

STUDENT HEALTH REVIEW/EXAM

SECTION A: To be completed by parent or guardian.

Student Last Name <input style="width:95%;" type="text"/>	Student First Name <input style="width:95%;" type="text"/>	MI <input style="width:20px; height:20px;" type="text"/>	Date of birth <input style="width:90%; height:20px;" type="text"/>	Grade <input style="width:80%; height:20px;" type="text"/>
Address <input style="width:95%; height:25px;" type="text"/>		City <input style="width:95%; height:25px;" type="text"/>		Zipcode <input style="width:80%; height:25px;" type="text"/>
Phone <input style="width:95%; height:25px;" type="text"/>	Emergency Phone <input style="width:95%; height:25px;" type="text"/>	Date of last physical exam <input style="width:95%; height:25px;" type="text"/>		
Are your immunizations up to date <input type="checkbox"/> Yes <input type="checkbox"/> No		Last tetanus shot <input style="width:95%; height:25px;" type="text"/>	Last measles shot <input style="width:95%; height:25px;" type="text"/>	Last TB skin test <input style="width:95%; height:25px;" type="text"/>

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently taking any medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you tire more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been told that you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had racing of your heart or skipped beats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died of heart problems or sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any skin problems (<i>itching, rashes, acne</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a concussion? If yes, how many _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you suffer from migraines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever had heat or muscle cramps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have trouble breathing or do you cough during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you use any special equipment (<i>pads, braces, neck rolls, mouth guards, eye guards, etc.</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you wear glasses or contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| ___Head ___Shoulder ___Thigh ___Neck ___Elbow ___Knee ___Chest | | |
| ___Forearm ___Shin/calf ___Back ___Wrist ___Ankle ___Hip ___Hand | | |
| 26. Have you ever had other medical problems (<i>infectious mononucleosis, diabetes, etc.</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you had any medical problem or injury since your last evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are you Diabetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are you Asthmatic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have any allergies (<i>medicine, bees or other stinging insects</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |

List all allergies: _____

31. When was your first menstrual period? _____
 When was your last menstrual period? _____
 What was the longest time between your periods last year? _____

32. Explain all "yes" answers: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and give consent for my student to be examined.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.

4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org

STUDENT HEALTH REVIEW/EXAM

SECTION B: To be completed by physician, physician assistant or advanced nurse practitioner

This form to be sent to the school (do not send to ASAA)

Student Last Name []	Student First Name []	MI []	Date of birth [] / [] / []	Grade []
Height []	Weight []	Blood Pressure []	Pulse []	
Vision -- Right Eye 20/ []	Vision -- Left Eye 20/ []	Vision Corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pupils []	

	NORMAL	ABNORMAL FINDINGS	INITIALS
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance: Cleared
 Cleared after completed evaluation/rehabilitations for (Specific Sports): _____
 Not cleared for: Collision Contact Noncontact Strenuous
 Moderately Strenuous Nonstrenuous

Due to: _____

Name of M.D., P.A. or ANP (circle which) []	Signature []	Date [] / [] / []
--	-------------------------	--------------------------------

Address []	Phone []
-----------------------	---------------------

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
 4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org

PARENTAL ASSUMPTION of RISK FORM

When students participate in sports activities there is always the risk of injury. The Lower Kuskokwim School District Attempts to do everything reasonable to avoid injury to athletes, but injuries can still happen. There is always the possibility of a crippling injury to your child, or the possibility of emotional injury from your child seeing or causing another child to be injured. Injuries can be anything from minor cuts, bruises, sprains, and strains to broken bones, paralysis and even death. In addition to these general risks, each sport has the specific risks listed below.

Cross Country Running: The most common types of injuries in cross country running are strains, sprains, and muscle pulls in the legs. Proper warm up and stretching exercises before running can help prevent these injuries.

Basketball: Common injuries in basketball are sprains, particularly to the ankle and knee, pulled muscles, and back injuries. Also, because basketball is a contact sport, there are risks of head and eye injuries, broken bones, and ligament and cartilage damage. Proper warm up and stretching exercises before playing, and carefully following rules of the game can help prevent these injuries.

Volleyball: Common injuries in volleyball include bruises, scrapes, strains, and sprains of the arms, legs, hands, feet, and lower back. Ligament, and cartilage damage as well as concussions are also possible. Proper warm up and stretching exercises, and maintaining alertness will prevent injury.

Cheerleading: Common injuries in cheerleading are sprains, particularly to the ankle and knee, pulled muscles and back injuries. In addition since cheerleading involves height and/or motion, but not limited to gymnastics, tumbling, stunting, and dance, serious but less common injuries include but are not limited to: serious neck and spinal injuries which may result in complete or partial paralysis or brain damage and even death, serious injury to virtually all bones, joints, muscles, ligaments, tendons, and other aspects of the muscular-skeletal system.

Wrestling: Injuries to nearly all parts of the body are common in wrestling. These include broken bones, bruises, strains, sprains, muscle pulls, damaged ligaments and cartilage, and nose bleeds. Less common injuries include dislocated joints, head, neck, and spinal injuries, which can lead to paralysis or death, and injuries to internal organs. Proper warm up and stretching exercises before wrestling, and carefully following the rules can help prevent these injuries.

Native Youth Olympics (NYO): Common injuries in NYO include: bruises, strains, sprains, and muscle pulls. In the one and two foot high kick events, there is possibility of landing wrong and breaking bones in the arms and legs, or injuring the back. Proper warm up and stretching exercises before practicing or competing can help prevent these injuries.

