2019/2020

D.V.U.S.D.ATHLETIC EMERGENCY INFORMATION FORM

CHECK ALL THAT APPLY

☐ Badminton	☐ Spiritline	☐ Baseball	☐ Sand Volleyball
☐ X Country	☐ Volleyball	☐ Softball	
☐ Football	☐ Basketball	☐ Tennis	
☐ Golf	☐ Soccer	☐ Track	
☐ Swim/Dive	☐ Wrestling	☐ Chess	

*****PLEASE READ CAREFULLY AND FULLY COMPLETE ALL PAGES AND SIGNATURE LINES AS THIS FORM HAS BEEN UPDATED*****

STUDENT:_____ STUDENT ID: _____ DATE OF BIRTH:_____ SEX:_____ GRADE _____

HOME ADDRESS:_____ CITY:_____ ZIP:_____

Father/Legal Guardian Name: _____ Mother/Legal Guardian Name: _____

Home/Cell Phone:_____ Home/Cell Phone: _____

School or schools attended last year: _____

IF PARENT OR GUARDIAN CANNOT BE CONTACTED IN AN EMERGENCY, PLEASE CONTACT:

NAME:_____ HOME PHONE:_____ CELL PHONE:_____

PHYSICIAN:_____ PHYSICIAN'S PHONE: _____

PREFERRED HOSPITAL: _____ ALLERGIES: _____

PLEASE INITIAL AND COMPLETE EACH SECTION BELOW

_____ **MEDICIAL TREATMENT/ASSISTANCE**
I hereby give consent for coaches, trainers, or a team physician to use their judgment in securing medical treatment/assistance in emergencies.

_____ **INSURANCE**
Student athlete must have medical insurance coverage. THE DEER VALLEY UNIFIED SCHOOL DISTRICT DOES NOT PROVIDE HEALTH INSURANCE FOR STUDENT ATHLETES. Parents must obtain insurance, as they are responsible for medical bills incurred as a result of participation in athletics. Parents must provide insurance information to assist coaches, trainers, other athletic staff, and medical personnel in the event an athlete may require medical assistance as a result of injury.
I have purchased school insurance: ( ) YES ( ) NO **I have my own insurance: ( ) YES ( ) NO**

Insurance Co: _____ **Policy No.:** _____

_____ **BRAINBOOK**
ALL athletes are required by the AIA to complete the concussion education course as well as pass a test at the end of the course with a minimum of 80% before they are allowed to compete in any sport. A certificate of completion must be printed and turned in to the athletic office. The website for this course is http://aiaacademy.org/users/login/brainbook . This course only needs to be completed one time in their high school career **prior to participating in their first District organized athletic sport.**

_____ **PERMISSION TO TRANSPORT**
I/WE give my permission to participate in interscholastic activities and to travel with the team as a member using school approved transportation.

_____ **EQUIPMENT CODE**
It is the athlete's responsibility to care for and return all equipment issued by the high school. I/WE understand and agree that all equipment issued to our son/daughter is the property of the high school and must be returned in reasonable condition. Items lost, stolen or abused must be replaced and the Athletic Department reimbursed for the cost of the equipment.

_____ **CODE OF CONDUCT/HANDBOOK**
I/WE have read and understand the information on the Athletic Code of Conduct form, including the DVUSD statement of understanding and the high school Code of Conduct, and attest the fulfillment of all rules and requirements for athletes, as outlined in the Student Rights and Responsibilities Handbook.

_____ **PURSUING VICTORY WITH HONOR** (Located in Parent/Athlete Handbook)
I/WE have read and understand my/our responsibility regarding my behavior as set forth in on the Pursuing Victory with Honor Code of Conduct forms for parents and athletes.

ACKNOWLEDGEMENT

RELEASE OF NAME AND/OR IMAGE

I/WE give the District permission for my/our son/daughter to be photographed while participating in District sporting events, and for such photographs to be used in various media publications and formats, including but not limited to web pages, newspaper articles, district publications, and/or district site newsletter. I/WE also agree to allow such photographs to be captioned from time to time with my/our son/daughter's full name.

