

Fairbanks North Star Borough School District  
**SPORTS PHYSICAL FORM**

**PART A: To Be Filled Out by the Athlete**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Parents: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Position(s): \_\_\_\_\_ Coach (es): \_\_\_\_\_

Please check if you have had any problems in the following areas:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Concussion, "Knocked Out" | <input type="checkbox"/> Neck Injury             | <input type="checkbox"/> Back Injury, Pain                     |
| <input type="checkbox"/> Shoulder Injury           | <input type="checkbox"/> Arm, Elbow, Hand Injury | <input type="checkbox"/> Knee Injury, Popping                  |
| <input type="checkbox"/> Groin, Thigh, Leg Injury  | <input type="checkbox"/> Ankle, Foot Injury      | <input type="checkbox"/> Swelling, Pain, Locking or giving way |

- | Yes   | No    |   |
|-------|-------|---|
| _____ | _____ | Have any members of your family under the age of 40 had a "heart attack" or sudden death?                           |
| _____ | _____ | Have you ever had chest pain while exercising or passed out?  |
| _____ | _____ | Do you have coughing, wheezing, or severe shortness of breath with exercise?  |
| _____ | _____ | Are you taking any medication?  |
| _____ | _____ | Do you have any allergies?  |
| _____ | _____ | Have you had ear problems or difficulty hearing?  |
| _____ | _____ | Do you wear glasses or contact lenses?  |
| _____ | _____ | Have you ever had any discomfort in your groin (hernia)?  |
| _____ | _____ | Have you ever had any illness or injuries that required hospitalization, surgery, or repeated visits to the doctor? |

**PART B: To be Filled Out by the Physician**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
 Eye: R 20/\_\_\_\_\_ L20/\_\_\_\_\_ Ears \_\_\_\_\_ Skin: \_\_\_\_\_ Lungs: \_\_\_\_\_  
 Heart \_\_\_\_\_ Abdomen \_\_\_\_\_ Neurologic: \_\_\_\_\_ Urinalysis (if indicated) \_\_\_\_\_

MEDICAL FINDINGS

RECOMMENDATIONS

- \_\_\_\_\_ Follow up with athlete's physician  
 \_\_\_\_\_ Other

MUSCULOSKELETAL

RECOMMENDATIONS

- |  |   |
|--|---|
| _____ Neck Weakness                    | _____ Strengthening Exercises, Neck     |
| _____ Shoulder Weakness                | _____ Neck Roll (equipment)             |
| _____ Shoulder Injury                  | _____ Strengthening Exercises, Shoulder |
| _____ Scoliosis                        |   |
| _____ Tight Hamstring                  | _____ Hamstring Stretching              |
| _____ Tight Groin Muscle               | _____ Groin Stretching                  |
| _____ Worn Knee Cap                    | _____ Quadriceps Strengthening          |
| _____ Knee Injury; ligament, cartilage | _____ Knee Brace                        |
| _____ Tight Achilles Tendon            | _____ Achilles Stretches                |
| _____ Weak Ankles                      | _____ Strengthening Exercises, Ankles   |
|  | _____ Tape or Wrap Ankles               |
|  | _____ Referral to Orthopedist           |
|  | _____ Referral to Athletic Trainer      |
|  | _____ Other                             |

I certify on this date I have examined and find him/her physically able to compete in supervised activities with restrictions as noted:  
 Restrictions: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PHYSICIAN'S NAME (Please print) \_\_\_\_\_



**Student and Parent / Guardian**

# Activity Consent &

# Emergency Medical Info. Form

for ASAA or Approved Interscholastic or Extracurricular Activities

|                  |              |
|------------------|--------------|
| Name of Activity | Student Name |
|------------------|--------------|

**Parent/ Guardian Permission to Participate:**  
 I hereby give permission for the above-named student to engage in ASAA or Fairbanks North Star Borough School District approved interscholastic activities as a representative of his/her school. I also give my consent for this student to accompany the team or group as a member on its out-of-town trips. I understand that the local Board of Education through the Fairbanks North Star Borough carries insurance for accidental injuries sustained in intramural or interscholastic sports events.

**Parent/ Guardian and Student Rule Awareness verification:**  
 I have read and understand the rules, regulations, policies, and responsibilities as stated in the district's appropriate Student Activities Handbook and the penalties for violation of them. I understand and accept these rules, regulations, policies, and accompanying penalties as conditions for participation.

