

**Emergency Form and Medical History**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sports: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact**-In the event a parent/guardian cannot be reached

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Insurance Information**

\_\_\_\_ 1. I have my own insurance and do not wish to purchase school insurance.  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_ 2. I have no insurance and I must purchase school insurance

\_\_\_\_ 3. I have my own insurance but still wish to purchase school insurance.  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Are there any sports in which you do not want your child to participate? Please write in the sports. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission For Treatment**

Permission is hereby granted to Wicomico County Board of Education to proceed with any needed medical treatment deemed necessary in the event the parent/guardian can not be contacted. In the event of serious illness, the need for major surgery or significant accident or injury, I understand that an attempt will be made to contact me in an expeditious manner. In the event I can not be contacted, permission is granted to render all treatment deemed necessary in the best interest of the above named student athlete.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Records Release**

I hereby give Wicomico County Board of Education permission to obtain medical records pertaining to any injury or condition incurred while participating in high school athletics. I understand an attempt will be made to inform me of the necessity of obtaining medical records.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Acceptance of Risk**

I, \_\_\_\_\_, am aware of and accept the risk of injury associated with high school sports in which I will be participating. I will do my part to reduce risk of injury by keeping myself in the best possible physical condition and by following the advice of the physician, athletic trainer and/or coach concerning the prevention, treatment and rehabilitation of athletic injuries.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical History Information**

Yes No

Have you had a medical illness or injury since you last check up or sports physical?		
Have you ever had surgery? Explain _____		
Are you currently taking any medications? List Medications: _____		
Are you currently taking any supplements? List supplements: _____		
Are you allergic to any medications or foods? List allergies: _____		
Are you allergic to bee stings?		
Do you carry an epi-pen?		
Have you ever passed out during or after exercise?		
Have you ever had chest pains during or after exercise?		
Have you or a family member had high blood pressure or high cholesterol?		
Have you ever been told you have a heart murmur or condition?		
Do you wear glasses, contacts, or other protective eyewear?		
Do you have any hearing deficits?		
Do you use any special protective equipment that isn't usually used for your sport?		
Have you ever been treated for MRSA or other skin infection?		
Have you ever had a head injury or concussion? How many? _____ Date of most recent _____		
Have you ever been knocked out, become unconscious or lost your memory?		
Do you have frequent or severe headaches/migraines?		
Have you ever had a neck injury?		
Have you ever had numbness or tingling in your arms, hands, legs or feet?		
Have you ever had a stinger, burner or pinched nerve?		

**Have you had or currently have any of the following? Please circle.**

- |                   |             |          |                 |
|-------------------|-------------|----------|-----------------|
| Mononucleosis     | Pneumonia   | Diabetes | Anemia          |
| Epilepsy          | Heat Stroke | Hernia   | Kidney problems |
| Sickle Cell Trait | Asthma      |          |                 |

**Have you had any problems with any of following? Please circle and explain.**

- |            |               |                   |                  |
|------------|---------------|-------------------|------------------|
| Back       | Neck          | Chest             | Shoulder         |
| Elbow      | Wrist/Hand    | Hip/Thigh         | Knee             |
| Ankle/Foot | Spinal Fusion | Joint Dislocation | Cartilage Injury |

Osgood-Schlatter's

Explain \_\_\_\_\_

Has a physician ever denied or restricted your participation in sports for any reason? YES NO

I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned, being the parents and/or legal guardians of \_\_\_\_\_, a student attending one of the public schools of Wicomico County, Maryland, do hereby acknowledge that we understand that if the said student is injured while participating in any extracurricular school activity, including but not limited to soccer, football, basketball, softball etc., and is without the benefit of insurance made available by the Board of Education of Wicomico County, that we will have to bear all costs of his hospitalization and his medical and doctor's bills. With knowledge of these facts and by signing this Consent and Waiver and Release, we do hereby evidence our wish not to purchase such insurance, but do grant our consent to the student's participation in all extracurricular activities and release the Board of Education of Wicomico County from all liability to us on account of injuries sustained by him while participating and even if we purchase insurance we still agree to release the Board of Education of Wicomico County from liability

NOW, THEREFORE, THIS CONSENT, WAIVER AND RELEASE WITNESSETH: That for and in consideration of \_\_\_\_\_ participation in extracurricular school activities with or without the benefit of the school offered and parent/guardian purchased accident insurance above referred to, the undersigned, parents and/or legal guardians of the said student, do hereby consent to said student's participation in said extracurricular activities and do hereby release and discharge the Board of Education of Wicomico County, its successors and assigns, and its agents, servants and employees, from all claims, losses and damages in any way arising from the student's participation in any and all school controlled and supervised extracurricular activities, and do hereby agree to save harmless and indemnify the Board of Education of Wicomico County of and from any and all claims, expenses and damages arising because of any claim or/ expense which we or said students may have by reason of any loss, damage or injury to said student arising out of his participation in any extracurricular school activity.

Whenever used, any gender shall be applied to all genders and the use of the singular shall include the plural.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Wicomico County Fight Policy

I understand that the Wicomico County Code of Conduct will be enforced while students are involved in athletic practices and competitions.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The equipment that has been provided is designed and fitted specifically for you, to provide you with some element of protection while playing your designated sport. This waiver is to inform you that at NO time should you, the player, alter, repair, and /or change any part of your equipment.

