BIG FOOT HIGH SCHOOL
ATHLETICS PARTICIPATION & PHYSICAL EXAM. CARD

Return to BFHS Athletic Department BEFORE 1st Practice

This is for sports ONLY. ***NOTE: Student CANNOT practice/participate without this form.***

1. COMPLETE:

Student Name _____ Cell _____ Date of Birth ___/___/___ Incoming Grade _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Mom Cell (_____) _____ Dad Cell (_____)_____

Parent/Guardian Name(s)_____

Medical Info that affects athlete in practice or games (ie, allergies, medications): _____

PERMISSIONS

I hereby give my permission for the above-named student to practice, compete, travel with, and represent Big Foot High School in WIAA approved interscholastic sports except those restricted on this card.

EMERGENCY MEDICAL CARE:

Parents/guardians need to provide all health concerns/protocols/medications to the coach/athletic trainer. I grant permission for the above student, in case of accident or injury during athletic participation, to be given emergency attention/care by the athletic trainer, team physician, or any other physician present and to be conveyed to an emergency medical facility if needed. I understand that all costs associated with such treatment will be the responsibility of the parents/guardians, and that Big Foot High School will assume no liability for the costs.

Pursuant to the requirements of the Health Ins. Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as, but not limited to: principal, athletic director, athletic trainer, team physician(s), team coach(es), asst. athletic director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

INFORMED CONSENT:

I understand and accept that there are certain physical risks incumbent upon participation in athletics. I realize the Big Foot High School District is not responsible for, and does not provide insurance of any kind for its students. Knowing this, I hereby give the above-named student permission to participate in athletics for this school year. Voluntary student accident insurance is available to me for purchase at my expense. The form detailing this information is on-line and available at Registration, and must be signed indicating whether you take or waive the voluntary insurance.

BFHS CODE OF CONDUCT

The above-named student will be participating in a co-curricular sport at Big Foot High School. A copy of the BFHS Code of Conduct is on the BFHS Athletics website, available in the BFHS Athletic Office, at Registration, and contained in the BFHS Student Handbook. By signing this form, we are attesting to the fact that we have read, understand, and will abide by all of the information contained in the Code. We further certify that if we have not understood any information contained in this document, we have sought and received an explanation of the in-formation prior to signing this statement. We realize the rules and regulations are in effect year round, on and off the playing court/field.

2. SIGN: _____ _____ _____ _____

Parent/Guardian Signature ***Date*** ***AND*** ***Student-Athlete Signature*** ***Date***

3. COMPLETE *only* ONE OF THE BOXES BELOW *as it applies to your athlete.*

ALTERNATE YR CARD

ALTERNATE YEAR CARD - ONLY *IF YOU FILED A SPORTS PHYSICAL LAST YEAR.* (NOT for freshmen.)

☐ Check this box **ONLY** if you filed a sports physical with BFHS Athletics last school year; **AND** the student has not had a surgery, serious injury or illness that needs another medical evaluation prior to participating in athletics this school year.

Date of Last Physical:_____ ***NOTE:*** Physicals dated AFTER April 1 are good for the following TWO SCHOOL YEARS. Physicals dated BEFORE April 1 are good for the remainder of that school year and the following school year.

IF YOU NEED A NEW SPORTS EXAM (due to a surgery or serious medical condition), OR you are an incoming freshman, Junior, transfer, OR haven't had a physical since April 1, 2020, you need a sports physical. Have doctor complete below.

PHYSICIAN COMPLETES SPORTS PHYSICAL EXAM CARD

SPORTS PHYSICAL EXAM CARD - [Physician/PA/APNP Completes AND Signs]

Check one of the following boxes, date and sign:

☐ **CLEARED** without restriction for all sports. **DATE OF EXAM:** _____/_____/_____

☐ **NOT CLEARED:** __ Pending further exam __ For all sports ___ For certain sports:_____

Give reason/restriction if not cleared: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physican may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians.)

SIGNATURE OF LICENSED PHYSICIAN (MD or DO)/PA/APNP:_____

Clinic _____

Address _____ Phone (_____)_____

Street Address *City* *State* *Zip*

*Physicians may authorize Nurse Practitioners to stamp this card with the physician's signature or name of clinic.