**Parent/ Guardian Medical Consent:**  
 I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above-named student, by a physician, qualified nurse, certified athletic trainer, and/or hospital during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group. Further, I hereby waive, on behalf of myself and the above-named student, any liability of the School District, its agents, or employees arising out of such medical treatment.

**Parent/ Guardian and Student Risk Awareness Verification:**  
 I understand and acknowledge that organized secondary athletics involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

**Hazing Awareness Pledge:**  
 I promise not to be involved in any hazing/ harassment incident, no matter how minor it may seem. I understand that I may be suspended or expelled from the team and/or school for any incident as a result of my participation or being an idle witness.

**EMERGENCY MEDICAL AND CONSENT INFORMATION (PLEASE PRINT CLEARLY)**

|  |                 |  |            |
|--|-----------------|--|------------|
| Student Name   |                 | Parent/ Guardian Name for above-listed student |            |
| Mailing Address  |                 | Residence Address                              |            |
| Parent/ Guardian Phone #s  | Home Phone      | Work Phone                                     | Cell Phone |
| Emergency Contact if parent/ guardian is not available:  | Name of Contact |  | Phone      |
| Name of Student's Medical Doctor   |                 |  | Phone      |
| Name of Student's Dentist  |                 |  | Phone      |
| Name of Insurance Co.  |                 | Policy Number                                  |            |
| Any Medical Conditions?  |                 |  |            |
| Any Medications?   |                 |  |            |
| Any Allergies?   |                 |  |            |
| In case of any medical emergency, I authorize a school district employee to take my son/ daughter to the nearest medical facility for necessary treatment. We, the undersigned, acknowledge that we have read and understand all aspects of this form, including all the above parts and grant permission and consent as required. I hereby authorize release of the above student's required physical examination record to the school in which the student is enrolled. This confidential information may be shared with the coach and activities coordinator. |                 |  |            |
| Parent/ Guardian Signature   |                 | Student Signature                              |            |
| Date   |                 | Date   |            |

8/24/06

White: School

Yellow: Sponsor/ Coach

Pink: Sports Trainer

Goldenrod: Parent

# ASAA Tobacco, Alcohol and Drug Acknowledge Form

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**Play for Keeps**  
ALASKA SCHOOL ACTIVITIES ASSOCIATION

## Student, Parent/Guardian Acknowledgement Form

Please read the following statements, sign below and return to your school's office

- I have participated in ASAA's "Play for Keeps" orientation and have watched the DVD presentation.
- I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the penalties for violations.
- I further understand that it is solely the school's responsibility to determine if a violation has occurred and that the school's decision may not be appealed to ASAA.
- I further understand that schools are required to report each violation to ASAA and to maintain strict confidentiality as specified in the policy. More specific wording of the confidentiality statement is found in the policy which is available from the school or at [www.asaa.org](http://www.asaa.org).

**NOTE: This form must be signed by the student and parent/guardian.**

- I further understand that a student's parent/guardian must participate in the orientation and sign this form at least annually for the student to gain eligibility.
- I further understand that a copy of this signed form must be returned to the school before the student is permitted to participate in interscholastic activities.
- I further understand that schools shall keep a copy of the signed forms on file.
- After participating in the "Play for Keeps" orientation and having the opportunity to review and understand ASAA's Tobacco, Alcohol and Controlled Substances Policy, the violations, penalties and reporting requirements, I agree (both student and parent/legal guardian) to be bound by the terms of the policy.

Printed Name of Student

Student Signature

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

Sport or Activity

School

# HEADS\*UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

## What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

## What are the symptoms of a concussion?

You can't see a concussion, but you might notice *one or more* of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

