

Sevier County School System Athletic Handbook



Sevier County School System
226 Cedar Street
Sevierville, TN 37862
865-453-4671



LECONTE
MEDICAL CENTER

Sports Medicine

Pre-Participation Physicals

Prior to participating in TSSAA sanctioned athletics, several forms must be completed. All student athletes must have a current physical on file with their coach or athletic trainer. This physical must be signed by a doctor of medicine, osteopathic physician, physician's assistant, or certified nurse practitioner. Physicals must be given after May 1 to be valid for the following school year and are good for one year from the date taken.

A physical must be obtained before participating in any practices, scrimmages, or games.

Every year LeConte Medical Center offers sports physicals for all Sevier County high schools. The physicals are usually held during the first two weeks in May. These are for all fall athletes and optional for winter sport athletes. Physicals are held again in August for all winter and spring sport athletes, as well as incoming freshmen who are participating in fall sports and have not yet received a physical. Prior to physicals, the date, times, and location will be posted on the LeConte Medical Center website at www.lecontemedicalcenter.com/sportsforms. You can also ask your athletic trainer or coach for specific dates and times. We strongly encourage parents and students to take advantage of this opportunity, but you are always welcome to obtain a physical from another provider. If you choose to see another provider, please obtain a physical form from your coach or athletic trainer to be filled out and signed.

The Sports Medical Permission Form should be attached to your physical form. It is important that you fill this form out, and that both the student and a parent sign this form. This acknowledges that there is certain risk in participating in athletics. It allows any physician and/or athletic trainer associated with your high school to render aid if deemed necessary. It also releases the high school from any liability for any damages or injuries sustained as a result of participation in athletics. It is required that no student be permitted to participate in practice sessions or in athletic contests until there is on file a parental consent certificate signed by a parent or legal guardian stating that the student has the consent of his/her parent(s) or legal guardian to participate.

Medical Information Sheet

This form provides valuable information that would be needed in case of an emergency and is to be kept on file with your athletic trainer at all times. It is very important that this form is filled out completely, to the best of your ability, signed and returned promptly to your athletic trainer. This form provides emergency contact information, insurance information, and permission for the student athlete to be treated in the event that a parent cannot be reached. It also provides us with information on any special medical conditions your child might have, allergies, or medications they may be taking. **The Medical Information Sheet can be found on the last page of this booklet and must be completed and returned to your athletic trainer as soon as possible.**

In the Event of an Injury

The athletic trainer will evaluate the injury and the appropriate course of action will be taken. In most cases injuries are minor in nature and the athlete can be treated successfully in the athletic training room at their high school. If the injury is more extensive or will require further medical evaluation by a physician, the athlete's parents or guardian will be notified.

In some cases, the athletic trainer will accompany teams to away games. Unfortunately, that is not always possible. If an athlete is injured on the road, they should report their injury to the coach. Many area high schools have certified athletic trainers, but this is not always the case. The host athletic trainer will most likely provide basic care for the injury and refer the athlete back to their athletic trainer.

If you are concerned about an injury your child sustained, please call the athletic trainer. Some injuries that appear minor one day can become more severe the next day. Please do not hesitate to call so that your athletic trainer can assist you in deciding what to do. As always it is your right as a parent to seek medical care for your child if you have any doubts as to the seriousness of their injury.

In order to better accommodate local student athletes, several orthopedic clinics offer after hours or weekend clinics. This allows athletes to be treated by a physician in a timely manner without students having to miss school and parents missing work. Please see you school's athletic trainer or call the LeConte Sports Medicine coordinator at 865-755-5742

Please note that all medical information provided shall be stored in a separate file from a student's normal school records. The Athletic Trainer and the Sevier County School System shall take necessary steps to ensure that student's medical information remain both private and protected.