If you, the player, believe that any part of your equipment is not working properly or is not fitting correctly immediately see your coach or athletic trainer to have it repaired or corrected.

### DO NOT ALTER OR REPAIR YOUR EQUIPMENT AT ANY TIME!

**If you, the player, do alter, repair, and/or change any aspect of your equipment, Wicomico County Board of Education can not insure your level of protection against injury.**

### NOT ALL INJURIES CAN BE PREVENTED BY PROTECTIVE EQUIPMENT.

I, the undersigned, have read and fully understand the above statements and agree to follow them to the best of my ability.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOOTBALL AND BOYS LACROSSE HELMET WARNING STATEMENT

This is an informative letter which is designed to tell you about the possible physical dangers and warnings associated with playing football and/or lacrosse and wearing a helmet. The statement below is taken from the warning label on the football helmet and or/lacrosse helmet you will be wearing.

The Wicomico County Board of Education would like you to read this statement and sign below to acknowledge that you have read and fully understand the warning statement and agree to follow the statement while participating in football and/or lacrosse

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### WARNING!

Do not strike and opponent with any part of this helmet or facemask. This is in violation of the football rules and may cause you to suffer a severe brain or neck injury including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football.

**NO HELMET CAN PREVENT SUCH INJURIES. YOU USE THIS HELMET AT YOUR OWN RISK.**

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# WICOMICO COUNTY PUBLIC SCHOOLS PHYSICAL EXAMINATION FORM

TO BE COMPLETED BY A BOARD CERTIFIED PHYSICIAN, PHYSICIANS ASSISTANT OR NURSE PRACTITIONER

Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected Y N Corrected Lenses \_\_\_\_\_ Pupils \_\_\_\_\_

## PHYSICAL REVIEW

Head & Scalp _____	Genitalia _____
Ears _____	Hernia _____
Nose & Sinus _____	Paired & Functioning Organs _____
Throat, Tonsils, Adenoids _____	Musculoskeletal _____
Thyroid _____	Injuries or Defects _____
Teeth & Gums _____	Spine: Posture _____
Chest/Lungs _____	Shoulders _____
Respirations _____	Lower Arm, Hand & Fingers _____
Breast & Nodes _____	Torso: Posture _____
Cardiovascular _____	Lower Body: Knees, Ankles & Feet _____
Heart Rate & Rhythm _____	Skin _____
Murmurs _____	Central Nervous System _____
Other _____	Pupil Response _____
Abdomen _____	Reflexes _____
Scars, Tenderness or Nausea _____	Coordination _____
Buttocks _____	Immunizations _____
Hemorrhoids _____	Tetanus _____ Date _____
Pilonidal Cyst _____	Pertinent History _____
Recommendations for Lifestyle Modification (i.e., Weight Loss) _____	_____
_____	General Summary of Physical Examination _____
_____	_____

### CLEARANCE: THIS SECTION MUST BE COMPLETED, SIGNED AND STAMPED BY THE ATTENDING PRACTITIONER

- A. Cleared for Full Activity in ALL Sport Competition YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Cleared After Completing Evaluation/Rehabilitation for \_\_\_\_\_
- C. CLEARED FOR: YES \_\_\_\_\_ NO \_\_\_\_\_
  - Collision (Football, Lacrosse, Rugby)
  - YES \_\_\_\_\_ NO \_\_\_\_\_ Contact (Basketball, Baseball, Softball, Hockey, Soccer)
  - YES \_\_\_\_\_ NO \_\_\_\_\_ Noncontact (Track, Cross Country, Swimming, Golf)

Due to \_\_\_\_\_

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

Name of Practitioner (Print or Stamp) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Practitioner \_\_\_\_\_

# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

### A FACT SHEET FOR PARENTS

#### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

#### What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not "feeling right" or is "feeling down"</li> </ul>

#### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

#### What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

#### If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

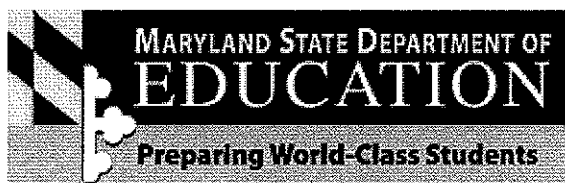
**It's better to miss one game than the whole season.**

For more information and to order additional materials *free-of-charge*, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



Figure 4



For official use only: Name of Athlete _____ Sport/season _____ Date Received _____
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### Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME SIGNATURE

Student Athlete \_\_\_\_\_ Student Athlete \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME SIGNATURE

*It's better to miss one game than the whole season.*

For more information visit: [www.edc.gov/Concussion](http://www.edc.gov/Concussion).

# BOARD OF EDUCATION OF WICOMICO COUNTY



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*Superintendent of Schools*

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Dear Parent/Guardian,

Wicomico County Schools is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor who oversees the athletic trainers for Wicomico County Public Schools to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Wicomico County Schools administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. If you have any further questions regarding this program please feel free to contact Bryan D. Ashby, Supervisor of Athletics (410) 677-5144.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryan D. Ashby", written over a horizontal line.

Bryan D. Ashby  
Supervisor of Athletics

cc: High School VP/AD  
K. Miles