

# \*DOCTOR'S OFFICE MUST CHECK BOX/SIGN/DATE/STAMP FORM\*

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Medically eligible for all sports without restriction  
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medically eligible for certain sports  
\_\_\_\_\_  
\_\_\_\_\_

Not medically eligible pending further evaluation  
 Not medically eligible for any sports

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

\* Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

\* Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Signature of health care professional: \_\_\_\_\_ MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

**STAMP REQUIRED**

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## Arlington Public Schools Athletic/Co-Curricular Pre-Participation Agreement

**Participation in athletics and co-curricular activities is a privilege.** Arlington Public Schools recognizes the value of athletic and co-curricular activities and how it supports the development of well-rounded adults while addressing students' interests and aptitudes.

**Pre-participation Physical Examination:** The Code of Virginia § 22.1-271.7 states that the physical examination is current for no more than 14 months prior to the date on which such examination form was signed. It will be the parent/guardian/student's responsibility to keep a current physical examination on file with the school to stay eligible for athletic participation.

Parent Initials

Student Athlete Initials

**Student Behavior and Disciplinary Responsibilities:** APS encourages students to behave in a manner that promotes a positive learning environment. APS disciplinary policy prohibits bullying, sexual harassment, sexual misconduct and abuse, substance use, and other negative and potentially illegal behaviors. These policies are outlined on the APS website and in the APS Handbook. Students may be disciplined for violation of APS disciplinary policy while on school premises, in proximity to school premises, when coming to or going from school, while on school-owned and operated school buses or on chartered buses, while engaged in an approved and supervised activity on or off school premises, and when the good order, safety or welfare of the school or its students is affected as a result of the out of school action. A student participating in APS athletics and/or co-curricular activities who violates an APS disciplinary policy may, in addition to other disciplinary action, be suspended or expelled from participation in APS athletics and/or co-curricular activities, as determined by the appropriate APS staff member.

Parent Initials

Student Athlete Initials

**Concussions and Students:** Concussions can occur in any sport or activity. A student who is identified as having, or is suspected of having, a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care provider as identified by The Code of Virginia §22.1-271.5. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death. Concussions are managed best by a multi-disciplinary approach that includes the student-athlete, parent, school and medical personnel. The National Federation of State High School Associations (NFHS) has teamed with the Centers for Disease Control and Prevention to educate students and parents/guardians on the importance of identifying and reacting to concussions. Students and parents are required to take this NFHS course. By our signatures and initials below, we (the student and his/her parent or guardian) acknowledge receipt of, and certify that we have read in its entirety and understand, "Concussion Fact Sheet" provided by the Arlington Public Schools which is also found at the secondary schools web site; and completed the NFHS course provided in the hyperlink. We further understand that if we have any questions about the information, we can contact the high school athletic trainer or director of student activities, or the middle school student activity coordinator. The high school athletic trainer has the final decision on the athlete's return to play status.

Parent Initials

Student Athlete Initials

**Sudden Cardiac Arrest (SCA) and Students:** Exercise is one of the most powerful tools for improving health. Yet, for a small number of students with cardiac conditions, exercise can sometimes be associated with the risk of sudden death. Many conditions are known to be genetic and can be hard to identify through a routine examination. An annual pre-participation physical examination, including a detailed family medical history is critical to identifying potential causes of SCA. The Code of Virginia §22.1-271.8 provides guidelines on Sudden Cardiac Arrest Prevention in Student Athletes. The National Federation of State High School Associations (NFHS) has partnered with Simon's Heart to educate students and parents/guardians on sudden cardiac arrest which is the number one cause of death in the United States for student-athletes during exercise. The NFHS online course will help students and parents learn and recognize the warning signs and symptoms of Sudden Cardiac Arrest. By our signatures and initials below, we (the student and his/her parent or guardian) acknowledge receipt of, and certify that we have completed the NFHS sudden cardiac arrest course provided in the hyperlink.

Parent Initials

Student Athlete Initials

**Heat-Related Illness and Students:** Heat-related illness is a general term that encompasses four specific conditions: (1) heat stroke (medical emergency); (2) heat exhaustion; (3) heat syncope (fainting); and (4) heat cramps. The prevention of heat-related illnesses includes proper acclimatization for exercise in hot and humid environments and maintenance of appropriate hydration levels. The National Federation of State High School Associations (NFHS) has created an online course to help students and parents minimize the risk of heat illness at your school. This course is designed to provide the fundamentals of a strong heat acclimatization plan and highlights the importance of an appropriate hydration plan. The NFHS course will help students and parents learn and recognize the importance of heat acclimatization and proper hydration. By our signatures and initials below, we (the student and his/her parent or guardian) acknowledge receipt of, and certify that we have completed the NFHS heat illness course provided in the hyperlink.

Parent Initials

Student Athlete Initials

**Acknowledgment and Assumption of Risk:** We, the student and parents or guardians who have signed this form, consent to the athletic and/or co-curricular activity participation agreement and transportation through Arlington Public Schools. We agree to follow the rules and instructions of the APS Handbook, the student's school, the coaching staff, athletic trainers and the Virginia High School League (VHSL) and to abide by their administrative decisions. We agree to and understand the many risks involved in participation. We understand that injuries requiring medical attention, serious injuries, permanent disability or death can result from such participation. Further, because athletic participation involves shared facilities, equipment and physical contact, student are at increased risk for exposure to communicable diseases and skin infections. I choose to voluntarily accept all such risks. With the full understanding of the risks involved, we agree and accept all responsibility for the student's safety, health and welfare while participating in athletics and student activities.

This form should be signed by both the student and parent(s) or guardian(s).

**BY SIGNING BELOW, I STATE THAT THIS AGREEMENT HAS BEEN CAREFULLY READ, COMPLETED, AND UNDERSTOOD BY ME. I ACKNOWLEDGE ITS TERMS AND AGREE TO BE BOUND BY THEM.**

---

Student Athlete Signature

Date

Print Student Name

---

Parent or legal guardian Signature

Date

Print Parent/Guardian Name

*Failure to sign this agreement does not exempt a student from the school's responsibility to enforce the agreement.*

ARLINGTON PUBLIC SCHOOLS  
ATHLETIC TEAM  
STUDENT EMERGENCY INFORMATION CARD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

If parent/guardians cannot be contacted: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Grade: \_\_\_\_\_ Athletic Locker: \_\_\_\_\_ Lock #: \_\_\_\_\_ Combination: \_\_\_\_\_

ARLINGTON PUBLIC SCHOOLS  
ATHLETIC TEAM  
STUDENT EMERGENCY INFORMATION CARD

Special Medical Considerations(i.e. Allergies, medication, medical concerns, contacts, asthma, previous injuries, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian name (print): \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_ Date: \_\_\_\_\_

