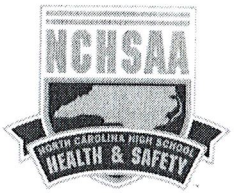

Student-Athlete COVID Questionnaire

Student-Athlete's Name: _____

Date of Birth: _____ Age: _____

COVID RELATED QUESTIONS ABOUT THE STUDENT-ATHLETE	YES	NO	NA
1. Since January 1, 2020 have you been told that you have had a positive test for COVID-19, **OR** have you been told by a medical professional, your school, or local health department that you have had to quarantine (stay home) due to concern that you had COVID-19 symptoms?			
2. If the answer to 1 was "Yes", has the *Return to Play Form: COVID-19 Infection Medical Clearance Releasing The Student-Athlete to Resume Full Participation in Athletics* been completed?			
3. Have you been fully vaccinated against COVID?			

Note: The NCHSAA maintains an unquestionable commitment to the health and safety of student-athletes and athletic staff alike. These questions were not included in the History section of the 2021-2022 Preparticipation Physical Evaluation (PPE) as that is a copyrighted document. The Association strongly recommends answering these questions to assist health care professionals, licensed athletic trainers, first responders and coaches in screening students for potential long-term impacts related to COVID-19 such cardiovascular implications. The answers may also help administrators and health care professionals determine whether a student-athlete who may have been exposed to a confirmed positive case of COVID-19 needs to quarantine even though they do not exhibit symptoms.

While the Association strongly recommends answering these questions, choosing not to do so will not impact the eligibility of a student-athlete to participate in athletics.

Sports Medicine Program Consent for Medical Care and Treatment

I, _____, the parent/legal guardian of _____, a student at _____ (the "School") whose date of birth is _____, authorize Mission Health System, Inc. and each of its affiliated, participating hospitals as applicable including Mission Hospital, Inc., Blue Ridge Regional Hospital, Inc., The McDowell Hospital, Inc., Angel Medical Center, Inc., Highlands-Cashiers Hospital, Inc. and Transylvania Community Hospital, Inc. (collectively and/or individually as is applicable referred to herein as "Mission") and associated staff to provide my child such healthcare or other services offered by the Sports Medicine Program and, where appropriate, to make referrals for my child to receive additional health services that my child's condition may indicate. *In any such event, student athletes and their parents/legal guardians shall have the option to choose any medical provider as they and/or their legal guardian(s) may choose, as many options are available to student athletes. No student and/or his or her parents/guardians are required to utilize Mission for medical services.*

Pre-Participation Physical. I hereby give my consent/permission to Mission and participating, licensed or other medical providers to perform a pre-participation screening physical examination ('screening exam") for my child. I agree that this screening exam is only a limited, screening examination and does not take the place of a complete medical examination. I understand and agree that the medical provider(s) completing the screening exam shall not be responsible for any ongoing medical care or treatment for any medical condition or for injuries that occur after the screening exam. I represent, to the best of my knowledge, that my child has no known medical condition that would prevent participation in sports. I agree to follow up with my child's primary care provider in the event that any medical condition is identified in the screening exam.

Injury and/or Emergency Treatment: In the event that it becomes necessary, I agree that the team physician or athletic trainer, as appropriate, may provide medical care and/or treatment to my child as provided herein for a sports-related injury. In addition, in the event my child needs urgent or emergency treatment, I authorize the staff of the School and/or Mission, where appropriate, to arrange for such care with appropriate providers, including appropriate transportation. In such instance, I authorize the School and/or Mission, where appropriate, to undertake any acts which may be necessary or proper to provide for the health care of the minor child named herein, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. By signing below, I indicate that I have the understanding and capacity to communicate health care decisions on behalf of the child named herein and that I understand the contents of this document. I understand that the School staff and/or the Mission staff, as appropriate, will contact me as soon as possible in the event my child has an urgent or emergency condition.

Payment for Services Rendered. I understand that I will not be charged by Mission for services rendered on-site by the Mission Athletic Trainer or other Mission Sports Medicine staff assigned to the school but that I or my insurance carrier may be charged for services rendered by other healthcare providers for follow-up care or treatment.

Health Information. I agree to complete all health history, family history, and other informational requests necessary for my child's participation in the School's athletic events and as required for medical care and treatment or other services provided by Mission. I understand that I may contact the Mission Athletic Trainer or the Team Physician assigned to the School or the Mission Medical Director to discuss my child's care or to discuss any questions that I may have about the program.