Insurance Information

Should you seek medical attention beyond the on-site care of your athletic trainer, your personal insurance serves as your primary insurance. The facilities which you are attending for medical care will be able to tell you whether they are in your carrier's network or not. Should you require the care of a specialist, including orthopedics, you need to check with your insurance company and see if they require a referral to see a specialist. There should be a 1-800 number on the back of your insurance card that you can call to find out. If a referral is needed, call your family practice physician and request that a referral be faxed to the specialist.

Each Student athlete in Sevier County is required to have school insurance. This serves as a secondary insurance if your son or daughter is injured while participating in school athletics. In order to receive the benefits from this insurance, please have your child pick up a school insurance form at their school from the coach, athletic director or athletic trainer. Follow the steps below:

Student Athlete Insurance Information

- Fill out part A and B of the form
- Have a coach or Athletic Trainer sign part A
- Make Multiple copies of completed Form
- Send copies to each medical facility you have visited for this particular injury. (i.e.: LeConte Medical Center, family physician, ER, etc...)
- Read and follow instructions on forms and mail form along with any itemized bills or EOB's to scholastic insurers
- Keep a copy for your records

Call Scott Byrd at 865-755-5742 if you have any questions

If your son or daughter seeks professional medical care, please make sure that your child returns with a written treatment plan or release form signed by the physician. This will be required in order for them to return to participation.

Tips for Injury Care

R.I.C.E.

Immediate treatment of an injury should include the R.I.C.E. principle to reduce pain, swelling and promote healing

R = Rest

Do not do any needless activity with the injured area. Crutches, a sling or splint will be provided if necessary

I = Ice

Ice helps to decrease the amount of swelling. Ice should be applied no more than 20 minutes every two hours

C = Compression

An ACE wrap should be applied to the injured area to control the amount of swelling. Be careful not to wrap so tight that it causes numbness, tingling, or loss of circulation to the injured area or below it. The wrap should not be worn to sleep.

E = Elevate

Legs should be elevated to hip level and arms should rest on a table whenever possible

Ice or Heat – Which should I use?

Ice should be used immediately following an injury, with pain that is intense, throbbing, stabbing or sharp. It should be applied for 20 minutes and used regularly over the next 48 – 72 hours.

Please do not use chemical packs longer than 15 minutes. Be sure to place a towel between the pack and the skin. Chemical packs may be colder than 32 degrees and can cause frostbite. Never fall asleep while icing. If you are allergic to cold or develop an irritation it is recommended that you place a towel between the ice and your skin. It is usually not necessary because melting water creates the barrier.

After the acute phase of an injury, once the student athlete has resumed some activity, ice should be applied after activity until the injury has healed.

Heat should not be used until 48-72 hours after an injury, once the swelling has decreased. It can be applied to dull, achy pain over large muscle areas or joints where no swelling is present. This type of soreness is usually due to muscle tightness or joint stiffness that may be associated with improper preparation for activity. Moist heat should be applied no more than 20 minutes then removed for at least 2 hours.

After the acute phase of an injury, heat can generally be used to loosen up the injury area before activity. NEVER use a sports cream under a moist heat application. This can lead to tissue damage and burns.

Understand that these are only general guidelines. Please check with your athletic trainer for treatments specific to your child's injury

Head Injuries and ImPACT Testing

LeConte Medical Center and the Sevier County Board of Education are currently implementing an innovative program for our student athlete population who are participating in contact sports. The purpose of this program is to provide an essential tool for assisting our physicians / athletic trainers in assessing and treating head injuries (i.e.: concussions). Sports that involve an increased chance of head injury include contact sports. 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, high school and clinical programs across the country to successfully assess 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 the head injury and when the injury is fully healed.

The computerized test is given to athletes prior to beginning contact sport practice or competition. After the initial testing, the baseline test is repeated every other year due to continued development at the high school age group. This non-invasive test is set up in “video game” type format and takes approximately 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, athletes will be required to re-take the test before returning to participation. Both the preseason and post-injury test data is reviewed by the athletic trainer to help assess the injury. The information gathered can also be shared with your family doctor or one of our sports medicine physician resources if necessary. 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 you child, you will be promptly notified with all the details.