PARENT/GUARDIAN SIGNATURE: _____

INFORMED CONSENT SPORTS INJURY VIDEO

In order to participate in District organized athletics, each student together with their parent or guardian **must view** the online Informed Consent Sports Injury video prior to participating in their first District organized athletic sport. A link to this video can be found at http://www.dvusd.org/Page/11429. By my signature below, I confirm that my student athlete and I have viewed the online video and understand the risks involved in participation in District Athletics.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**_____

I/WE have read, understand, and will abide by the statements listed separately and included in the Parent/Athlete Handbook found at http://www.dvusd.org/Domain/1301

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**_____

STUDENT SIGNATURE: _____ **DATE:**_____

DEER VALLEY
Unified School District

ATHLETICS-CONSENT FOR EMERGENCY CARE/TREATMENT

Student Name_____ **Student Date of Birth** _____

Student ID #_____ **Grade**_____

Sport(s): Fall_____ Winter_____ Spring_____

In the event that an athletic injury or illness should occur to the above named student athlete while participating in a sanctioned athletic activity at a Deer Valley Unified School District site, I give my permission for them to receive proper/necessary care from a certified/licensed athletic trainer, physician or other health care individual. Furthermore, in the event that a medical emergency should occur and I cannot be contacted, I give my permission for a representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment, which is considered necessary, for the student athlete's well-being and health.

_____

Signature of Parent/Guardian Date

_____

Print Name of Parent/Guardian Name Mailing Address

Father's phone numbers _____

Primary Secondary

Mother's phone numbers _____

Primary Secondary

Health Insurance Information:

Insurance Co:_____ Policy No:_____

IN CASE OF EMERGENCY – if parent/guardian is not available – contact:

Friend/Relative _____ Phone _____

Friend/Relative _____ Phone _____

Family Physician _____ Phone _____

Hospital _____ Insurance Co & Policy # _____

PLEASE LIST ANY CONDITIONS, MEDICATIONS OR ALLERGIES BELOW:

_____

_____

_____

_____

Arizona Interscholastic Association, Inc.

Mild Traumatic Brain Injury (MTBI) / Concussion

Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (http://www.cdc.gov/concussion/HeadsUp/youth.html) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Stree t, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Exam Date:

Name:
Home Address:
Phone:
Date of Birth:
Age:
Sex:
Grade:
School:
Sport(s):
Personal Physician:
Hospital Preference:

In case of emergency, contact:
Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Explain "Yes" answers on following page.
Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2) Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):	☐	☐
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	☐	☐
5) Does your heart race or skip beats during exercise?	☐	☐
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection		
7) Have you ever spent the night in the hospital?	☐	☐
8) Have you ever had surgery?	☐	☐
* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):	☐	☐
*10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	☐	☐
* 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, check affected area in the box below):	☐	☐

Head ☐ Neck ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm ☐
Hand/Fingers ☐ Chest ☐ Upper Back ☐ Lower Back ☐ Hip ☐ Thigh ☐
Knee ☐ Calf/Shin ☐ Ankle ☐ Foot/Toes ☐

	Y	N
12) Have you ever had a stress fracture?		
13) Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
14) Do you regularly use a brace or assistive device?		
15) Has a doctor told you that you have asthma or allergies?		
16) Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17) Is there anyone in your family who has asthma?		
18) Have you ever used an inhaler or taken asthma medicine?		
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?		
20) Have you had infectious mononucleosis (mono) within the last month?		
21) Do you have any rashes, pressure sores, or other skin problems?		
22) Have you had a herpes skin infection?		
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?		
24) Have you ever had a seizure?		
25) Do you have headaches with exercise?		
26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?		
27) When exercising in the heat, do you have severe muscle cramps or become ill?		
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
29) Have you ever been tested for sickle cell trait?		
30) Have you had any problems with your eyes or vision?		
31) Do you wear glasses or contact lenses?		
32) Do you wear protective eyewear, such as goggles or a face shield?		
33) Are you happy with your weight?		
34) Are you trying to gain or lose weight?		
35) Has anyone recommended you change your weight or eating habits?		
36) Do you limit or carefully control what you eat?		
37) Do you have any concerns that you would like to discuss with a doctor?		

Females Only

	Y	N
38) Have you ever had a menstrual period?		
39) How old were you when you had your first menstrual period?		
40) How many periods have you had in the last year?		

Explain "Yes" Answers Here

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Stree t, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Physician should fill out this form with assistance from the Parent or Guardian.)