Neurocognitive Testing. I understand and agree that my child may undergo a computerized concussion evaluation system, such as ImPACT, as part of an overall concussion management protocol. https://www.impacttest.com/about

Students. I understand and agree that Mission is involved in the education of student athletic trainers (at the college level and student aides at the high school level), physicians, nurses, technicians and other health care providers, interns, and observers. I understand and agree that these individuals may participate as is appropriate in providing athletic training, medical care and/or treatment to my child as provided herein for a sports-related injury or otherwise.

Medication. Athletic Trainers are not responsible for an athlete's prescription or non- prescription medication(s). An athletic trainer may, under the supervision and protocol of a provider, receive, store, and administer medication to my child and/or store my child's medication for the duration of an athletic event upon my request.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE AND CONSENT TO MY CHILD'S PARTICIPATION IN THE MISSION SPORTS MEDICINE PROGRAM AND TO THE OTHER TERMS AND CONDITIONS CONTAINED HEREIN. I HEREBY CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED HEREIN.

_____ _____

Name of Parent/Legal Guardian (Please Print) Name of Student (Please Print)

_____ _____

Signature of Parent/Legal Guardian Relationship to Student

Date of Signature:_____

AUTHORIZATION FOR ACCESS, USE, OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____, the parent/legal guardian of _____, a student at _____ (the "School") whose date of birth is _____, authorize Mission Health System, Inc. and each of its affiliated, participating hospitals as applicable including Mission Hospital, Inc., Blue Ridge Regional Hospital, Inc., The McDowell Hospital, Inc., Angel Medical Center, Inc., Highlands-Cashiers Hospital, Inc. and Transylvania Community Hospital, Inc. (collectively and/or individually as is applicable referred to herein as "Mission") consent to and authorize the release by Mission of information about my child's medical condition obtained through the Sports Medicine Program to the School's named coaches and other employees or agents of the School. I also specifically consent to and authorize the sharing of my child's medical information among the Mission Sports Medicine staff (team physicians, if any, other medical staff/providers, athletic trainers, and any student assistants) and the School's athletic staff, teachers/coaches, and school administration.

My signature below indicates that I understand and agree to the following:

1. This authorization for the release of my health information is voluntary, which means I do not have to authorize this release or sign this form.
2. As applicable, this release may include information related to behavioral/mental health, drug and alcohol abuse treatment, genetic information, HIV/AIDS, and other sexually transmitted diseases, unless limited by the above selections.
3. My decision to sign this authorization will not have an effect on the treatment provided to my child by any applicable health care provider, the cost of that treatment, or any benefits.
4. I may revoke this authorization at any time by notifying Mission in writing.
5. Revoking this authorization will not affect any disclosures made prior to revoking this authorization.
6. Unless revoked or an **expiration date** is indicated here _____, this authorization will extend until the end of the athletic season for which my child is engaged (2016-2017 athletic year).
7. After release my information may no longer be protected by privacy regulations, which means the person receiving may be able to share that information without my permission.
8. Mission will not use or share my health information without my permission, except as allowed or required by law.
9. This form will not be used for marketing or research.
10. A fee may be charged for providing any requested medical records.
11. I may ask for and get a copy of this authorization. A readable photocopy/fax of this authorization shall have the same force and effect as the original.

I hereby authorize the access, use or disclosure of my child's health information as described in this form.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN. I HEREBY CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED HEREIN.

_____
Name of Parent/Legal Guardian (Please Print)

_____
Name of Student (Please Print)

_____
Signature of Parent/Legal Guardian

_____
Relationship to Student

Date of Signature:_____

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

_____

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete's Name: _____ Age: _____ Sex: _____

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.