We are excited to implement this program given that it provides us with the best available information for managing concussions and preventing potential brain damage that can occur with multiple brain concussions.

In order for your child to participate in this important testing, you must complete, sign, and return the forming the back of this booklet. Please feel free to contact your athletic trainer or the sports medicine outreach coordinator if you have any questions regarding ImPACT testing.

Head Injuries

Head injuries can be a troublesome experience for both the athlete and the parents. The following page contains information regarding the management of head injuries once you take your child home. Please do not take this as a replacement for medical attention, but as only a homecare guideline once proper medical care has been received. If you have any doubts, do not hesitate to seek more medical care.

It is important that you speak with your child regarding the importance of reporting his/her head injury to an Athletic Trainer, a coach or a medical provider. The Sevier County Schools System needs parent help to ensure that student athletes take head injuries seriously.

Head Injury Home Care

Any athlete receiving a blow to the head may have an injury to the brain or the small blood vessels that is ***not always evident immediately following the incident***. It is very important that the athlete is observed closely during the 48 hours following the injury. It is imperative that a doctor be contacted immediately if any signs of deterioration are observed.

The following is a list of signs that may reveal further problems:

1. Noticeable changes in the level of consciousness: difficulty awakening or losing or consciousness suddenly.
2. ***Persistent Vomiting***: for a more severe head injury, vomiting will often occur once or twice after the trauma. However, vomiting should not occur more than twice, nor should it begin again hours after ending.
3. ***Dilation or enlargement*** of one pupil.
4. ***Weakness or paralysis***: the athlete may not be able to use either arm or leg as well as previously. The athlete may also be progressively unsteady in walking.
5. ***Headaches***: a headache is common after injury. A common warning sign is when the headache becomes more severe. Many over-the-counter medications can “mask” or hide the symptoms and can actually make the condition worse. Most authorities agree that it’s in the athlete’s best interest to refrain from using medications for at least 24 hours after a blow to the head.
6. ***Convulsions or Jerking*** and or stiffening movements of arms and legs.
7. ***Confusion***, disorientation, memory loss, changes in personality.
8. ***Speech*** becomes slurred or inability to talk.
9. ***Blurred or double vision*** or failure of eyes to move as a pair.

10. *Marked restlessness*

11. *Decreased or irregular pulse*, changes in respiration or difficulty breathing

12. *Dizziness*, poor balance or unsteadiness

If any of the above should start to occur or deteriorate, take you child to a hospital immediately.

It is important to pay close attention to head injuries, even those that seem minor. A second blow to the head before the first injury has resolved could result in Serious Consequences. It is imperative that your child be free from all signs and symptoms before returning to competition.

If you have any questions, it is always better to be safe than sorry - consult your family physician or have your child evaluated by a medical professional.

TSSAA Concussion Policy

The TSSAA has issued a policy on concussions and it states:

Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional.

This policy allows the officials of an athletic contest to remove any athlete who exhibits signs of a concussion, and the player may only return to competition after they have been examined by a licensed medical doctor (M.D.), Osteopathic Physician (D. O.) or Clinical Neurophysiologist who must have signed a “TSSAA Concussion Return to Play” form and given it to the official in charge of the event.

This means that if a player is removed from a contest by an official, the player cannot be evaluated and returned to play by the Athletic Trainer.

According to the TSSAA, Common Symptoms of Concussion Include:

- Headache
- Fogginess
- Difficulty concentrating
- Easily confused
- Slowed thought processes
- Difficulty with memory
- Nausea
- Lack of energy, tiredness
- Dizziness, poor balance
- Blurred vision
- Sensitive to light and sounds
- Mood changes – irritable, anxious, or tearful

Suggested Concussion Management:

1. No athlete should return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

Nutrition Tips

To Increase Energy

Hydrate

Don't Skip Meals

Include Rest Days

Eat enough (remember carbs, protein and fat)

Eat every 3-4 hours

Eat Breakfast: a breakfast rich in carbohydrates with some protein serves as fuel to your muscles for the day's workout.

