

KISD Athletic Information Packet

This packet must be completed in its entirety **BEFORE** a student participates in **ANY** practice, (both in-season and out-of-season) games, or matches.

The student is required to use the Pre-participation Physical Evaluation-Physical Examination Form enclosed. **NO OTHER Physical Examination Form can be accepted as per U.I.L.**

All Consent to Treat Cards must be notarized and filled out completely. It is not valid if not NOTARIZED.

If you have any questions about the packet or information provided please contact the Head Coach or Athletic Trainer at your school.

Any student enrolling in an Athletic class must have a physical prior to participating in the class. Any student trying out for a sport must have a physical prior to trying out or participating in that sport.



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Both the Personal Student Information / Acknowledgement of Rules and Policies, the Pre-participation Physical Evaluation – Physical Exam, and Consent to Treat Card must be completed, signed, and returned. The rest of the Athletic Information packet should be retained for your records.

Katy Independent School District Athletic Guidelines and Code of Conduct

It is the desire of the administration and coaching staff of the Katy Independent School District to communicate to its students that participation in athletics is a **PRIVILEGE, NOT A RIGHT**. Participation on athletic teams and in related activities, while being an honor, is an opportunity for young athletes to learn important lessons about the responsibilities that are assumed by individuals in leadership roles. Therefore, all athletes are expected to adhere to the following:

- Athletes will be tough competitors in the athletic arena, but outside the competitive arena they are expected to conduct themselves as gentlemen and ladies at all times, demonstrating respect for their administrators, teachers, and fellow students.
- Athletes are to display/model behaviors associated with positive leaders both in the school and in the community.
- Athletes are to exhibit good citizenship at all times.
- Athletes are to serve as positive representatives for their team, coaches, school, district, and community during competitions and interactions with rivals
- Athletes are expected to strive for academic excellence and to adhere to the Board-approved *Discipline Management Plan and Student Code of Conduct* as well as the Athletic Code of Conduct and Guidelines.

As athletes in the Katy ISD, students have a responsibility to exhibit positive leadership characteristics. Participation in the athletic program and/or University Interscholastic League contests is a **PRIVILEGE, NOT A RIGHT**. All students participating in athletics are expected to comply with all guidelines and with the Board-approved Discipline Management Plan and Student Code of Conduct. Failure to do so may result in disciplinary consequences and/or removal from athletics.

General Guidelines

On the Field or Court

Student athletes are expected to exhibit good sportsmanship both on and off the field or court. During competitions, student athletes will display respect for officials and leave the resolution of any conflicts to coaches. Student athlete, as leaders, should demonstrate the ability to accept defeat as well as to be gracious winners.

Personal Appearance and Grooming

Athletes in Katy ISD will conform to a higher standard of personal appearance and grooming because these student leaders represent their team, coaches, school, district, and community. These standards will apply at all times, whether in school or during travel to and from athletic competitions. To be eligible for participation on any athletic team, students must adhere to the following guidelines for grooming and dress.

Hair – Hair will be clean, well groomed and out of eyes and styled in a way that is not distracting and/or designed to be conspicuous. Facial hair such as mustaches, beard, goatees, and extremely long sideburns are not allowed.

Dress - Athletes will conform to expected standards of dress at all times, including the following:

- Earrings are not to be worn by male athletes at school or school-related/school-sponsored events.
- Body piercing is discouraged and may not be visible except in the case of earrings worn by female athletes.
- Tattoos are discouraged, and if present, must be covered while representing the school in any contest.
- Athletic uniforms may not be altered or augmented in any way, since all team members traveling with a team will be dressed in accordance with the coach's specifications and with the personal appearance and grooming standards outlined in the team guidelines.

School Equipment

Student athletes are financially responsible for all equipment issued in their name. Unauthorized use of athletic uniforms or equipment will be considered a form of theft.

Practice Regulations

Athletes are responsible for:

- Notifying the appropriate coach of an anticipated absence prior to a practice or game. Failure to make proper notifications may result in suspension from the team.
- Obeying all rules established by the coach.
- Refraining from the use of profanity or vulgar language.
- Contributing their best at all times.