Student-Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent/Legal Custodian Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed.	Yes	No	Unsure
1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List:	❑	❑	❑
2. Is the student-athlete presently taking any medications or pills?	❑	❑	❑
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?	❑	❑	❑
4. Does the student-athlete have the sickle cell trait?	❑	❑	❑
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?	❑	❑	❑
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	❑	❑	❑
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	❑	❑	❑
8. Has the student-athlete ever fainted or passed out AFTER exercise?	❑	❑	❑
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)?	❑	❑	❑
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise?	❑	❑	❑
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	❑	❑	❑
12. Has a doctor ever told the student-athlete that they have high blood pressure?	❑	❑	❑
13. Has a doctor ever told the student-athlete that they have a heart infection?	❑	❑	❑
14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?	❑	❑	❑
15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	❑	❑	❑
16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	❑	❑	❑
17. Has the student-athlete ever had a stinger, burner or pinched nerve?	❑	❑	❑
18. Has the student-athlete ever had any problems with their eyes or vision?	❑	❑	❑
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? ❑ Head ❑ Shoulder ❑ Thigh ❑ Neck ❑ Elbow ❑ Knee ❑ Chest ❑ Hip ❑ Forearm ❑ Shin/calf ❑ Back ❑ Wrist ❑ Ankle ❑ Hand ❑ Foot Other: _____			
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?	❑	❑	❑
21. Has the student-athlete ever been hospitalized or had surgery?	❑	❑	❑
22. Has the student-athlete had a medical problem or injury since their last evaluation?	❑	❑	❑
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). ❑ 1. Has the student-athlete had little interest or pleasure in doing things? ❑ 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? ❑ 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? ❑ 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?			
FAMILY HISTORY			
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	❑	❑	❑
25. Has any family member had unexplained heart attacks, fainting or seizures?	❑	❑	❑
26. Does the athlete have a father, mother or brother with sickle cell disease?	❑	❑	❑

Explain "yes" or "unsure" answers here: _____

_____

By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____ Phone #: _____

Signature of Athlete: _____ Date: _____

(Rev. 3/2019) Approved for 2019-20 School Year

Student-Athlete's Name: _____ **Age:** _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **BP** _____ (% ile) / _____ (% ile) **Pulse:** _____

Vision: R 20/_____**L 20/**_____**Corrected: Y N**

Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates			
HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- ☐ A. Cleared
- ☐ B. Cleared after completing evaluation/rehabilitation for: _____
- ☐ *** C. Medical Waiver Form must be attached (for the condition of: _____)
- ☐ D. Not cleared for: ☐ Collision ☐ Contact ☐ Non-contact _____Strenuous_____Moderately strenuous_____Non-strenuous

Due to: _____

_____

_____

Additional Recommendations/Rehab Instructions: _____

_____

_____

Name of Physician/Extender: _____ (Please print)

Signature of Physician/Extender: _____ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: _____

Address: _____

_____

Phone: _____

Physician Office Stamp

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

Medication Agent Form

This form must be completed if you authorize the Athletic Trainer to administer prescribed medications to your child as needed for conditions such as allergies (epi pen), diabetes (insulin), or asthma (inhaler).

I, _____, the parent/legal guardian of

_____, a student at _____

(the "School") whose date of birth is _____, authorize Mission Health System, Inc. and each of its affiliated, participating hospitals as applicable including Mission Hospital, Inc., Blue Ridge Regional Hospital, Inc., The McDowell Hospital, Inc., Angel Medical Center, Inc., Highlands-Cashiers Hospital, Inc. and Transylvania Community Hospital, Inc. (collectively and/or individually as is applicable referred to herein as "Mission") and their respective staff , as applicable, under the supervision and protocol of a physician, to receive, store, and administer indicated medication, which is prescribed in my child's name.

The medication is:_____

I authorize the release of any information pertaining to my listed medications to Mission.

Printed Athlete's Name: _____ **DOB:** _____

Medication(s) Prescribed: _____

Prescribing Physician Name, Address, and Phone Number:

_____

Condition requiring Prescription: _____

Dosage and Administration Instructions:

_____

_____

_____ _____

Name of Parent/Legal Guardian (please print) Relationship to Student

_____

Signature of Parent/Legal Guardian Date

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Approved for use in 2019-2020 School Year

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print)_____

Parent/Legal Custodian Name(s): (please print)_____

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Legal Custodian Date

Approved for use in 2019-2020 School Year

2019 - 2020 MCDOWELL HIGH SCHOOL ATHLETIC PARTICIPATION FORM

PLEASE PRINT

ATTENTION: BE SURE TO SIGN ALL EIGHT (8) THICK-BORDERED SIGNATURE BOXES

Name: _____ Male: _____ Female: _____
Last First Middle

Address: _____
Street City State Zip Code

The student is domiciled at the above address located in the _____ High School District.
(School must be notified if student moves from the above address.)