Student Name: Date of Birth:

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	☐	☐
2) Has your child ever had extreme shortness of breath during exercise?	☐	☐
3) Has your child had extreme fatigue associated with exercise (different from other children)?	☐	☐
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	☐	☐
5) Has a doctor ever ordered a test for your child's heart?	☐	☐
6) Has your child ever been diagnosed with an unexplained seizure disorder?	☐	☐
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	☐	☐

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	☐	☐
9) Are there any family members who died suddenly of "heart problems" before age 50?	☐	☐
10) Are there any family members who have unexplained fainting or seizures?	☐	☐
11) Are there any relatives with certain conditions, such as:	☐	☐
Enlarged Heart	☐	☐
Hypertrophic Cardiomyopathy (HCM)	☐	☐
Dilated Cardiomyopathy (DCM)	☐	☐
Heart Rhythm problems:	☐	☐
Long QT Syndrome (LQTS)	☐	☐
Short QT Syndrome	☐	☐
Brugada Syndrome	☐	☐
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	☐	☐
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	☐	☐
Marfan Syndrome (Aortic Rupture)	☐	☐
Heart Attack, age 50 or younger	☐	☐
Pacemaker or Implanted Defibrillator	☐	☐
Deaf at Birth (Congenital Deafness)	☐	☐

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP _____ Date: _____

ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 North 18th Stree t, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

2018-2019 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
	BP:____/____ (____/____,____/____)

Vision: R20/_____ L20/_____ Corrected: Y___ N___

Pupils: Equal_____ Unequal____

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* Multi-examiner set-up only.
† Having a third party present is recommended for the genitourinary examination.

NOTES: _____

_____

☐ Cleared Without Restriction
☐ Not Cleared For: ☐ All Sports ☐ Certain Sports _____ ☐ Reason: _____
Recommendations: _____

Name of Physician(Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP

 NextCare is the preferred partner of the AIA. It is not required you visit NextCare locations for your healthcare needs.

Deer Valley
Unified School District

FAMILY AND COACH AGREEMENT

COACH TO FAMILY/STUDENT-ATHLETE

Steps for Agreement of Expectation:

-The coach will talk to team about expectations & sign team agreement.

-The coaches will have a pre- season meeting with parents and team.

-The coach will talk to the student first about any issues.

-The coach will talk to the parent and student with this concern.

-The coach will take continuing concerns to administration.

-The coach will help parents with access to rules of the sport.

-The coach will make available his or her e-mail and phone number.

-The coach will have an open door to students to discuss any issues.

FAMILY/STUDENT-ATHLETE TO COACH

Steps for Agreement of Expectation:

-The student will talk to the coach with concerns first.

- The student will meet with the parent and coach.

-The parent will meet with the coach and athletic director.

-The parent will meet with the athletic director.

-The parent will work with school on issues.

-The parent will let the coach do the job as coach.

-The parent and coach will follow all Six Pillars of PVWH.

-The parent will be supportive of students, teams& school.

Protocol of Meetings:

-24/48 Rule: After a game or event a parent will wait 24 to 48 hours before contacting the coach to set up a meeting.

-5 Minute meeting: 2 minutes for parent/ 2 minutes for coach/ 1 minute for resolution from the Coach or A.D.

I have read and agree to all expectations above.

Printed Student-athlete name _____ Sport _____

_____ _____ _____

Printed Name of Parent Signature of Parent Date

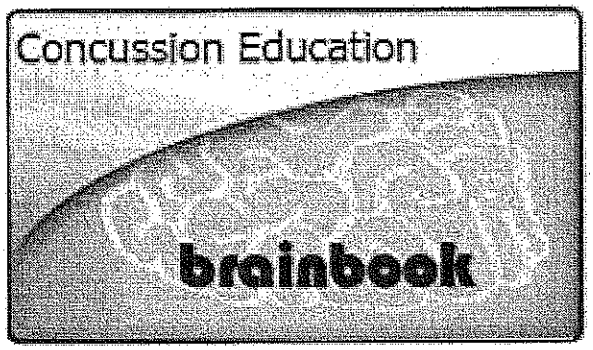
_____ _____

Signature of Coach Date

6/9/2010

BRAINBOOK CONCUSSION EDUCATION

A Brainbook Concussion Certificate must be on file at the school- This is an online course that must be completed prior to any participation. Directions for taking the course can be found at the address below.



1. Go to this site:

   http://aiaacademy.org/users/login/brainbook

2. Register as a Student
3. Enter Demographic information -
4. Select sport this season and any season in the future - remember to include all future sports
5. Complete the course, don't skip anything. You must have 80% to pass.
6. Print the certificate and bring it to Athletic Department - Verify through Athletic Secretary
7. 7-8 athletes will select the High School you will be going to in the future.
8. Age selection for 7-8 athletes would be the lowest age available to select.