Locker Room

Athletes are expected to:

- Display appropriate behavior and refrain from “horse play” such as throwing towels, etc.
- Obtain permission from a coach prior to entering the equipment room.
- Return their equipment to its proper place before leaving the dressing room each day.

Travel

Athletes, traveling as part of a team, will be expected to adhere to the following:

- Arrive at the designated location prior to schedule meeting and departure time. Failure to fulfill this obligation may result in the athletes being excluded from the trip.
- Assume responsibility for bringing appropriate equipment, if applicable.
- Dress in a neat and appropriate manner that complies with all dress and grooming guidelines or as directed by the coach.
- Demonstrate appropriate behavior and good citizenship from the time of departure and upon return to the campus.
- Travel and return on the bus unless a prior written request has been made by a parent or guardian for the student to be released to their custody at the completion of the activity. All athletes must ride the bus to the event, and no athlete will be released to anyone other than a parent or guardian at the conclusion of the activity.

Withdrawing from the Team (Quitting a Sport)

Athletes wishing to withdraw from the team after the first contest:

- Will forfeit any award for the sport.
- Will be ineligible for participation in another sport until the end of the season for the sport for which they have withdrawn unless the head coaches of both sports agree to their participation.

Training Rules

Athletes will refrain from using or possessing tobacco of any kind, consuming or possessing alcoholic beverages, or using or possessing any prohibited drugs such as marijuana, narcotics, or steroids.

NOTE: State law has added steroids to the list of illegal drugs. Anabolic steroids are for medical use only. State law prohibits the possession, dispensing, delivery, or administering of an anabolic steroid in any manner not allowed by state law. State law prohibits bodybuilding, muscle enhancement or increasing muscle bulk or strength through the use of anabolic steroid or human growth hormone by a person who is in good health without a valid medical purpose. Only a medical doctor may prescribe an anabolic steroid or human growth for a person. A violation of state law concerning anabolic steroids or human growth hormones is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Corrections. This law became effective September 1, 1989.

Athletic Code of Conduct

The discipline code for athletes has been developed to comply with the District's Board-approved *Discipline Management Plan and Student Code of Conduct*, but with increased requirements due to the leadership role assumed by athletes. It is the intent of the athletic staff of Katy ISD to emphasize that self-discipline is an integral and essential part of any successful academic and athletic program. Specific definitions of the various levels of discipline violations, I through V, can be found in the Board-approved *Discipline Management Plan and Student Code of Conduct* which is given to every student at the beginning of the school year when they enroll. Students disciplined for infractions at the campus-level will also receive one or more of the following consequences as a result of the athletic code of conduct:

Level I and II Discipline Violations - Disciplinary offenses in Level I and II range from mild to more severe acts of misconduct that will result in one or more of the following consequences:

- a. Coach/athlete conference.
- b. Coach/athlete conference with additional sport-appropriate conditioning activities.
- c. Coach/athlete/parent conference and a behavior contract.
- d. Coach/athlete/parent conference and possible suspension for one or more games.

Repeated violations of Level I and II behaviors may result in more serious consequences or removal from the team and athletic program.

Level III Discipline Violations - Level III offenses are acts of misconduct which are serious and which disrupt the orderly educational process. Examples of disciplinary options at this level include suspension, referral to law enforcement, arrest, restitution of damages, and/or assignment to an AEP. Athletes are prohibited from participating in or attending any school-sponsored/school-related activities during the period in which they are suspended and/or removed to an alternative education program (AEP). In addition to campus-based consequences, the Athletic Department may impose one or more of the following consequences:

- a. Coach/athlete conference.
- b. Coach/athlete conference with additional sport-appropriate conditioning activities.
- c. Coach/athlete/parent conference and a behavior contract.
- d. Coach/athlete/parent conference and suspension for one or more games.
- e. Removal from athletic program.

