Suffolk Public Schools Middle School Sports Program
P.O. Box 1549 · Suffolk, VA 23439

Athletic Participation / Parent Consent / Physical Examination Form

Separate examination is required for each school year May 1 of the current year through June 30 of the succeeding year.

For school year __________ I am in the 7th · 8th · grade Middle School __________

PART 1 – ATHLETIC PARTICIPATION
(To be filled in and signed by the student and parent/guardian)

Name __________________________________________ Student I.D. # __________________
(Last) ____________________ (First) ____________________ (Middle Initial) __________________

Home Address __________________________________________

City/ Zip Code ____________________ Male · Female *

Home Address of Parents __________________________________________

City/ Zip Code ____________________ Place of Birth __________________

Date of Birth __________ Age as of August 1, 2020 __________

Individual Eligibility Rules

Attention Student! To be eligible to represent your school in the Suffolk Middle School Sports Program, you must meet the following rules:

1. The student shall be a bona fide student in good standing in the school that he/she represents. This includes being enrolled in at least five classes or equivalent during each of the four nine week grading periods.
2. The student shall be a bona fide student in good standing in the seventh or eighth grade and must have met all necessary requirements (2.0) after having been promoted.
3. Students must have a 2.0 grade point average. The 2.0 will be based on the previous semester or yearly grade (fall only).
   Exception: A student may remove an academic deficiency during summer school so as to render that student eligible to participate during the first semester of the ensuing school year.
4. Age: A student may not have reached the age of fifteen (15) on or before August 1, of the school year in which the student intends to participate.
5. A student is not allowed to participate in a particular middle school sport more than once as a seventh grader or more than once as an eighth grader.
6. A student is allowed to participate in a particular sport more than once per school year at the middle school and high school levels. (Starting September 2014)
7. Each student must complete the Athletic Participation/Parental Consent/Physician’s Certificate Form at least once during each school year.
8. Students participating in athletic activities must be in attendance at school no less than one-half day to practice, perform, or compete on that day.
9. Once the team is selected, referrals resulting in In-School Suspension (ISS) or bus suspension will lead to a one game suspension of the playing date closest to the suspension. Referrals resulting in Out of School Suspension (OSS) will lead to dismissal from the team.

Eligibility to participate in intramural athletics is a privilege you (student) earn by meeting not only the above-listed minimum standards, but also all other standards set by your school. If you have any questions regarding your eligibility or if you are in doubt about the effect an activity might have on your eligibility, check with your principal for interpretations and exceptions provided under Program rules. Meeting the intent and spirit of Program standards will prevent you, your team, school and community from being penalized.

I have received rules of the Suffolk Middle School Sports Program (above) and believe I am (my child) is eligible to represent my school in the Suffolk Middle School Sports Program.

Parent Signature: __________________________________________ Date: __________________

Student Signature: __________________________________________ Date: __________________

Providing false information will result in ineligibility for one year.

7th and 8th Graders (Fall 2020): Complete this page
Athletic Participation/Parental Consent/Physical Examination Form
Separate signed form is required for each school year. May 1 of the current year through June 30 of the succeeding year.

For School Year
PRINT CLEARLY

Name ___________________________  Student ID # ___________________________
(Last) (First) (Middle Initial)

Home Address ___________________________

City/Zip Code ___________________________

Home Address of Parents ___________________________

City/Zip Code ___________________________

Date of Birth ___________________________ Place of Birth ___________________________

This is my _____ semester in High School, and my _____ semester since first entering the ninth grade. Last semester I attended ___________________________ School and passed ________ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES
To be eligible to represent your school in any VHSL interscholastic athletic contest, you--
• must be a regular bona fide student in good standing of the school you represent.
• must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
• must have enrolled not later than the fifteenth day of the current semester.
• for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). May not repeat courses for eligibility purposes for which credit has been previously awarded.
• for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
• must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
• must not have reached your nineteenth birthday on or before the first day of August of the current school year.
• must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
• must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
• must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, check with your principal for interpretations and exceptions provided under League rules. Meeting the intent and spirit of League standards will protect you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: ___________________________ Date: ___________________________

Providing false information will result in ineligibility for one year.

7th Graders (Fall 2020) - Do Not Complete This Page

8th Graders (Fall 2020) - Complete This Page
## PART II - MEDICAL HISTORY - Explain "Yes" answers below

This form must be completed and signed, prior to the physical examination, for review by examining practitioner. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

