SAINT XAVIER HIGH SCHOOL • 1609 POPLAR LEVEL ROAD • LOUISVILLE, KY 40217 • 502-637-4712 • www.saintx.com

Student's Full Name ______________________________ 2019-2020 Grade Entering _______
Last First Middle

PART 1 – 2019-2020 PARENTAL CONSENT / PERMISSION TO TREAT AUTHORIZATION

*** PARENT/GUARDIAN SIGNATURES & CONTACT INFORMATION ARE REQUIRED FOR YOUR SON TO RECEIVE ANY NECESSARY MEDICAL TREATMENT OR MEDICATION (INCLUDING TYLENOL, ADVIL, ETC). ***

In the event of an injury or illness during the school day or at a school event or, if applicable, an athletic event or practice session, I give permission for my son, __________________________, to receive proper/necessary care from the school nurse, Saint Xavier team physician, staff member, certified athletic trainer or coach. In addition, I authorize treating physicians and/or their representatives to release medical information to representatives of the Saint Xavier Administration, Athletic Department, Sports Medicine Department and coaching staff, as applicable.

X ______________________________ ______________
Parent/Guardian Signature **Date**

In the event of an emergency during the school day or at a school event or, if applicable, an athletic event or practice session, I give permission for my son,____________________________, to be transported to an appropriate medical facility for treatment. Furthermore, I give permission for the staff at the medical facility to render any and all treatment that is necessary for the well-being of my son. In addition, I authorize treating physicians and/or their representatives to release medical information to representatives of the Saint Xavier Administration, Athletic Department, Sports Medicine Department and coaching staff, as applicable.

X ______________________________ ______________
Parent/Guardian Signature **Date**

PART 1A – ADDITIONAL INFORMATION

Some insurance companies require treatment by specific physicians and/or specific hospitals. **If your insurance requires this or if you prefer specific treatment arrangements in the event of an emergency, indicate your instructions below.** Treatment may be delayed while the requested doctor is contacted.

______________________________ ______________
Health Care Practitioner Name / Phone Hospital

In addition, I authorize treating physicians and/or their representatives to release medical information to representatives of the Saint Xavier Administration, Athletic Department, Sports Medicine Department and coaching staff, as applicable.

X ______________________________ ______________
Parent/Guardian Signature Date

I authorize any physician or representative of The Louisville Orthopedic Clinic to administer medical care, including hospital care where deemed necessary, during the course of school athletic activities or school travel. I also authorize any physician or representative of The Louisville Orthopedic Clinic to release medical information to the Saint Xavier Sports Medicine Department, the St. X coaching staff, representatives of the St. X Athletic Department and Administration.

X ______________________________ ______________
Parent/Guardian Signature Date

PART 2 – CONTACT INFORMATION

Please complete both sides, even if student does <u>not</u> live with one or both parents:

FATHER / GUARDIAN ☐ Living ☐ Deceased ☐ Custodial

Name

Phone ☐ Cell ☐ Home ☐ Work

Alternate Phone ☐ Cell ☐ Home ☐ Work

Email Address **St. X Alum? (Class Year)**

STEP-MOTHER

Name

Phone ☐ Cell ☐ Home ☐ Work

Alternate Phone ☐ Cell ☐ Home ☐ Work

Email Address

MOTHER / GUARDIAN ☐ Living ☐ Deceased ☐ Custodial

Name

Phone ☐ Cell ☐ Home ☐ Work

Alternate Phone ☐ Cell ☐ Home ☐ Work

Email Address

STEP-FATHER

Name

Phone ☐ Cell ☐ Home ☐ Work

Alternate Phone ☐ Cell ☐ Home ☐ Work

Email Address St. X Alum? (Class Year)

EMERGENCY CONTACT INFORMATION – *IF PARENTS CANNOT BE REACHED*

Name **Relationship**

Phone ☐ Cell ☐ Home ☐ Work **Alternate Phone** ☐ Cell ☐ Home ☐ Work

IMPORTANT* - If emergency contact information changes at any time, contact Student Services at 637-4712 to ensure that you can be reached in an emergency.

PART 3 – MEDICAL INFORMATION RELEVANT TO IMMEDIATE EMERGENCY TREATMENT

Student's Full Name ______________________________ 2019-2020 Grade Entering ______
Last First Middle

Please list ***ALL medications*** your son is ***currently taking:*** ______________________________

____

Please list your son's allergies (drug allergy, food allergy, etc.): ______________________________

____

Medical conditions or recent injuries (***within the last two years***): ______________________________

____

How many (diagnosed by M.D.) ***concussions*** has your son had ***during his lifetime:*** ______________________________

Parent signature attests to the above list of medications, allergies, medical conditions, injuries, and concussions.

X ______________________________ ______________
Parent/Guardian Signature **Date**

PART 4 – ATHLETIC TRANSPORTATION AGREEMENT

I am the parent or guardian of the student identified above. I wish for my student to participate in the elective extracurricular programs associated with Saint Xavier High School Athletic Department.

I understand that games and practices for elective activities may be conducted at a location away from the Saint Xavier High School campus. I understand that in certain circumstances Saint Xavier may provide transportation to and/or from such games and practices. In requesting that my student be permitted to participate in elective activities, I agree that my student will ride in School-provided transportation when the school requires my student to do so.

