ATASCADERO MIDDLE SCHOOL
Consent for Emergency Treatment In Advance Of Need
Please Complete Fully

Athlete

***NO PENCIL*

Athlete's full name _____

New Athlete to AMS? School/State: _____

Student cell phone# (required) _____ M_____ F _____ Fall Grade_____

Age ____ Birthday _____ Family Physician _____ Phone _____

Athlete's Primary home address _____

Mother's Name _____ cell phone_____ home phone _____

Father's Name _____ cell phone_____ home phone _____

Guardian's Name _____ cell phone_____ home phone _____

Parents email (please!) _____

Emergency Contact Name: _____ cell phone:_____

****

Special Medical Problems/Illnesses/Allergies_____

_____

****

We, the parents of the above listed athlete, do hereby consent to any and all emergency medical, hospital and surgical care that may be deemed necessary by physician, without obtaining further consent, provided that the hospital is unable to reach either of us at the phone numbers listed.

Required Concussion Information
What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

> "A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day."
>
> **and**
>
> "A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/concussion/HeadsUp/youth.html

_____ _____ _____
Student-athlete Name Printed | Student-athlete Signature | Date

_____ _____ _____
Parent or Legal Guardian Printed | Parent or Legal Guardian Signature | Date

Atascadero Middle School – Interscholastic Sports Physical – Health Screening

I. ***Health History-Parents must fill out***
II. **No.'s 1 – 21 to be completed by parent**

Fill in details of "YES" below	YES	NO
1. Has student ever been hospitalized?		
2. Has student ever had surgery?		
3. Is student presently taking medication?		
4. Has student ever passed out during exercise?		
5. Has student ever been dizzy during exercise?		
6. Has student ever had chest pain?		
7. Has student ever had high blood pressure?		
8. Have you been told your student has a heart murmur?		
9. Has student ever had racing of the heart or skipped beats?		
10. Has anyone in student's family died of heart problems before age 40?		
11. Does student have any allergies (medications, bees, etc.)		
12. Does student have any skin problems (itching, moles, breaking out?)		
13. Has student ever had a head injury?		
14. Has student ever been knocked out?		
15. Does student wear contacts?		
16. Has student ever had a seizure?		
17. Has student ever had heat cramps?		
18. Has student been advised by a physician during the past 3 years to restrict activity?		
19. Does student use any special pads or brace?		

20. Has student ever injured (sprained, dislocated, fractured, etc):

_____Ankle _____Foot _____Neck _____Arm

_____Forearm _____Back _____Hand _____Chest

_____Hip _____Thigh _____Shoulder _____Elbow

_____Knee _____Wrist _____Facial (dental, jaw, nose)

_____Head (concussion)

Other _____

21. Has student ever had:

_____asthma _____Diabetes _____Epilepsy

_____Mononucleosis

_____Frequent Headaches _____Frequent nosebleeds

Parents - Explanations of "yes" questions:

_____

_____

I hereby state that, to the best of my knowledge, my answers to the parent questions are complete and correct.

Parent signature _____ **Date**_____

****

II. Competitive Sports Physical Examination – complete by doctor

Height _____ Weight _____ Pulse _____

Blood Pressure _____/_____

Doctor must complete:

GENERAL APPEARANCE	WNL	ABNORMAL
EYES:		
EARS:		
HEART:		
LUNGS:		
ABDOMINAL:		
MUSCULOSKELETAL (ROM)		
Neck:		
Shoulder:		
Elbow:		
Wrist:		
Hand:		
Back:		
Knee:		
Ankle:		
Foot:		

Physician's Statement

I certify that I have on this date, examined this student and find him/her physically able to compete in C.I.F. Interscholastic Sports.

Limitations or exceptions as follows:

_____

_____

Date of Exam _____

Clear: ***Yes*** ___ ***No*** ___

Physician's signature _____