Level IV Discipline Violations - Level IV offenses are acts of misconduct for which mandatory removal to the OAC is required. The period of removal to the OAC will be based upon OAC guidelines that are in effect at the time the offense occurs. Athletes are prohibited from participating in or attending any school-sponsored /school-related activities during the period of removal to the OAC. The Athletic Department may also impose one or more of the following consequences in addition to the OAC placement:

- a. Coach/athlete conference.
- b. Coach/athlete conference with additional sport-appropriate conditioning activities.
- c. Coach/athlete/parent conference and a behavior contract.
- d. Removal from athletic program.

For athletes to re-enter the athletic program after having been removed for any reason, the following procedure will be followed:

- Athletes and their parent(s)/guardian(s) will meet with Campus Athletic Council*. At this meeting a probationary contract for re-entry into the athletic program will be developed. After discussing the specific contents and obligations outlined in the contract, all parties present will be required to sign the contract.

*Campus Athletic Council shall be composed of the Campus Athletic Coordinator and Assistant Athletic Coordinator, the head coach of the sport involved, and the principal or an appropriate assistant principal of the campus.

Upon re-entry into the program on a probationary status, athletes will be suspended from any participation in any competition other than practices for a period of ten consecutive school days.

The suspension will begin on the first day of re-enrollment on the school campus.

During the ten-day suspension, athletes will be required to complete additional sport-appropriate conditioning activities as directed by the coach.

A second Level IV violation (regardless of where the infraction occurs) will result in a suspension for one calendar year from the date of the second incident.

All alcohol-related violations will be treated as a Level IV offense requiring removal from athletics and will also require athletes and their parent(s)/guardian(s) to meet with the Campus Athletic Council to consider a probationary contract for re-entry.

Level V Discipline Violations – Any Behavior that falls into this category requires mandatory expulsion from school and all school-sponsored/school-related activities.

Athletes involved in a Level V disciplinary infraction will automatically be suspended from the athletic program for a period of one calendar year from the date of the incident. Upon completion of this suspension from athletics, athletes who desire re-entry into the program must meet with the Campus Athletic Council and be accompanied by their parent/guardian. At this meeting, a probationary contract will be developed outlining the requirements for re-entry. If all parties agree to the contract, as evidenced by their signatures, the student will be allowed to re-enter the program on a probationary basis.

Drug Violations

Student athletes who are arrested and charged with selling, giving, or delivering to another person or possessing, using, or being under the influence of drugs (including steroids) whether on or off campus, will be automatically suspended from the athletic program until guilt or innocence is determined. Athletes found guilty of an alleged offense will be suspended from all athletic participation of any kind for a period of one calendar year from the date of the incident. In cases where a campus has jurisdiction to take disciplinary action, athletes must complete any campus-level disciplinary sanctions before being eligible to return to the athletic program.

Deferred Adjudication

Deferred adjudication does infer innocence. A judge may, after receiving a plea of guilt or a plea of nolo contendere, defer further proceedings without entering an adjudication of guilt, and place a defendant on community service. In effect, if the defendant complies with the conditions of probation as ordered by the judge for a specified period of time, the defendant would receive the benefit of not actually being found guilty of the offense as charges. During the period of deferred adjudication, athletes will remain suspended from participation in any athletic activities.

Indictment for a Felony

Athletes, while under indictment for a felony whether on or off campus, will not be allowed to participate in any capacity in the athletic program. (This includes exclusion from both practices and games.) When guilt or innocence is established, re-admission to the athletic program will be determined based upon that outcome. In cases where the campus has jurisdiction to take disciplinary action, the student must complete any campus-level disciplinary sanctions before returning to the Athletic Program. Likewise, students on deferred adjudication will need to complete the probationary period specified by the judge prior to consideration for reinstatement in the athletic program.

Appeals

Athletes are required to appeal the disciplinary consequence for a violation of the Board-approved Discipline Management Plan and Student Code of Conduct, where applicable, in the same manner as any other students. Disciplinary actions resulting from a violation of the Katy ISD Athletic Code of Conduct are not appeal able.