I further understand that in certain circumstances Saint Xavier High School may not provide, or I would choose not to utilize the School's transportation for such games or practices. In requesting that my student be permitted to participate in elective activities, I agree that in those circumstances where the school does not provide, or I choose not to utilize transportation to such games or practices, I assume full responsibility for personally transporting, or arranging transportation of my student, to and from such games or practices.

I acknowledge that if I elect not to personally drive my student to and from a game or practice, any decision I make instead to allow my student to drive himself, to ride in a vehicle driven by the parent or guardian of another student participant, or to ride in a vehicle driven by another student participant, is solely an exercise of my discretion as a parent or guardian. I acknowledge that the assessment and decision whether it is safe to allow my student to drive to or from a particular game or practice, or to ride with another parent or guardian or student driving, is a family assessment and decision to be made by me or between my student and me.

By requesting permission for my student to participate in elective activities, I agree that no person driving my student to or from practice shall be considered an agent or servant of the school, in any respect or for any purpose, while driving, my student to or from such a game or practice. Further, by requesting permission for my student to participate in elective activities, I agree that should any claim be made against the School based on driving conduct of any such person, including my student, while they are providing transportation, I will defend, indemnify, and hold Saint Xavier High School harmless as to such claim.

X ______________________________
Parent/Guardian Printed Name

X ______________________________ ______________
Parent/Guardian Signature **Date**

PART 5 - SAINT XAVIER HIGH SCHOOL PARTICIPATION HANDBOOK FOR PARENTS AND STUDENT ATHLETES

PARENT/GUARDIAN

As parent/guardian of this student, I have read all the information in the Participation Handbook for Parents and Student Athletes, available online at www.saintx.com. This includes information regarding KHSAA eligibility requirements, training rules, hazards and risks associated with participation in athletics, responsibility for equipment, medical insurance, and tobacco/alcohol/drug policy. Having read this information, I give consent for my son to participate in the athletic program at Saint Xavier High School and agree to accept and support all of the school and KHSAA policies associated with such participation. I execute this release voluntarily and with full knowledge of it significance.

X ______________________________ ______________
Parent/Guardian Signature **Date**

STUDENT

As student/participant, I have read all of the information in the Participation Handbook for Parents and Student Athletes, available online at www.saintx.com. This includes information regarding KHSAA eligibility requirements, training rules, hazards and risks associated with participation in athletics, responsibility for equipment, medical insurance, and tobacco/alcohol/drug policy. I recognize the importance of following the instructions of my coaches and agree to obey such instructions in order to protect my safety and well-being. Having read this information, I agree to participate in the athletic program at Saint Xavier High School and agree to accept and support all of the school and KHSAA policies associated with such participation.

X ______________________________ ______________
Student Signature **Date**

Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation

© KHSAA, 2015

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

ATHLETE INFORMATION *(This part must be completed by the student and family)*

Name (Last, First, Initial) ______________________ School Year ______________

Home Address (Street, City, State, Zip): ______________________________

Gender __________ Grade ________ School ______________________

Date of Birth: ______________ Birth Place (County, State): ______________

School Attendance History

Grade	School Name	School Year		Varsity Play – (Yes/No)?
9				
10				
11				
12				

I am planning to participate in the following (check all you might try to play):

- ☐ Baseball
- ☐ Softball
- ☐ Archery
- ☐ Other ______________
- ☐ Basketball
- ☐ Swimming
- ☐ Bass Fishing
- ☐ Cross Country
- ☐ Tennis
- ☐ Bowling
- ☐ Football
- ☐ Track and Field
- ☐ Competitive Cheer
- ☐ Golf
- ☐ Volleyball
- ☐ Dance
- ☐ Soccer
- ☐ Wrestling

EMERGENCY CONTACT INFORMATION

______________________ Name (please print) ______________________ Relation to Student

______________________ Emergency Contact Address, including City, State and Zip

______________________ Daytime Phone ______________________ Cell Phone

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least $25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

__________ Insurance Carrier __________ Policy Number / ID Number __________ Group Number __________ Plan

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

______________________ Social Security Number ______________________ Birth Date

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the

muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at http://khsaa.org/. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of $25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

______________________________ ______________________________

Students' Name (please print) School

____

Student and Parent/Guardian Address including City, State and Zip

______________________________ ______________

Signature of Student Date

____

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

______________________________ ______________

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

______________________________ ______________

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

PREPARTICIPATION PHYSICAL EVALUATION
HISTORY FORM

Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d)

Date of Exam ____________________

Name ____________________ Date of birth ____________________

Sex _______ Age _______ Grade _______ School ____________________ Sport(s) ____________________

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

____

____

____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: ____________		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: ____________		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

____

____

____

____

____

____

____

____

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

Signature of athlete ____________________ Signature of parent/guardian ____________________ Date ____________

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■ Preparticipation Physical Evaluation
PHYSICAL EXAMINATION FORM

Name ______________________________ Date of birth ______________

PROVIDER REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart [a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic [c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ______________________________

____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports ______________________________
- Reason ______________________________

Recommendations ______________________________

____

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) as 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, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) ______________________________ Date ______________

Address ______________________________ Phone ______________

Signature of physician ______________________________, MD or DO

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