## What should I do if I think I have a concussion?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

## How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion,  
Don't hide it. Report it. Take time to recover.

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

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

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



**CONCUSSION RETURN TO PARTICIPATION PROTOCOL (RTP)**  
**Administrative Regulation 1062.4**

1. During the symptomatic periods, the student shall not engage in any physical or athletic activity. The student must have returned to full academic activity and received medical clearance prior to initiating the protocol for Return to Participating in Physical and Athletic Activity. All student athletes with a concussion must successfully complete the following RTP protocol before resuming full athletic activity.
2. Advancement through the protocol takes a minimum of six (6) days between steps one through six, with at least 24 hours between each step. However, the rate of progression through the steps in the protocol is meant to be individualized and therefore could take longer.
3. Factors indicative of a slower rate of return may include a younger student; history of previous concussions; the number, severity, and duration of concussion symptoms; and the concussions risk of the activities or sports to which the student will return. Physical or cognitive activity that provoked recurrence of concussive symptoms will delay recovery and increase the risk of future concussion. Therefore, if symptoms recur at any step, then physical activity should stop for 24 hours and resume at the previous step.
4. Protocol: The student begins at the baseline of no physical activity as long as the student experiences symptoms. The student could remain at this baseline for days or weeks. When the student is able to participate in academic activities without modifications, is symptom free for 24 hours and cleared by a qualified health care provider, student may progress to Step 1.

**Step 1**

- Light aerobic activity increasing heart rate for 10-15 minutes but not requiring cognitive attention or sustained concentration. Examples include: walking, swimming, and riding a stationary bike, but no resistance training.
- If no symptoms, then student may progress to Step 2 after 24 hours.
- If symptoms recur, cease physical activity for 24 hours.

**Step 2**

- Light to moderate aerobic activity for 30 minutes with limited body and head movement. Examples include jogging, more intense walking, swimming, riding a stationary bike, but no resistance training.
- If no symptoms, then student may progress to Step 3 after 24 hours.
- If symptoms recur, cease physical activity for 24 hours and resume at Step 1.

**Step 3**

- Moderate to heavy aerobic activity for 30 minutes but no contact. Examples include running, swimming, cycling, skating, Nordic skiing, but no resistance training.
- If no symptoms, then student may progress to Step 4 after 24 hours.
- If symptoms recur, cease physical activity for 24 hours and resume at Step 2.

**Step 4**

- Heavy aerobic activity for 30 minutes which may be intense but no contact. Examples include hard running, swimming, cycling, skating and, Nordic skiing.
- Resistance Training allowed (push-up; sit-up, weightlifting) for 15 minutes.
- If no symptoms, then student may progress to Step 5 after 24 hours.
- If symptoms recur, cease physical activity for 24 hours and resume at Step 3.

**Step 5**

- Return to practice, non-contact limited participation to routine, sport-specific drills.
- If no symptoms, then student may progress to Step 6 after 24 hours.
- If symptoms recur, cease physical activity for 24 hours and resume at Step 4.

**Step 6**

- Return to full contact practice.
- If no symptoms, then student may progress to Step 7 after 24 hours.
- If symptoms recur, cease physical activity for 24 hours and resume at Step 5.

**Step 7**

When a student completes the RTP protocol by returning to full contact practice without experiencing symptoms and is cleared by an athletic trainer, if available, or other qualified health care professional, student is medically eligible for competition. Student must meet ASAA eligibility criteria in order to return to competition (see School Board Policy and AR 955.21).



# FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 FIFTH AVENUE FAIRBANKS, ALASKA 99701-4756 (907) 452-2000

www.k12northstar.org



## PARENT AND STUDENT VERIFICATION OF RECEIPT OF INFORMATION CONCERNING CONCUSSIONS Administrative Regulation 1062.4, Appendix A

In accordance with AS 14.30.142, the school district requires that each student, and each minor student's parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the district. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled "A Parent's Guide to Concussions in Sports." Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled "Head's Up: Concussion in High School Sports - A Fact Sheet for Athletes." Students who are 18 years of age or older will also be provided with the Parent's Guide. Other suitable age appropriate documentation fulfills this requirement.

Parents and students should review this information, discuss it at home, and direct any questions to the student's coach, school principal or athletic activities coordinator.

### STUDENT ACKNOWLEDGEMENT (required for all athletes)

I acknowledge that I have received a copy of "Head's Up: Concussion in High School Sports - A Fact Sheet for Athletes" and understand its contents.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

### PARENT/GUARDIAN/ELIGIBLE STUDENT ACKNOWLEDGEMENT (Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

I acknowledge that I have received a copy of "A Parent's Guide to Concussions in Sports" and understand its contents.

\_\_\_\_\_  
Parent/Guardian/Eligible Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

Administrative Regulation 1062.4, Appendix A  
Parent and Student Verification of Receipt of Information Concerning Concussions  
Direction to School: Maintain signed copy on file.