

All Middle and Upper School students participating in athletics must complete the attached yellow forms and return them to the School Clinic

By August 2, 2005

Students will not be allowed to practice or compete in any sport(s) unless these forms are completed.

New forms are required each school year.

Certain grade levels may require that you complete the enclosed pink Medical Record form as well.

Please take both the pink and yellow forms to your Doctor, and remember to make your appointments early, so forms can be submitted to the Clinic by August 2, 2005

See the enclosed flyer for sport or camp physicals.

Questions? Contact the School Nurse
At (713) 686-4850, ext. 312 or ext. 364.

Tous les élèves du Collège et Lycée
qui pratiquent un sport, doivent compléter les
formulaires jaunes ci-joints et les retourner à
l'infirmierie de l'Ecole avant le 2 Août 2005

Les élèves n'ayant pas rempli ces formulaires ne
pourront ni s'entraîner, ni participer à aucune
compétition. De nouveaux formulaires devront être
remplis chaque année.

Certaines classes devront aussi compléter le
formulaire médical rose ci-joint. Veuillez faire signer
les formulaires rose et jaune par votre médecin et
n'oubliez pas de prendre un rendez-vous rapidement

afin que vos formulaires soient retournés à
l'infirmierie avant le 2 Août, 2005

**Merci de consulter le formulaire ci-joint pour les
détails concernant les différents examens
médicaux nécessaires selon l'activité pratiqué**

Si vous avez des questions, veuillez contacter l'infirmière de l'Ecole
au (713) 686-4850, poste 312 ou poste 364.

**ACKNOWLEDGEMENT OF RULES
TEXAS ASSOCIATION OF PRIVATE AND PAROCHIAL SCHOOLS
(Hereafter referred to as TAPPS)**

Attention School Authorities: This form must be signed by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____

Date of Birth _____

Current School _____

Parent or Guardian's Permit

I hereby give consent for the above student to compete in TAPPS approved sports, and travel with the coach or other representative of the school on any trips.

Neither TAPPS nor the high school assumes any responsibility in case an accident occurs.

I have read and understand TAPPS rules on the reverse side of this form and agree that my son/daughter will abide by TAPPS' rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment owned by the school and issued to the above named student.

If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any other school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Date _____

Signature of parent or guardian _____

Street Address _____

City/State/Zip _____

Home Area Code and Telephone _____

Business Telephone _____

The student's signature is required on the reverse side of this form. DO NOT SEND THIS FORM TO THE TAPPS OFFICE OR DISTRICT PRESIDENT UNLESS REQUESTED. FOR FILE IN SCHOOL OFFICE ONLY

GENERAL INFORMATION

All students may attend baseball, basketball, football, soccer, softball, and volleyball camps in June and July, on non-school days prior to August 1 when TAPPS activities begin.

School coaches may not:

- transport, register, or instruct students in grades 9-12 from their school in baseball, basketball, football, soccer, softball, and volleyball, except during the TAPPS season, or approved athletic period from August 1 until TAPPS activities end in the spring, usually mid-May.
- give any instruction or schedule any practice for an individual or a team during the off-season except the one in-school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.

GENERAL ELIGIBILITY RULES

According to TAPPS standards, students are eligible to represent their schools in interscholastic activities if they:

- are less than 19 years old on September 1 preceding the contest;
- have not graduated from high school
- are full-time, day student in the school, and have been in regular attendance at the school prior to September 1 of the current school year, or have been in regular attendance for 21 calendar days before the contest or competition;
- are in compliance with the academic eligibility rules of the TAPPS Constitution, By-Laws and Contest

Rules.:

- are enrolled in a four year, normal program of high school courses, and initially enrolled in the 9th grade no more than 4 years ago nor in the 10th grade not more than 3 years ago
 - a. if enrolled in an accelerated Christian education school, he/she must be proceeding toward graduation on a credit basis, and on a passing basis with a regularly checked procedure by the member school to ensure they are in a good academic standing;
 - b. if a home school student, meeting the requirements listed in Article V of the TAPPS Constitution;
 - have not received inducement for the athletic purposes, i.e. based on athletic ability or contribution to the athletic team;
 - have not represented a college in a contest;
 - are not in violation of the Awards Rule;
 - Live with their parents or legal guardian, or full-time student at a boarding school;
 - have not accepted money or any other valuable consideration for participating in any other sport;
 - have not been paid for allowing their name to be used for the promotion of any product, plan or service relating to TAPPS athletic activities;
 - were eligible for varsity competition according to the 21 day rule prior to the district certification

I have read the regulations cited above and agree to follow the rules.

Date Signature of Parent or Guardian

Date Signature of Student

PREPARTICIPATION PHYSICAL EVALUATION -MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student.