Eat Before and After Practice: eating a small meal or snack 1-2 hours before practice gives you energy to burn during your workout. After practice, your body needs carbohydrates and protein to rebuild muscle.

During exercise

Solid or Liquid carbs digest equally well

- Sports Drinks
- Sports Bars
- Fruit and Water
- Gels and Water

Recovery after exercise

Muscle reloading

- Eating high carb, moderate-protein snacks immediately after practice
- Eat more within 2 hours after practice: 2 Carbs and 1 protein

Healthy Food Choices

| Carbohydrate rich foods: | Protein Rich Foods: |
|--------------------------|--------------------------|
| Whole grain cereals | Lean Meats |
| Whole grain breads | Fish |
| Pasta | Peanut Butter or Peanuts |
| ½ cup raisins | Beef Jerky |
| Sports Drink | Sunflower Seeds |
| Watermelon | Milk |
| Bananas | Yogurt |
| Apples | Beans |

Pre-Game meal planning

Increase fluid, increase Carbs, decrease Protein, decrease Fat, Decrease Fiber 500-100 Calories taking into account digestion times Don't try new foods.

Key Point: what you eat today, fuels your body tomorrow.

Team Meals

Well-Balanced = protein, carbs, fat; Simple tried and true vs. new stuff; FLUIDS; Watch the junk food.

Examples: Veggie Tray and spinach dip, Sub Sandwiches, fresh fruit tray, Pasta with low-fat meat sauce, wraps/roll-ups, Potato or Taco Bar.

On the road...

Fast Food: Hamburger or Chicken sandwich, side salad, low-fat milkshake

Buffet Restaurants: Lean Meat, two vegetables, salad, bread

Snacks: Water, Sports Drink, cereal, bagels, fruit, sandwiches, energy bars

Heat Illness and Hydration

Exertional heat illness is a potentially fatal condition and is described in the following categories:

Heat Cramps - dehydration, thirst, sweating, muscle cramps and fatigue.

Heat Syncope - dehydration, fatigue, tunnel vision, pale or sweaty skin, decreased pulse rate, dizziness, lightheadedness, fainting

Heat Exhaustion - normal or elevated body temperature, dehydration, lightheadedness, headache, nausea, persistent muscle cramping, cool clammy skin, profuse sweating, weakness, hyperventilation

Heat Stroke - elevated body temperature (104 and up); hot, wet, or dry skin; confusion; irrational behavior; weakness; increased pulse rate, irritability; loss of consciousness

The TSSAA has issued a state wide heat policy relating to heat related illnesses. This policy is to help coaches, certified athletic trainers and athletic directors prevent exertional heat related illness in athletes. More information is available on the Sevier.org web site as well as the Lecontemedicalcenter.org

While many factors can lead to heat illness, dehydration is a common cause. Every athlete must be responsible for maintaining their own hydration throughout the day, not just during practice and games. The following guidelines can help your child stay hydrated.

Pre activity hydration:

Consume 16-20 ounces of water along with a sports drink 2-3 hours before activity. Drink another 6-10 ounces of water 10-20 minutes before activity.

What not to drink: Fruit juices, caffeine, alcohol, carbonated beverages or energy drinks

During activity hydration:

Do not wait until you are thirsty to drink! Drink at least 6-10 ounces of water every 10-20 minutes to maintain hydration. Sports drinks are recommended for activities lasting longer than 45 minutes.

Post-activity re-hydration

Athletes should consume 16-20 ounces of fluid (water or sports drink) for every pound lost of body weight

Heat index measurements should be taken on-site by the coach or athletic trainer 30 minutes prior to activity for the day by a digital heat index monitoring system. The heat index reading will determine the precautions that must be taken during physical activity. The entire policy is available on the sevier.org and lecontemedicalcenter.com websites as well as with each athletic trainer at your school.