The contents of these guidelines are not contractual, and do not give rise to a claim of breach of contract against the school district. Further, the contents of these guidelines apply to all students of the district, as the contents now appear or may be amended in the future.

It is the policy of Katy ISD not to discriminate on the basis of sex, disability, race, religion, color, or national origin in its educational programs and/or activities or in its employment practices.

U.I.L. Acknowledgement of Rules

www.uil.utexas.edu/ath/forms

(Note: High school – section 400, Jr. High School – section 1200)

General Eligibility Rules

According to U.I.L. standards, students are eligible to represent their schools in interscholastic activities if they:

- Are less than 19 years old on September 1 preceding the contest,
- Have not graduated from high school,
- Are full-time, day students in the school, and have been in regular attendance at the school since the 6th day of the present school year, or have been in regular attendance for 15 or more calendar days before the contest or competition,
- Are in compliance with state law and rules of the State Board of Education (No Pass, No Play),
- Are enrolled in a four year, normal program of high school courses, and initially enrolled in the 9th grade not more than 4 years ago nor in the 10th grade not more than 3 years ago,
- Were not recruited
- Did not represent a college in a contest,
- Live with their birth parents or court appointed guardian inside the school district attendance zone their first year of attendance or have been in attendance or have been in attendance at the school for one calendar year,

Dear Parent/Guardian:

As school athletics begin each year, the School Nurse, coaches and athletic trainers see the emergence of staphylococcus aureus (commonly known as staph infections). While this condition is common to athletes, anyone can acquire a staph infection. Typically a staph infection is easily treated with a course of antibiotics; however, there has been a rise in the number of cases of staph infections found to be resistant to penicillin and commonly used antibiotics, and is referred to as MRSA or Methicillin Resistant Staphylococcus Aureus. If you notice pimples, boils, and/or any sign of infection of an open wound on your student athlete, please take him or her to your personal physician. The physician will need to culture the site if at all possible, and should be informed of any known confirmed cases of MRSA on your child's athletic team. At this time, no reports of MRSA have been reported.

To limit the spread of infection at school, the locker room facilities are treated with a germicidal product, and the uniforms of students with suspected or confirmed infections are being sent home for separate laundering. If your student athlete showers at school, he/she should bring his/her own soap, preferably in a pump dispenser, for individual use only.

For more specific guidelines in addressing infection control, you may access this by going online to the following website, contacting the Athletic Trainer or school nurse. The following pages will help you with infection control.

Information on Staphylococcal Infections

School Athletic Departments: Instructions for the Athlete

This information is provided to assist you in the control and prevention of staphylococcal (commonly called staph) infections. These infections usually are easy to treat with inexpensive, well-tolerated antibiotics. However, some staph bacteria have developed resistance; that is, the antibiotics can no longer kill the bacteria. Although antibiotic-resistant infections pose a significant health threat, the following measures are effective against many other infectious diseases.

WHAT IS A STAPHYLOCOCCAL INFECTION?

Staphylococcus aureus commonly causes boils and soft-tissue infections as well as more serious conditions such as pneumonia or bloodstream infections. According to the Centers for Disease Control and Prevention (CDC), twenty to thirty-five percent of adults and children in the United States are “colonized” with staph—the bacteria are present but do not cause illness. *Staphylococcus aureus* colonization usually occurs in the armpit, groin, genital area, and, most frequently, the inside of the nose. Most infections occur through direct physical contact of the staph bacteria with a break in the skin (cut or scrape) or during contact with inanimate objects (such as clothing, bed linens, or furniture) soiled with wound drainage. Your hands must be clean before you touch your eyes, nose, mouth, or any cuts or scrapes on the skin. The bacterium is not carried through the air and is not found in dirt or mud.