Archery: The most common types of injuries in archery are arm bruising and raw fingers. Injuries that are very uncommon would be punctures from arrow tips and nocks. All of these injuries can be avoided through proper training and following the stringent rules of the NASP system. Archery is the second safest sport in the world second only to table tennis.

The information above has been explained to us, and we understand the risks involved in participation in sports. Knowing the risks involved, we voluntarily consent to participation in the sports circled below:

CROSS COUNTRY RUNNING * BASKETBALL * CHEERLEADING * WRESTLING * VOLLEYBALL *
NATIVE YOUTH OLYMPICS * ARCHERY

Athlete's Signature

Date

Parent's or Guardian's Signature

Date

**LKSD STUDENT CONTRACT FOR
PARTICIPATION IN STUDENT ACTIVITIES**

NAME _____ **GRADE** _____
SCHOOL _____ **SCHOOL YEAR** _____
ACTIVITY _____

BY SIGNING THIS CONTRACT, I AM EXPRESSING MY DESIRE TO PARTICIPATE IN THE ACTIVITY NAMED ABOVE, AND ACKNOWLEDGE THAT I AM AWARE OF AND AGREE TO ABIDE BY THE FOLLOWING ESTABLISHED RULES:

1. Maintain a "C" grade point average for the current semester (with no "F's").
2. Demonstrate good citizenship in and around school. This includes my attitude, behavior, work, and attendance.
3. Abstain from the use of alcohol and drugs for the duration of the season for which I am in "training" for this activity.
4. Follow established rules and guidelines by my school and school district, and to show respect at all times for my coach/sponsor and fellow team members.

I UNDERSTAND THAT MY FAILURE TO KEEP THE TERMS OF THIS AGREEMENT WILL RESULT IN MY BEING INELIGIBLE TO PARTICIPATE IN THIS ACTIVITY.

STUDENT'S SIGNATURE _____ **DATE** _____

I hereby consent to let my son/daughter participate in the interscholastic activity named above. It is understood that all reasonable caution will be taken by those persons in charge to prevent injuries. The school district will not assume responsibility for injuries sustained in the activity program.

PARENT SIGNATURE _____ **DATE** _____
COACH SIGNATURE _____ **DATE** _____
PRINCIPAL SIGNATURE _____ **DATE** _____

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Student Last Name	Student First Name	MI	Date of birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	Zipcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Phone	Email			
<input type="text"/>	<input type="text"/>			
School				
<input type="text"/>				

PARENT/GUARDIAN

Parent/Guardian Last Name	Parent/Guardian First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Email	
<input type="text"/>	<input type="text"/>	

COACH/ADVISOR

Coach/Advisor Last Name	Coach/Advisor First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRINCIPAL

Principal Last Name	Principal First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

Continuation

CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in ASAA or school district approved interscholastic activities as a representative of his/her school. I also give my consent for the the above named student to accompany the group as a member on out-of-town trips. I have received and have reviewed the "Parents Guide to Concussion in Sports."

Parent/Guardian name (please print)	Parent/Guardian signature	Date
		/ /

INSURANCE COVERAGE

I understand that the Alaska State Board of Education and Alaska School Activities Association (ASAA) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE BOARD OF EDUCATION OR ASAA, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

Parent/Guardian name (please print)	Parent/Guardian signature	Date
		/ /

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to medical examination, emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, nurse practitioner, PA, athletic trainer, community health aid, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or ASAA, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows: Native Services Military Private Insurance Carrier
 None. I will assume financial responsibilities for injuries.

Name of Insurer: _____ Policy Number: _____ Phone of Insurer: _____

Parent/Guardian name (please print)	Parent/Guardian signature	Date
		/ /

Parent/Guardian phone number	Parent/Guardian emergency phone number

Personal Physicians Name	Personal Physicians phone number

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
 4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org

ASAA Parent and Student Acknowledgement and Consent

The _____ School District requires that each athlete and each athlete's parent/guardian, receive a copy of its guide entitled "A Parents Guide to Concussion in Sports". This guide sets forth a description of the nature and risks of Concussion.

Parents and athletes should review the Guide, discuss it at home, and direct any questions to the coach, school nurse, or activities principal.

Parents and athletes need to annually acknowledge receipt of "A Parents Guide to Concussion in Sports", and understand its contents.

Student/Parent/Guardian Acknowledgement (required for all athletes)

I acknowledge that I have received a copy of "A Parents Guide to Concussion in Sports", and understand its contents.

Student Signature

Print Name

Date of Birth

Date

Parent/Guardian signature is required for all athletes under 18 years of age. If 18 or older, the athlete must sign below consent.

Parent/Guardian Signature

Print Name

Date



A Parent's Guide to Concussion in Sports

What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion.

Concussion Facts

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
- Concussions occur most frequently in football, but girl's lacrosse, girl's soccer, boy's lacrosse, wrestling and girl's basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to several months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

What are the signs and symptoms of a concussion?

SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache
Is confused about what to do	Nausea
Forgets plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or fuzzy vision
Moves clumsily	Sensitivity to light or noise
Answers questions slowly	Feeling sluggish
Loses consciousness	Feeling foggy or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit	Confusion
Can't recall events after hit	

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected to be able to "diagnose" a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:

When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department immediately.