Staph Infection in Athletics: Prevention is the Key!

In recent years, bacterial skin infections in athletes have been on the rise. The most prevalent of these bacterial infections involves a strain called Methicillin-resistant Staphylococcus aureus (MRSA). MRSA, common in hospitals and nursing homes for many years, has become a concern in the athletic population at all levels of competition. Many of the commonly used prescription antibiotics are ineffective in treating this infection.

High risk individuals include all athletes that use a team facility, locker room, weight room, wrestling room and team showers) , and contact sport athletes (football, wrestling, rugby), but anyone can contract this bacteria if they come in contact with infected persons or items. MRSA is passed much like the flu and the common cold through casual contact and contact with contaminated items.

Skin wounds and abrasions are very common in athletics. Please report any wounds to the athletic trainer so they can be properly cleaned and dressed. The following are signs and symptoms of any type of infection, regardless of MRSA:

- Bright red surrounding the area
- Bright red streaking leading away from the area
- Oozing pus from the area
- Inflammation and or extreme pain around the area
- Fever

Identification of MRSA can be difficult and is often misdiagnosed. The following are signs and symptoms which could indicate MRSA:

- “pimple” or “insect bite” like lesion that grows quickly
- area is often red and hot
- lesion usually becomes very painful and hard around the core in 2 or 3 days
- if the lesion opens there is commonly a dark, milky puss that weeps out

Symptoms can be at the site of a previous cut or break in the skin or at areas of high friction, where protective equipment or uniforms rub. Any wound that looks suspicious or is not healing should be evaluated by a qualified medical person as soon as possible to determine if additional treatment and medication is required. All wound should be cleaned regularly with soap and water and should be covered during activity.

Treatment:

- See a physician!
- Remove athlete from all athletic participation until the infection is under control and the wound is not weeping. MRSA can spread through a team within days causing other participants to become sick, so removal from contact is extremely important.

Prevention: as with most things in life, prevention is the key to keeping your athlete healthy!

- Regular hand washing and general cleanliness significantly decreases the risk of infection
- Cleaning uniforms and protective equipment regularly with hot water and detergent keeps the risk of reintroducing the bacteria back to the user
- Sharing of personal equipment (i.e.: helmets and pads) and clothing should be discouraged
- If an item is shared, it should be cleaned thoroughly between users
- Community areas such as locker rooms and weight rooms should be cleaned regularly and should smell clean. The unpleasant smell common in locker rooms is caused by the growth of fungus and bacteria and is a sign of a potential hazard.
- Use of hard surface sanitizers and commercial grade antibacterial cleansers is effective in killing the bacteria in team locker rooms, showers and toilet facilities.
- Include an antibacterial additive in team laundry to eliminate the risk of cross contamination.
- Use hand sanitizer between hand washings and washing bath towels after each use.

Please feel free to contact your athletic trainer with any questions for assistance with injury care. The LeConte Sports Medicine staff is committed to providing expertise not only for you athlete, but also for relatives, friends and classmates. Do not hesitate to call for a free injury screening or advice regarding orthopedic injuries.

Athletic Trainers' phone list

| Name | School | Phone |
|----------------|--------------------|--------------|
| Michelle Myers | Sevier County | 865-755-5743 |
| Scott Byrd | Gatlinburg Pittman | 865-755-5742 |
| Carly Hess | Seymour | 865-256-4157 |
| Jay Smith | Pigeon Forge | 865-755-5744 |

Scott Byrd
Sports Medicine Coordinator
LeConte Sports Medicine
Office & Cell: 865-755-5742
Email: sbyrd@covhlth.com

We also would like to encourage you to visit our web site at www.lecontemedicalcenter.com to find out more information on:

- Patient education
- Sports medicine outreach
- Physical forms
- Hospital services available

MEDICAL INFORMATION SHEET

General information: (please print)