Methicillin resistant *Staphylococcus aureus* (MRSA)

A MRSA (often pronounced mer-sa) infection, unlike a common *Staphylococcus aureus* infection, cannot be treated with methicillin-related antibiotics (such as penicillin). The treatment may be longer, expensive, more complicated, and infections can reappear frequently. Originally, MRSA was limited to hospitals and long-term care facilities. In the past few years, sporadic reports of MRSA not associated with the medical environment have been confirmed. Since the summer of 2002, MRSA outbreaks associated with sports teams have been reported. These outbreaks have included wrestling, volleyball, and most frequently, football teams.

STRATEGIES TO PREVENT STAPHYLOCOCCAL INFECTIONS

HAND WASHING IS THE SINGLE MOST IMPORTANT BEHAVIOR IN PREVENTING INFECTIOUS DISEASE.

The proper way to wash your hands

Use warm water

Wet your hands and wrists

Using a bar or liquid soap

Work soap into a lather and wash between fingers, up to wrists, and under fingernails for at least 15 seconds

Dry, using a clean cloth towel or paper towel

Use alcohol-based hand sanitizers to wash hands immediately if they come in contact with any body fluid at the playing field or other places where hand-washing facilities are not available

Wash your hands as described above:

After sneezing, blowing, or touching your nose

Before and after close contact or using the toilet

Before leaving the athletic area

Other precautions:

Keep your hands away from your nose and groin

Do not share towels, soap, lotion or other personal care items, even on the sidelines at games

Shower with soap and water as soon as possible after direct contact sports

Dry using a clean, dry towel

Use a moisturizing lotion to prevent dry, cracked skin.

Prewash or rinse with plain water items that have been grossly contaminated with body fluids.

Wash your towels, uniforms, scrimmage shirts, and any other laundry in hot water and ordinary detergent and dry on the hottest possible cycle

Inform your parents of these precautions if laundry is sent home

More specific directions may be provided by your athletic trainer or coach

HOW TO CARE FOR DRAINING WOUNDS

MRSA may be more difficult to treat. However, treatment is usually successful after prompt, appropriate evaluation by a doctor or clinic and when the correct antibiotic(s) (if indicated) is prescribed. Other types of treatments may be indicated.

WITH YOUR PHYSICIAN:

A physician or advanced practitioner should examine the wound. A culture and susceptibility test should be performed to determine what bacteria you have and what antibiotic would be the most effective with the fewest side effects. If the practitioner determines you do not have a bacterial infection, you will not receive an antibiotic. Antibiotics are not effective against non-bacterial infections. Take all medication even after the infection seems to have healed
If a topical ointment is prescribed, apply as directed
Follow all other directions the physician/practitioner gives you
Inform the physician/practitioner if you are not responding to treatment

HOW TO TAKE CARE OF WOUNDS AT HOME:

Avoid direct contact with others until the wound is no longer draining and you have been instructed by your physician to resume your usual activities
Wash your hands frequently, especially before and after changing band-aids, bandages, or wound dressings
Keep the wound covered. The dressing must be changed at least twice a day; or, more frequently, if drainage is apparent
All disposable materials that come into contact with the wound (including dressings or bandages) need to be placed in a separate plastic bag and closed before being disposed of in the household trash. Wash your hands after removing and disposing of the soiled dressing
Use isopropyl alcohol (available at pharmacies or grocery stores) to disinfect reusable materials, such as scissors or tweezers after each use
All items that come in contact with the wound must be disinfected with a fresh (prepared daily) mix of one tablespoon of household bleach to one quart of water or a phenol-containing product such as Lysol® or Pine-sol®. Use a phenol-containing spray to disinfect any cloth or upholstered surface. Other commercially available products may be appropriate
Have a designated chair or area for sitting. It should have a hard surface or an easily cleaned plastic or similar cover for easy disinfection. No one else should sit there until the wound has healed completely
Utensils and dishes should be washed in the usual manner with soap and hot water or using a standard home dishwasher
Carry laundry away from the body in a plastic or other lined bag that will not allow wet articles to drain through
Handle and launder all clothing, towels, and linens that come in contact with the wound separately from those of other members of the household. Use a separate hamper
Articles that come in contact with the wound should be washed in hot water with the usual detergent
Dry clothes thoroughly using the hottest setting
Towels and linens should be changed daily
Do not share ointments or antibiotics

AT SCHOOL:

Follow any instructions that your athletic trainer, coach, or school nurse give you regarding direct contact with other persons at school
Carry and use an alcohol-based hand sanitizer when soap and water are not available
Wash hands immediately after contact with the wound
Do not take antibiotics to prevent an infection

ADDITIONAL SOURCES OF INFORMATION

When in doubt of the correct procedure to follow, contact your healthcare provider, your local or regional health department, or the Texas Department of Health.