You live with: _____
Name of Parent/Parents/Guardian

Telephone: _____
Home Work Mobile

Emergency Contact: _____
Name Address Phone

Date of Birth: _____ Student #: _____
NC WISE ID

Year Entered 9th Grade: _____ Grade Level for the 2019-20 School Year: _____

PARENT AND ATHLETE CONSENT FOR ATHLETIC PARTICIPATION

I/We certify that the home address of parents/guardians listed above is our sole bona fide residence and will notify the school principal immediately of any change in residence, since a move may alter the eligibility status of the student-athlete. I/We certify that the student- athlete has not plead guilty to or been convicted of a felony. I/We certify that the student-athlete has not participated in a sport in another state during this school year.

I/We acknowledge that the use and/or possession of alcohol and illegal drugs violates Board of Education policies.

I/We acknowledge that there is a certain risk of injury involved with athletic participation. Even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

As student-athlete and parents, by choosing to participate, you acknowledge the risk of injury and understand that you must adhere to the proper instruction about techniques and the use of equipment. You agree to refrain from improper uses or techniques.

I/We have read and reviewed the general requirements for High School athletic eligibility and the policies of McDowell High School athletics and agree to abide by those standards, including enrollment in the mandatory, random drug-testing program. We also acknowledge the risk outlined above and do hereby give our informed consent to allow the above named student to participate in all athletic activities at this school for this academic year.

Signed: _____ Date: _____
Parent or Guardian

Signed: _____ Date: _____
Student Athlete

MCDOWELL COUNTY SCHOOLS
FIELD TRIP AND EXTRACURRICULAR TRAVEL PARENTAL CONSENT FORM

Student Name: _____ Grade: _____

Mode of Transportation: Activity Bus Vehicle #: Various

Health Insurance Company: _____

Policy Holder: _____ Policy #: _____

I hereby give my permission for my child to participate in the field trip or extracurricular travel, and for a representative of McDowell County Schools to obtain medical assistance, and authorize medical treatment and any medical procedure which is in the best interest of my child whenever I am not readily available to grant such authority and permission directly to the doctor or hospital involved.

Signature: _____ Date: _____
Parent or Guardian

Telephone: _____
Home *Work* *Mobile*

Trip Approved By: _____ Date: _____
School Official

SPORTSMANSHIP AND CONDUCT STATEMENT

Sportsmanship is the quality of responsible behavior characterized by genuine concern for opponents, officials, and teammates. It is an essential ingredient of sound athletic competition. We will endeavor to be modest in victory and gracious in defeat. Athletes and coaches alike realize that they represent themselves, their teams, their school and their families. We will play fairly, compete hard, and play to win, always striving to do our best. We will show respect for our opponents and out teammates, our coaches and game officials, and out parents and fans. Our goal is to be the best we can be, always exhibiting good sportsmanship.

Athletes must strive to set a good example of behavior. Positive, respectful behavior in class, at school and away from school is essential. Parents must also be positive behavior role models for their students. Excessive violation of school rules, general disrespect and bad behavior will not be tolerated. Bad behavior by students and/or parents may result in dismissal from a team and/or dismissal from an event.

AS ATHLETES, WE PLEDGE TO:

1. Accept conscientiously the responsibility and privilege of representing the school and community.
2. Respect officials' judgments and interpretations of the rules.
3. Treat visiting athletes with the respect that is due them as guests and worthy opponents.
4. As a visitor to another school, remember that we are a guest. Show respect for our opponents' field, court and locker room.
5. Congratulate opponents in a sincere manner following either victory or defeat. Be modest in victory and gracious in defeat.
6. Exercise self-control at all times. Always use appropriate language. Refrain from taunting, intimidation and fighting.
7. Following and obey school rules. Show respect for other students. Show respect for teachers, administrators and other staff.
8. Refrain from disruptive and disrespectful behavior.

AS PARENTS AND / OR SPECTATORS, WE PLEDGE TO:

1. Realize that we are at a contest to support our team. We should recognize and compliment outstanding play.
2. Remember that school athletics are learning experiences for students. Praise student-athletes in their attempt to improve themselves as students and athletes.
3. Realize that attendance at athletic events is a privilege – not a license to verbally assault others, including officials, with intimidating language or actions.
4. Show respect for opposing players, fans, coaches and support groups.
5. Refrain from taunting or making any kind of derogatory remarks to our opponents during the game.
6. Respect officials' judgment and interpretations of the rules.
7. Refrain from the use of any controlled substances (alcohol, drugs, etc.) and tobacco products before games, during and after the games on or near the site of the event.

