

To be completed for students participating in all NSAA activities.



NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)
Student and Parent Consent Form

School Year: 20____-20____ Member School: _____
Name of Student: _____
Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this ____ day of _____, _____.

Name of Student [Print Name] Student Signature

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross County	Soccer	Volleyball
Music	Football	Softball	Wrestling	Debate	Journalism

DATED this ____ day of _____, _____.

Parent [Print Name] Parent Signature

Superior Jr./Sr. High School EMERGENCY INFORMATION

Student's Name _____

In case of emergency, the parent/guardian can be reached at the following telephone number:

Home: _____ Work: (Father) _____ Cell _____

(Mother) _____ Cell _____

Other relative or friend, name and phone # _____

Student's Medical Provider _____ Phone # _____

If during an away activity, emergency services involving medical action and treatment are indicated and the parent/guardian cannot be reached, the parent/guardian hereby consents to the rendering of such emergency medical services for the above named student by the medical provider on duty at the nearest hospital.

* PARENT /GUARDIAN SIGNATURE _____ DATE _____

Release of information for physical form to Superior Jr./Sr. High School

I, the parent/guardian of the above named student, hereby request the release of this physical form to Superior Jr./Sr. High School.

* PARENT/GUARDIAN SIGNATURE _____ DATE _____

INSURANCE STATEMENT

It is our understanding that Superior Jr./Sr. High School, it's athletic department, and Board of Education will NOT assume responsibility or obligation for any medical bills or debts resulting from any injury to the above named student while practicing or playing in any practice session, scrimmage or contest.

Please complete one of the following.

____ I the parent/guardian agree that we have adequate insurance to cover our student for any medical expenses. Examine your insurance policies carefully to make sure they cover interscholastic participation.

Insurance Company _____ Policy # _____

____ I will purchase the necessary insurance to cover our student.

____ I do not have insurance coverage, but I will take responsibility for any medical bills resulting from any injury to our student while practicing or playing in any practice session, scrimmage or contest.

* PARENT/GUARDIAN SIGNATURE _____ DATE _____

ELIGIBILITY INFORMATION

In order to represent Superior in interscholastic athletic competition, a student must abide by the eligibility rules of Superior and the Nebraska School Activities Association. If you have any questions concerning Superior eligibility policy for the student athlete or those rules set by the NSAA please do not hesitate to contact the school's administration or athletic director at 879-3257.

PHYSICAL EXAMINATION REQUIREMENTS
Health Services Department
Superior Public Schools

"The Board of Education shall require evidence of a physical examination by a physician, physician assistant, or an advanced practice registered nurse within six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out-of-state to any other grade of the local school; provided no such examination shall be required of any child whose parent or guardian shall object thereto in writing." A complete visual evaluation is required at the entry grade (kindergarten, or grade of transfer from out of state). A vision professional may also complete the required visual evaluation. Waiver forms are available in each school health office. School Law 79-214 (3). Physical examinations are recommended at the third and tenth grade in addition to the required examinations.

Each student participating in interscholastic athletics is required to have a complete physical examination (Nebraska School Activities Association requirement) to be given after May 1 of each year. This certifies that the athlete is qualified for the entire school year, May 1 through the following closing day of school, or the current school year.

For participation in interscholastic athletics, please complete other side.

Name _____ School _____ Grade _____
 Address _____ Zip _____ Age _____ Sex M F
 Physician _____

PHYSICAL FINDINGS

Height _____ Weight _____
 Blood Pressure _____ Pulse _____
 Urinalysis _____
 Hemoglobin/Hct _____ Lead _____
 Audiometric Screening Report, if given

	500	1000	2000	4000
RE				
LE				

Immunizations given during today's visit:
 DTP Tdap Td polio MMR Hib
 Hep B Varicella other (list) _____
 (Please attach copy of immunization record on file.)

Significant findings/Chronic Health Problems (please review health history)

	PASS	FAIL	RECOMMEND FURTHER EVALUATION (see comments below)
Amblyopia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strabismus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Eye Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Eye Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 feet: Right 20/ _____ Left 20/ _____			<input type="checkbox"/> with <input type="checkbox"/> without glasses
16 inches: Right 20/ _____ Left 20/ _____			<input type="checkbox"/> with <input type="checkbox"/> without glasses