Additional information on bacteria, antibiotics and antibiotic resistant organisms, disinfection, wound healing, and other treatment for infections can be found in your local library or the World Wide Web:

Texas Department of Health

<http://www.tdh.state.tx.us/ideas/factsht/factsht.htm>

Centers for Disease Control and Prevention

<http://www.cdc.gov/ncidod/hip/ARESIST/mrsa.htm>

<http://www.cdc.gov/drugresistance/community/>

Other sources

www.ahrq.gov

<http://www.tufts.edu/med/apua/Practitioners/RSMarticle.html>

Important Phone Numbers:

Athletic Office: 281.396.7780	Rusty Dowling, Director of Athletics Bubba Fife, Assistant Athletic Director
CRHS: cell# 281.220.9918	Bennett Johnson, Head Trainer Kin Hitt, Assistant Trainer
KHS: cell# 281.220.9912	Justin Landers, Head Trainer Russell Sadberry, Assistant Trainer
MCHS: cell# 281.220.9909	Charlie Stevens, Head Trainer Kathy Pantzar, Assistant Trainer
MRHS: cell# 832.731.6854	Glen Stroeck, Head Trainer
THS: cell# 281.220.9907	Calvin Salois, Head Trainer Anjanette Butts, Assistant Trainer

U.I.L. Website: www.uil.utexas.edu/ath/forms

What to do if your son/daughter is injured

1. Contact the Athletic Trainer at your high school, or the Athletic Coordinator at each junior high school.
2. If medical services are sought, you have to pay for office visits, x-rays, etc. The U.I.L. Sponsor or trainer will send you a claim form for the Katy ISD Athletic Department insurance company to be filled out by you and your doctor. Make two copies of the completed claim form with bills attached, one for your records and forward the other copy to the athletic coordinator at your school. Mail the original copy directly to the insurance company. Delays in filing the claim may mean delays in the claim adjustments. **Remember your personal family insurance is the primary carrier, so file on it immediately. School insurance will pay only when this is completed.**

Statement and Signatures

I have read and understand all parts of the Athletic Information Packet.

As a Katy Independent School District Student-Athlete, I will abide by the stated policies and rules of the Katy Independent School District and the U.I.L.

My signature signifies that I have read all parts of and have retained the Student Athletic Information Packet.

School Year _____

Student Name (Print): _____

Student Signature: _____

Date: ____ / ____ / ____

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____

Date: ____ / ____ / ____

Personal Student Information for Athletics

Student name: Last	First	MI
Address: Street	City	State Zip
D.O.B.	Age	Grade
S.S.# _____ / ____ / _____	Home Phone: () _____ - _____	

Father's Name: Last	First	MI
Father's Home Address (if different): Street		
City	State	Zip
Father Employed By:		Email Address:
Father's Hm Phone: () _____ - _____	Wk Phone: () _____ - _____	
Cell Phone: () _____ - _____	S.S.# _____ / ____ / _____	

Mother's Name: Last	First	MI
Mother's Home Address (if different): Street		
City	State	Zip
Mother's Employed By:		Email Address:
Mother's Hm Phone: () _____ - _____	Wk Phone: () _____ - _____	
Cell Phone: () _____ - _____	S.S.# _____ / ____ / _____	

Insurance Information

Insured Name: Last	First	MI
Insurance Company:		
Group No.:	Certificate or Policy No.:	
Insurance Company Address:		
City	State	Zip
Insurance Type: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare		