Signed: _____ _____
Parent or Guardian *Student Athlete*

WAIVER OF BASIC INSURANCE COVERAGE
FOR PARTICIPATION IN SCHOOL ATHLETICS INCLUDING CHEERLEADING

THE UNDERSIGNED AGREES AND CERTIFIES THAT:

1. He or she is the parent or legal guardian of _____ (hereafter referred to as "student"),

   born on _____, who will be a student at _____

   (hereafter referred to as "School") during the _____ academic year.
2. The Undersigned has legal custody of the student, or other legal authority to obtain insurance coverage for the student, and to consent to the student's participation in the School's Athletic Program including Cheerleading.
3. The Undersigned understands that medical, hospital, and/or other basic insurance coverage for athletic injuries can be obtained through the school; but that the school must pass the costs of such coverage on to the parents or guardian of Students who are financially able to bear such costs.
4. The Student is covered by an existing insurance policy with _____ which provides medical, hospital, and/or other basic coverage for injuries, which the Student might receive while participating in the School's Athletic Program.
5. THE UNDERSIGNED AGREES TO PROVIDE BASIC INSURANCE COVERAGE FOR THE STUDENT THROUGH THE INSURANCE NAMED ABOVE, AND TO WAIVE ANY INSURANCE COVERAGE (other than Catastrophic Insurance, which provides coverage only for claims in excess of $25,000 which are not covered by other insurances) WHICH THE SCHOOL MIGHT OTHERWISE OBTAIN.
6. The Undersigned agrees to notify the School immediately if the Student's insurance coverage is canceled or otherwise terminated; and the Undersigned further agrees that no claim will be made against the McDowell County School System for failure of the School or School System to obtain basic insurance coverage for the Student.
7. The Undersigned agrees to release that School and the McDowell County School System of any responsibility for personal injury and/or financial. School Athletic activities including cheerleading.

Signed: _____ Date: _____
Parent or Guardian

CONSENT FOR MEDICAL TREATMENTS

- **EMERGECY TREATMENT:** In the event of a medical emergency, every attempt to notify the parent or guardian will be made. However, if you cannot be reached, we ask that you grant permission for your child to be treated for medical emergency by a licensed physician or other persons trained in emergency care. In the event that I cannot be reached, I grant permission to he MCDOWELL COUNTY SCHOOLS to provide emergency medical treatment to my son or daughter by a licensed medical physician.
- **TRAUMATIC BRAIN INJURY:** I understand and give my permission for my child to take a computer test of single questions in order to provide base line data for a doctor to review in the unlikely event that a head injury might occur while participating in a sports activity. This computer test will become part of your child's medical information and will not be shared with anyone except the child's parents and the medical team. It will allow better decision-making in your child's health and return to sport.
- **PRACTICE, TRAINING ROOM, GAME & INJURY CLINIC TREATMENT CONSENT:** Local, licensed physicians will be serving as our team physicians. We ask that you sign and give permission to these physicians to treat your son/daughter for any sports related injury. I understand that no surgical procedure will be performed without my further written consent.
- **HIPPA/FERPA RELEASE:** The above named student-athlete has opted his/her rights under the US Department of Health and Human Resources guidelines. By signing this release, the student-athlete allows sharing of medical information between the Sports Medicine Staff (team physicians and medical staff, athletic trainers and student assistants), the school athletic staff (Athletic Director and Coaches), school administration and his/her medical provider(s). In the event of an emergency situation, information may be shared with emergency medical personnel. Every reasonable effort will be made to protect this information. It is understood that once this medical information is disclosed, it is no longer protected under the HIPAA/FERPA guidelines.

Signed: _____ Date: _____
Parent or Guardian

2019 - 2020 MCDOWELL HIGH SCHOOL ATHLETIC PARTICIPATION FORM

PLEASE PRINT

ATTENTION: BE SURE TO SIGN ALL EIGHT (8) THICK-BORDERED SIGNATURE BOXES

Name: _____ Male: _____ Female: _____
Last First Middle

Address: _____
Street City State Zip Code

The student is domiciled at the above address located in the _____ High School District.
(School must be notified if student moves from the above address.)