Student Name _____ Sex _____ Age _____ Birthdate _____ Grade _____

Address _____ School _____

Home Phone: _____ Personal Physician _____ Phone: _____

In Case of emergency, contact: _____ Phone: _____

Explain "Yes" answers below. Circle questions you don't know the answers to. *Any Yes answer to questions 1, 2, 7, 11 or 17 requires a physical exam using the Preparticipation Physical Evaluation Form on the reverse side (or page 2).*

- | | | | | | | | |
|-----|--|---|---|------|---|---|---|
| 1. | Have you had a medical illness or injury since your last check-up or sports physical? | Y | N | 10. | Have you had any problems with your eyes or vision? | Y | N |
| 2. | Have you been hospitalized overnight in the past year? | Y | N | 11. | Are you missing any paired organs? | Y | N |
| | Have you had surgery in the past year? | Y | N | | | | |
| 3. | Are you currently taking an prescription or non-prescription (over the counter) medication or pills or using an inhaler? | Y | N | 12. | Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | Y | N |
| 4. | Do you have any allergies (i.e. pollen, medicine, food or stinging insects)? | Y | N | 13a. | Have you ever had a sprain, strain, or swelling after injury? | Y | N |
| 5. | Have you ever passed out during or after exercise? | Y | N | 13b. | Have you broken or fractured any bones or dislocated any joints? | Y | N |
| 5a. | Have you ever been dizzy during or after exercise? | Y | N | 13c. | Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? | Y | N |
| 5b. | Have you ever had chest pain during or after exercise? | Y | N | | If yes to 13a, b or c, circle and explain below: | | |
| 5c. | Do you get tired more quickly than others during exercise? | Y | N | | Head Elbow Hip Neck Forearm Thigh | | |
| | | | | | Back Wrist Knee Chest Hand | | |
| 5d. | Have you ever had racing of your heart or skipped heartbeats? | Y | N | | Shin/Calf Shoulder | | |
| 5e. | Have you ever had high blood pressure or high cholesterol? | Y | N | | Upper Arm Foot Explain: | | |
| 5f. | Have you ever been told you have a heart murmur? | Y | N | | | | |
| 5g. | Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | Y | N | | | | |
| 5h. | Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? | Y | N | 14a. | Do you want to weigh more or less than you do now? | | |
| 5i. | Have you had a severe viral infection (i.e. myocarditis or mononucleosis) within the last month? | Y | N | 14b. | Do you lose weight regularly to meet weight requirements for your sport? | Y | N |
| 5j. | Has a physician ever denied or restricted your participation in sports for any heart problems? | Y | N | 15. | Do you feel stressed out? | Y | N |
| 6. | Do you have any current skin problems (i.e. itching, rashes, acne, warts, fungus, or blisters)? | Y | N | 16. | Record the dates of your most recent immunizations for:
Tetanus _____ Measles _____ Hepatitis B _____
Chicken Pox _____ | | |
| 7a. | Have you ever had a head injury or concussion? | Y | N | 17. | Are you under a doctor's care? | Y | N |
| 7b. | Have you ever been knocked out, become unconscious or lost your memory?
If yes to 7b, how many times?
When was the last concussion?
How severe was each one? Explain: | Y | N | | FEMALES ONLY:
18a. When was your 1 st menstrual period? _____ | | |
| | | | | | 18b. When was your most recent menstrual period? _____ | | |
| 7c. | Have you ever had a seizure? | Y | N | | 18c. How much time do you usually have from the start of one period to the start of another? _____ | | |
| 7d. | Do you have frequent or severe headaches? | Y | N | | 18d. How many periods have you had in the last year? _____ | | |
| 7e. | Have you ever had numbness or tingling in your arms, hands, legs or feet? | Y | N | 19. | Explain "yes" answers here: | | |
| 7f. | Have you ever had a stinger, burner or pinched nerve? | Y | N | | | | |
| 8. | Have you ever become ill from exercising in the heat? | Y | N | | | | |
| 9a. | Have you ever gotten unexpectedly short of breath with exercise? | Y | N | | | | |
| 9b. | Do you cough, wheeze or have trouble breathing during or after activity? | Y | N | | | | |
| 9c. | Do you have asthma? | Y | N | | | | |
| 9d. | Do you have seasonal allergies that require medical treatment? | Y | N | | | | |

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the Texas Association of private and Parochial Schools (TAPPS) nor the high school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that might limit this student's participation, I agree to notify the school authorities of such illness or injury.

To the parent, please check any activity that this student should be excluded from: ___ Baseball ___ Football ___ Softball ___ Tennis
 ___ Wrestling ___ Basketball ___ Golf ___ Swimming & Diving ___ Track & Field ___ Cross Country ___ Soccer ___ Team Tennis
 ___ Volleyball

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

Student Signature _____ **Parent/Guardian Signature** _____ **Date** _____

PREPARTICIPATION PHYSICAL EVALUATION - PHYSICAL EXAMINATION – Page 2

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____
 Vision R 20/ _____ L 20/ _____ Corrected: _____ Y N Pupils: Equal _____ Unequal _____

As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * **Local district policy may require an annual physical exam.**

Medical:	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

CLEARANCE:

_____ Cleared _____ Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners.

Examiners. Name (print/type) _____ Date of Examination: _____
 Signature: _____
 Address: _____ Phone Number: _____

*Must be completed before a Student participates in any practice (both in-season and out-of-season) or games/matches.