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-19-05

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 5, 7, 11, or 17 requires further medical evaluation which may include a physical examination. See Below*

- | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------|-------|-----|------|---------|-------|------|-------|------|-------|------|-----------|----------|--------|-------|-----------|--|------|
| <p>1. Have you had a medical illness or injury since your last check up or sports physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a physician ever denied or restricted your participation in sports for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many times? _____ When was the last concussion? _____
How severe was each one? (Explain below) _____
Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had numbness or tingling in your arms, hands, legs, or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you cough, wheeze, or have trouble breathing during or after activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>10. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check appropriate box and explain below.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Head</td> <td style="width: 33%;">Elbow</td> <td style="width: 33%;">Hip</td> </tr> <tr> <td>Neck</td> <td>Forearm</td> <td>Thigh</td> </tr> <tr> <td>Back</td> <td>Wrist</td> <td>Knee</td> </tr> <tr> <td>Chest</td> <td>Hand</td> <td>Shin/Calf</td> </tr> <tr> <td>Shoulder</td> <td>Finger</td> <td>Ankle</td> </tr> <tr> <td>Upper Arm</td> <td></td> <td>Foot</td> </tr> </table> <p>14. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you lose weight regularly to meet weight requirements for your sport? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Record the dates of your most recent immunizations (shots) for:
Tetanus _____ Measles _____
Hepatitis B _____ Chickenpox _____</p> <p>17. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Females Only</p> <p>18. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____</p> <p>*Explain "Yes" answers here: (A "yes" on questions 1, 2, 5, 7, 11 or 17 requires a further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, or nurse practitioner is required before any participation in UIL practices, games or matches.)</p> <p>_____</p> <p>_____</p> <p>_____</p> | Head | Elbow | Hip | Neck | Forearm | Thigh | Back | Wrist | Knee | Chest | Hand | Shin/Calf | Shoulder | Finger | Ankle | Upper Arm | | Foot |
| Head | Elbow | Hip | | | | | | | | | | | | | | | | | |
| Neck | Forearm | Thigh | | | | | | | | | | | | | | | | | |
| Back | Wrist | Knee | | | | | | | | | | | | | | | | | |
| Chest | Hand | Shin/Calf | | | | | | | | | | | | | | | | | |
| Shoulder | Finger | Ankle | | | | | | | | | | | | | | | | | |
| Upper Arm | | Foot | | | | | | | | | | | | | | | | | |

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

- To the Parent:**
- | | | | | |
|--|-----------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field | |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball | |
- Check any activity in which this student is allowed to participate.**

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

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
 Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

**Katy Independent School District
Parent Authorization to Consent to Treatment of Student Athlete**

(I) (We), the undersigned, parent(s) of (print) _____, a minor, do hereby authorize the Katy Independent School District athletic staff as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon in the exercise of his/her best judgment may deem advisable. (I) (We) hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment.

These authorizations shall remain effective until _____, _____ (year)

Date

Parent/Legal Guardian

Parent/Legal Guardian

STATE OF TEXAS, County _____
Before me the undersigned authority, on this day personally appeared _____ the person (s) whose name(s) is/are subscribed to the foregoing instrument, and acknowledge to me that he/she/they executed the same for the purposes and consideration there in expressed.

Given under my hand and seal of office on this _____ day of _____, _____ (year)
Notary Public in and for _____ County, Texas. My commission Expires: _____

Notary Signature

Printed/ Stamped Name of Notary
Father's Name _____ Work Phone _____ Home Phone _____ Cell Phone _____
Mother's Name _____ Work Phone _____ Home Phone _____ Cell Phone _____

Insurance Company: _____ HMO PPO Medicaid Medicare

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It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon in the exercise of his/her best judgment may deem advisable. (I) (We) hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment.

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Notary Signature

Printed/ Stamped Name of Notary
Father's Name _____ Work Phone _____ Home Phone _____ Cell Phone _____
Mother's Name _____ Work Phone _____ Home Phone _____ Cell Phone _____

Insurance Company: _____ HMO PPO Medicaid Medicare