Have you had surgery since your last PPE?	Y / N
16. Have you had an injury, like a sprain, muscle or ligament tear, dislocation or tendinitis since your last exam that has not healed?	Y / N
17. Have you had a stress fracture since your last PPE?	Y / N
18. Do you have asthma or allergies that are not controlled?	Y / N
19. Do you have cough, wheeze, chest tightness, or have difficulty breathing during or after exercise?	Y / N
20. Do you develop a rash or hives when you exercise?	Y / N
21. Have you had infectious mononucleosis (mono) within the last month?	Y / N
22. Do you have any rashes, pressure sores, or other skin problems?	Y / N
23. Have you had a herpes skin infection since your last PPE?	Y / N
24. Have you had a head injury or concussion since your last PPE that has not healed?	Y / N
25. Have you had a seizure since your last PPE?	Y / N
26. Do you have headaches with exercise?	Y / N
27. Have you had numbness, tingling, weakness, or inability to move in your arms or legs after being hit or falling since your last PPE?	Y / N
28. When exercising in the heat, do you have severe muscle cramps or become ill?	Y / N
29. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	Y / N
30. Has anyone recommended you change your weight or eating habits since your last PPE?	Y / N
31. Do you limit or carefully control what you eat since your last PPE?	Y / N
32. Do you get tired more quickly than your friends do during exercise?	Y / N
33. Do you have any concerns that you would like to discuss with a doctor?	Y / N

Notes for the coaches or activities director regarding health concerns, medication, or allergies:

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or legal guardian signature _____ Athlete signature _____ Date _____

This Health Questionnaire must be completed, signed and placed on file in the school office each year before the student will be permitted to practice or play.