Student Name: _____ Sport(s): _____

Age: _____ Grade: _____ Birth date: _____

Mother's name _____

Home phone: _____ Work phone: _____ Cell phone: _____

Address _____

Father's name _____

Home phone: _____ Work phone: _____ Cell phone: _____

Address _____

Other authorized persons to contact in case of emergency:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Preference of Physician (and permission to contact if needed):

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Company: _____ Phone: _____

Policy Number: _____ Group Number: _____

Medical Information:

Medical illnesses: _____

Last Tetanus shot (mo/yr) _____ Allergies: _____

Medication: _____

ANY MEDICATIONS NEEDED TO BE TAKEN DURING COMPETITION REQUIRE A PHYSICIANS NOTE

Any previous injuries?

Consent for Athletic Training Services and healthcare procedures:

I hereby give consent for my child to participate in the school's athletic conditioning and training program and to receive any necessary healthcare treatment; including first-aid, diagnostic procedures and medical treatment that may be provided by physicians, nurses and other healthcare providers, including LECONTE MEDICAL CENTER athletic trainers. LECONTE MEDICAL CENTER has my permission to release athletic injury information about my child to the school. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to receive necessary medical treatment.

Parent or Guardian signature: _____ Date: _____

(If under the age of 19)

Consent for Cognitive Testing and Release of Information

This form will be kept on file and considered valid for permission to perform future ImPACT baseline and post-concussion testing according to protocol.

I give my permission for (name of Child) _____

Child's Date of Birth _____

To have a post concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered. I understand that my child may need to be tested more than once, depending on the results of the test, as compared to my child's baseline test, which is on file at his or her school. I understand there is no charge for the testing.

LeConte Medical Center may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist or other treating physician as indicated below.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Please Print the Following Information:

Name of Doctor: _____

Name of Practice or Group: _____

Phone Number: _____

Student's Home Address: _____

Parent or guardian phone numbers (please indicate preferred contact number and time if necessary)

Home: _____

Work: _____

Cell: _____

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| EXAMINATION | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------|
| Height _____ | Weight _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| BP _____ / _____ (_____ / _____) | Pulse _____ | Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> 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 | | |

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- 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

EMERGENCY INFORMATION

Allergies _____

Other information _____

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed by Patient

Athlete Information

Last Name _____ First Name _____ MI _____

Sex: [] Male [] Female Grade _____ Age _____ DOB ____/____/____

Allergies _____

Medications _____

Insurance _____ Policy Number _____

Group Number _____ Insurance Phone Number _____

Emergency Contact Information

Home Address _____ (City) _____ (Zip) _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Another Person to Contact _____

Phone Number _____ Relationship _____

Legal/Parent Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, *I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.*

Signature of Athlete

Signature of Parent/Guardian

Date



Sevier County School System

Dr. Jack A. Parton, Superintendent of Schools

226 Cedar Street
Sevierville, Tennessee 37862

Phone (865) 453-4671
Fax (865) 774-4562

Sports Medical Permission Form

I. Parent's Consent

I hereby give my consent for (student's name) _____ to represent (name of school) _____ in the sport(s) of _____, realizing that such activity involves the potential for injury. I recognize the importance of listening to and following all of the coach's instructions and warnings along with all reading and adhering to all written instructions regarding playing techniques, training methods, rules of the sport and other team rules. I understand that all instructions and warnings, verbal and written are incorporated by reference into this agreement and I hereby expressly promise to obey all such instructions and warnings. I acknowledge that even with the best coaching, use of the most advanced equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, are even death.

I / We accept the financial responsibility for medical expense incurred as the result of possible injuries while participating in voluntary sports.

I / We acknowledge that I / We have read and understand this warning and that insurance and/or medical expense ARE MY RESPONSIBILITY there in connection with my child paying voluntary sports.

I acknowledge that I have read and understand this warning.

Date ____/____/____

Signature _____
(Parent or Guardian)

Signature _____
(Player)

II. Medical Consent Form

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Signature of Parent or Guardian _____

Date _____