<table>
<thead>
<tr>
<th>GENERAL MEDICAL HISTORY</th>
<th>Yes</th>
<th>No</th>
<th>MEDICAL QUESTIONS (cont)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever disdied or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
<td>29. Do you have groin pain or a painful bulge or hernia in the groin area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you currently have an ongoing medical condition? If so, please identify: [ ] Asthma [ ] Anemia [ ] Diabetes [ ] Infections [ ] Other:</td>
<td></td>
<td></td>
<td>30. Have you had mononucleosis (mono) within the last month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you ever spent the night in the hospital?</td>
<td></td>
<td></td>
<td>31. Do you have any rashes, pressure sores, or other skin problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had surgery?</td>
<td></td>
<td></td>
<td>32. Have you ever had a herpes or MRSA skin infection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you ever had a history of heart disease? (For example, heart murmur, high blood pressure, other conditions)</td>
<td></td>
<td></td>
<td>33. Are you currently taking any medication on daily basis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had discomfort, pain, or pressure in your chest during exercise?</td>
<td></td>
<td></td>
<td>34. Have you ever had a head injury or concussion? If so, date of last injury:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does your heart race or skip beats during exercise?</td>
<td></td>
<td></td>
<td>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you have a history of diabetes? If so, please provide information: [ ] Type 1 [ ] Type 2</td>
<td></td>
<td></td>
<td>36. Do you have headaches with exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you ever been told that you have diabetes?</td>
<td></td>
<td></td>
<td>37. Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you have a history of high blood pressure?</td>
<td></td>
<td></td>
<td>38. When exercising in heat, do you have severe muscle cramps or become ill?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Have you ever had an unexplained seizure?</td>
<td></td>
<td></td>
<td>39. Do you have any concerns that you would like to discuss with a doctor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you have a history of heart disease? (For example, heart murmur, high blood pressure, other conditions)</td>
<td></td>
<td></td>
<td>40. Have you had any other blood disorders?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Does anyone in your family have a heart problem?</td>
<td></td>
<td></td>
<td>41. Have you had any problems with your eyes or vision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Do anyone in your family have a pacemaker or implanted defibrillator?</td>
<td></td>
<td></td>
<td>42. Do you wear glasses or contact lenses?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Has anyone in your family ever had a heart attack?</td>
<td></td>
<td></td>
<td>43. Do you wear protective eyewear, such as goggles or a face shield?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Has anyone in your family had an unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
<td></td>
<td>44. Do you worry about your weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?</td>
<td></td>
<td></td>
<td>45. Are you trying to or has any professional recommended that you try to gain or lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Have you had any broken or fractured bones or dislocated joints?</td>
<td></td>
<td></td>
<td>46. Do you limit or carefully control what you eat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?</td>
<td></td>
<td></td>
<td>47. Do you have any concerns that you would like to discuss with a doctor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR have you ever been told that you have that disorder or any neck/spine problem?</td>
<td></td>
<td></td>
<td>48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Have you ever had a stress fracture of a bone?</td>
<td></td>
<td></td>
<td>49. Do you have an allergy to medicine, food or stinging insects?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Do you regularly use a brace or assistive device?</td>
<td></td>
<td></td>
<td>FEMALES ONLY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Do you currently have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
<td></td>
<td>50. Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
<td></td>
<td>51. Age when you had your first menstrual period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Do you have a history of juvenile arthritis or connective tissue disease?</td>
<td></td>
<td></td>
<td>52. How many periods have you had in the last 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXPLAIN "YES" ANSWERS BELOW:**

-  

**MEDICAL QUESTIONS**

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*List medications and nutritional supplements you are currently taking here:*  

### Parent/Guardian Signature: __________________________ Date: __________________________ Athlete's Signature: __________________________  

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7th and 8th Graders (Fall 2020) - Complete This Page  

Revised February 2017
PART III – PHYSICAL EXAMINATION

(NAME)

Date of Birth

School

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BP</th>
<th>Resting Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vision R 20/</td>
</tr>
<tr>
<td></td>
<td>L 30/</td>
</tr>
<tr>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

MEDICAL

NORMAL

ABNORMAL FINDINGS

- Appearance
- Eyes/ears/nose/throat
- Lymph nodes
- Heart
- Pulses
- Lungs
- Abdomen
- Genitourinary (males only)
- Skin

Neurologic

MUSCULOSKELETAL

NORMAL

ABNORMAL FINDINGS

- Neck
- Back
- Shoulder/arm
- Elbow/forearm
- Wrist/hand/fingers
- Hip/thigh
- Knee
- Leg/ankle
- Foot/toes
- Functional

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site

☐ Inhaler  ☐ Epinephrine  ☐ Glucagon  ☐ Other:

Comments:

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

☐ CLEARED WITHOUT RESTRICTIONS

☐ CLEARED WITH FOLLOWING NOTATION:

☐ Cleared AFTER documented further evaluation or treatment for:

☐ Cleared for Limited participation (check and explain “reason” for all that apply): “Limited Until Date” when appropriate

☐ Not cleared for (specific sports) __________________________ Until Date: __________________________

Reason(s):

☐ NOT CLEARED FOR PARTICIPATION Reason

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: __________________________ (MD, DO, LNP, PA) Date: __________________________

Examiner’s Name and degree (print): __________________________

Phone Number: __________________________

Address: __________________________ City: __________________________ State: __________________________ Zip: __________________________

Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant licensed to practice in the United States will be accepted.

Rule 2A13-1-1: When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League’s Form #2, the student is in compliance with physical examination requirements.
PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT
(To be completed and signed by parent/guardian)

I give permission for ______________________ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports).

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. If/He/she has student medical/accident insurance available through the school (yes__ no__), has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of Medical Insurance Company:________________________ Name of Policy Holder:________________________

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

*By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student’s picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855.242.8282

PART V - EMERGENCY PERMISSION FORM
(To be completed and signed by parent/guardian)

STUDENT’S NAME __________________ GRADE ______ AGE _____ DOB ______

HIGH SCHOOL ___________________ CITY ______________________

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency ____________________________

______________________________________________________________

Please list any allergies to medications, etc. __________________________

Is the student currently prescribed an inhaler or Epi-Pen? __________ List the emergency medication: __________________________

Is student presently taking any other medication? __________ If so, what type? __________________________

Does student wear contact lenses? __________ Date of last Tdap or Td (tetanus) shot __________________________

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) __________________________

Evening time phone number (where to reach you in emergency) __________________________

Cell phone __________________________

*Signature of parent or guardian __________ Date __________

Relationship to student __________________________

Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct __________________________ Parent/Guardian Signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student’s primary care physician.