You live with: _____
Name of Parent/Parents/Guardian

Telephone: _____
Home Work Mobile

Emergency Contact: _____
Name Address Phone

Date of Birth: _____ Student #: _____
NC WISE ID

Year Entered 9th Grade: _____ Grade Level for the 2019-20 School Year: _____

PARENT AND ATHLETE CONSENT FOR ATHLETIC PARTICIPATION

I/We certify that the home address of parents/guardians listed above is our sole bona fide residence and will notify the school principal immediately of any change in residence, since a move may alter the eligibility status of the student-athlete. I/We certify that the student- athlete has not plead guilty to or been convicted of a felony. I/We certify that the student-athlete has not participated in a sport in another state during this school year.

I/We acknowledge that the use and/or possession of alcohol and illegal drugs violates Board of Education policies.

I/We acknowledge that there is a certain risk of injury involved with athletic participation. Even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

As student-athlete and parents, by choosing to participate, you acknowledge the risk of injury and understand that you must adhere to the proper instruction about techniques and the use of equipment. You agree to refrain from improper uses or techniques.

I/We have read and reviewed the general requirements for High School athletic eligibility and the policies of McDowell High School athletics and agree to abide by those standards, including enrollment in the mandatory, random drug-testing program. We also acknowledge the risk outlined above and do hereby give our informed consent to allow the above named student to participate in all athletic activities at this school for this academic year.

Signed: _____ Date: _____
Parent or Guardian

Signed: _____ Date: _____
Student Athlete

MCDOWELL COUNTY SCHOOLS
FIELD TRIP AND EXTRACURRICULAR TRAVEL PARENTAL CONSENT FORM

Student Name: _____ Grade: _____

Mode of Transportation: Activity Bus Vehicle #: Various

Health Insurance Company: _____

Policy Holder: _____ Policy #: _____

I hereby give my permission for my child to participate in the field trip or extracurricular travel, and for a representative of McDowell County Schools to obtain medical assistance, and authorize medical treatment and any medical procedure which is in the best interest of my child whenever I am not readily available to grant such authority and permission directly to the doctor or hospital involved.

Signature: _____ Date: _____
Parent or Guardian

Telephone: _____
Home *Work* *Mobile*

Trip Approved By: _____ Date: _____
School Official

SPORTSMANSHIP AND CONDUCT STATEMENT

Sportsmanship is the quality of responsible behavior characterized by genuine concern for opponents, officials, and teammates. It is an essential ingredient of sound athletic competition. We will endeavor to be modest in victory and gracious in defeat. Athletes and coaches alike realize that they represent themselves, their teams, their school and their families. We will play fairly, compete hard, and play to win, always striving to do our best. We will show respect for our opponents and out teammates, our coaches and game officials, and out parents and fans. Our goal is to be the best we can be, always exhibiting good sportsmanship.

Athletes must strive to set a good example of behavior. Positive, respectful behavior in class, at school and away from school is essential. Parents must also be positive behavior role models for their students. Excessive violation of school rules, general disrespect and bad behavior will not be tolerated. Bad behavior by students and/or parents may result in dismissal from a team and/or dismissal from an event.

AS ATHLETES, WE PLEDGE TO:

1. Accept conscientiously the responsibility and privilege of representing the school and community.
2. Respect officials' judgments and interpretations of the rules.
3. Treat visiting athletes with the respect that is due them as guests and worthy opponents.
4. As a visitor to another school, remember that we are a guest. Show respect for our opponents' field, court and locker room.
5. Congratulate opponents in a sincere manner following either victory or defeat. Be modest in victory and gracious in defeat.
6. Exercise self-control at all times. Always use appropriate language. Refrain from taunting, intimidation and fighting.
7. Following and obey school rules. Show respect for other students. Show respect for teachers, administrators and other staff.
8. Refrain from disruptive and disrespectful behavior.

AS PARENTS AND / OR SPECTATORS, WE PLEDGE TO:

1. Realize that we are at a contest to support our team. We should recognize and compliment outstanding play.
2. Remember that school athletics are learning experiences for students. Praise student-athletes in their attempt to improve themselves as students and athletes.
3. Realize that attendance at athletic events is a privilege – not a license to verbally assault others, including officials, with intimidating language or actions.
4. Show respect for opposing players, fans, coaches and support groups.
5. Refrain from taunting or making any kind of derogatory remarks to our opponents during the game.
6. Respect officials' judgment and interpretations of the rules.
7. Refrain from the use of any controlled substances (alcohol, drugs, etc.) and tobacco products before games, during and after the games on or near the site of the event.

Signed: _____ _____
Parent or Guardian *Student Athlete*