



**HENRICO COUNTY PUBLIC SCHOOLS MIDDLE SCHOOL STUDENT PARTICIPATION,
PARENTAL APPROVAL AND PHYSICAL EXAMINATION FORM**

(TO BE COMPLETED BY PARENT/LEGAL CUSTODIAN, STUDENT AND PHYSICIAN)

**VALID
MAY 1 - JUNE 30
(14 MONTHS)**

Student's Name _____ Birth date _____ Age _____
Grade _____ Sex M [] F [] Home Phone _____ Cell Phone _____
Parent/Legal Custodian's Name _____ Work Phone _____
Home Address of Student _____ School _____
Emergency Contact Person (other than parent/custodian) _____ Phone No. _____
Family Physician _____ Phone No. _____
Hospital preferred _____ ALLERGIES _____
MEDICATIONS (current) _____ Last Tetanus Booster Date _____

History of: (Circle) (Circle)
1. Any injuries requiring medical attention Yes No 5. Hospitalized (except for Tonsillectomy) Yes No
2. Under a physician's care at this time Yes No 6. Any chronic disease Yes No
3. Wears glasses or contact lenses Yes No 7. Any reason why this individual should not participate in competitive sports? Yes No
4. Surgery or operations
If "Yes" to any of the above, list appropriate number explain _____

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ Middle School to hospitalize and/or secure proper treatment for the student named above.
I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions.

My child is covered by an insurance that meets my approval.

Company name _____ Policy Number _____
_____ My child is covered by 24 hour school insurance _____ My child is covered by School Day insurance.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ Date _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Board of Control for Middle School Athletics.

STUDENT SIGNATURE _____ Date _____

The proponent for this form is: DIVISION OF INSTRUCTION, Tel. 652-3761 Stock No. 1301-150 DISCARD ALL OTHER FORMS. REV. 8/27/01

**Physical Examination
(To be completed and signed by examining physician)**

Name of Student _____ School _____
Age _____ Height _____ Weight _____ B/P _____ P _____ R. _____
Eyes _____ R20/ _____ L20/ _____ Ears _____ Hearing R _____ L _____
Cardiovascular _____
Respiratory _____
Liver _____ Spleen _____ Hernia _____
Musculoskeletal _____ Skin _____
Neurological _____ Genitalia _____

I certify that on this date I examined this student and on the basis of this examination, along with the medical history furnished to me, I found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

COMMENTS: _____

Physician's/Nurse Practitioner's Signature _____ Phone No. _____

Address _____

Date of Examination: _____

NOTE: THIS FORM MUST BE COMPLETELY FILLED OUT AND MUST BE FILED IN THE SCHOOL HEALTH OFFICE PRIOR TO THE STUDENT'S PARTICIPATION.



**STUDENT ACTIVITIES CONTRACT
2022 - 2023**

Participation in athletics and other student activities is a privilege and, as such, requires that students adhere to certain rules. One of those rules states; “the use or possession of tobacco, alcohol or other illegal drugs is prohibited.”

A violation of this rule will involve penalties as listed in this contract agreement and requires student and parent/guardian signatures.

I understand:

If I use or possess alcohol, tobacco products and/or drugs as defined in the Henrico County Public Schools Code of Conduct, on or off school property, the penalty for use or possession will affect my participation in student activities as follows:

1st offense – mandatory 30 calendar day suspension from all VHSL team participation and extracurricular activities

2nd offense – mandatory 365 calendar day suspension from all VHSL team participation and extracurricular activities

3rd offense – mandatory high school career suspension from all VHSL team participation and extracurricular activities

I may be required to complete the Alcohol and Drug Awareness Intervention Program.

Printed Student’s Name/Grade

Student’s Signature/Date

School

Parent’s/Guardian’s Signature/Date



Student-Athlete Concussion Policy

The General Assembly amended the *Code of Virginia* requiring each school division to develop policies and procedures regarding identification and handling of suspected concussions in student-athletes in the Commonwealth of Virginia. One part of this requirement is annual review by student-athletes and parents, information on concussions provided by the school division. This information can be provided by handouts, parent meetings, workshops and other methods individual schools deem appropriate. Included below is basic information on concussions and a Statement of Acknowledgement. This form must be signed and returned to the student-athlete's school in order to participate in any extracurricular athletic activity.

What is a concussion? A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

SIGNS AND SYMPTOMS OF A CONCUSSION

<p>SIGNS OBSERVED BY PARENTS OR GUARDIANS</p> <ul style="list-style-type: none"> Appears dazed or stunned Is confused about events Answers questions slowly Repeats questions Can't recall events prior to the hit, bump, or fall Can't recall events after the hit, bump, or fall Loses consciousness (even briefly) Shows behavior or personality changes Forgets class schedule or assignments 	<p>SYMPTOMS REPORTED BY YOUR CHILD</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Thinking/Remembering</p> <ul style="list-style-type: none"> Difficulty thinking clearly Difficulty concentrating or remembering Feeling more slowed down Feeling sluggish, hazy, foggy, or groggy <p>Physical</p> <ul style="list-style-type: none"> Headache or "pressure" in head Nausea or vomiting Balance problems or dizziness Fatigue or feeling tired Blurry or double vision Sensitivity to light or noise Numbness or tingling Does not "feel right" </td> <td style="width: 50%; vertical-align: top;"> <p>Emotional</p> <ul style="list-style-type: none"> Irritable Sad More emotional than usual Nervous <p>Sleep*</p> <ul style="list-style-type: none"> Drowsy Sleeps less than usual Sleeps more than usual Has trouble falling asleep <p><small>* Only ask about sleep symptoms if the injury occurred on a prior day</small></p> </td> </tr> </table>	<p>Thinking/Remembering</p> <ul style="list-style-type: none"> Difficulty thinking clearly Difficulty concentrating or remembering Feeling more slowed down Feeling sluggish, hazy, foggy, or groggy <p>Physical</p> <ul style="list-style-type: none"> Headache or "pressure" in head Nausea or vomiting Balance problems or dizziness Fatigue or feeling tired Blurry or double vision Sensitivity to light or noise Numbness or tingling Does not "feel right" 	<p>Emotional</p> <ul style="list-style-type: none"> Irritable Sad More emotional than usual Nervous <p>Sleep*</p> <ul style="list-style-type: none"> Drowsy Sleeps less than usual Sleeps more than usual Has trouble falling asleep <p><small>* Only ask about sleep symptoms if the injury occurred on a prior day</small></p>
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Information provided by U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC)

We acknowledge we have received and reviewed information provided by our school on the risk and recognition of concussions in student-athletes. We also understand review of current information on concussions shall take place annually in order to participate in Henrico County Public Schools athletic activities.

Printed Student's Name/Grade	Student's Signature/Date
School	Parent's/Guardian's Signature/Date