MEDICAL	Normal	Abnormal Findings
Appearance	<input type="checkbox"/>	
Eyes/ears/nose/throat	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart (note murmur if present)	<input type="checkbox"/>	
Pulses (inc. Femoral)	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
MUSCULOSKELETAL		
Neck	<input type="checkbox"/>	
Spine	<input type="checkbox"/>	
Shoulder/arm	<input type="checkbox"/>	
Wrist/hand	<input type="checkbox"/>	
Elbow/forearm	<input type="checkbox"/>	
Hip/thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg/ankle	<input type="checkbox"/>	
Foot	<input type="checkbox"/>	
Evidence of Scoliosis	<input type="checkbox"/> no <input type="checkbox"/> yes	
Evidence of Hernia	<input type="checkbox"/> no <input type="checkbox"/> yes	
Stigmata of Marfan's Syndrome	<input type="checkbox"/> no <input type="checkbox"/> yes	

Required medication on a daily or episodic routine _____

Please check classification

- Regular: Student may participate in the regular program of physical education, recreation, intramurals, athletics or related activities without undue risk or injury.
- Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Reexamine each year.
- Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. These students should be re-examined for possible reclassification at the end of the exemption period.

Please check certification

- Certified: Student has passed the physical examination successfully and is physically able to participate in interscholastic athletics. Activities student should **not** participate in _____

Recommendations: _____

Your signature below indicates completion of physical exam and review of health history.

Date _____ Signed _____, M.D.
Examining Physician (Signature Required)

Clinic/Practice Name (please print) _____

Physician Address _____ Physician Phone _____

PHYSICAL EXAMINATION REQUIREMENTS
(Preparticipation Medical History)
Health Services Department
Superior Public Schools

The Superior Public Schools' Medical Advisory Committee recommends that every student participating in interscholastic athletics complete a medical questionnaire to reduce the risk of serious injury in young athletes. In addition to physical examination by a qualified health professional, completion of the following questions will aid the identification of any health concerns related to athletic participation.

Parent or Guardian: Please complete and sign below if your child is interested in interscholastic sports participation.

Student _____ School _____ Grade _____
 Address _____ Zip _____ Age _____ Sex M F
 Sport(s) _____

LEAVE BLANK IF ANSWER IS UNKNOWN. EXPLAIN "YES" ANSWERS BELOW.

	Y	N		Y	N
1. Has there been a medical illness or injury since the last checkup or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	8. Has the student ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the student ever been hospitalized overnight? Has the student ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	9. Does the student cough, wheeze or have trouble breathing during or after activity? Does the student have asthma? Does the student have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the student currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Any supplements or vitamins to help weight gain/weight loss or improve athletic performance?	<input type="checkbox"/>	<input type="checkbox"/>	10. Does the student use any special protective or corrective equipment or devices that aren't usually used for their sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on their teeth or hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student have any allergies (for example, to pollen, medicine, food or stinging insects)? Has the student ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	11. Has the student had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student ever passed out during or after exercise? Has the student ever been dizzy during or after exercise? Has the student ever had chest pain during or after exercise? Does the student get tired more quickly than friends do during exercise? Has the student ever had racing of their heart or skipped heartbeats? Has the student ever had high blood pressure or cholesterol? Has the student ever been told he/she has a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Has any family member or relative been diagnosed with cardiomyopathy (thick heart), long QT Syndrome or Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	12. Has the student ever had a sprain, strain or swelling after injury? Has the student broken or fractured any bones or dislocated any joints? Has the student had any other problems with pain or swelling in muscles, tendons, bones or joints? (Check which apply.)	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Thigh
			<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Knee
			<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Shin/Calf
			<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Ankle
			<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Foot
			<input type="checkbox"/> Upper arm	<input type="checkbox"/> Hip	
			If yes, check appropriate box and explain below.		
Has the student ever had a severe viral infection (for example myocarditis or mononucleosis) within the past month? Has a physician ever denied or restricted participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does the student want to weigh more or less than at present? Does the student lose weight regularly to meet weight requirements for sport?	<input type="checkbox"/>	<input type="checkbox"/>
			14. Does the student complain of feeling stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the student have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
7. Has the student ever had a head injury or concussion? Has the student ever been knocked out, become unconscious or lost their memory? Has the student ever had a seizure? Does the student have frequent or severe headaches? Does the student ever have numbness or tingling in arms, hands, legs or feet? Has the student ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	15. When was the first menstrual period? _____ When was the most recent menstrual period? _____ How much time usually passes between the start of one period and the start of the next? _____ How many periods have the female student had in the past year? _____ What was the longest time between periods in the past year? _____		

Explain Yes Answers Here:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. The information provided here may be shared with other school personnel as needed to promote your child's safety and educational success at school.		
Signature of athlete _____	Signature of parent/guardian _____	Date _____