

LAKE OSWEGO School District Athletic Information Card

Graduation Year _____

Student Name _____ M F
 Last First
 Student # _____ Grade _____ Date of Birth _____

Student Address: _____
 Street # & Name City

Emergency Contact Information:
 Parent /Guardian with whom you live: _____

Home Phone _____ Business Phone _____
 Father

Business Phone _____
 Mother

In case of emergency contact:
 Name: _____ Day Phone: _____

Name: _____ Day Phone: _____

School attended last year: _____

DO NOT WRITE IN THIS SPACE			
Fall Sport	_____		
Winter Sport	_____		
Spring Sport	_____		
Sport Fee Paid	_____		
Physical/Update	_____		
Grade Check	____/____	____/____	____/____
	1	2	3 4
Fines Paid	_____		

INSURANCE REQUIREMENTS: Students participating in athletic are required to be covered by insurance. Our son/daughter will be covered by the following insurance plan:

Name of Insurance Company: _____ Policy Number: _____

Name of Family Physician: _____ Phone #: _____

Preferred Hospital: _____ or nearest emergency hospital

Due to the nature of the physical involvement in athletics, any athlete is subject to physical injury. There is always danger of a serious permanent injury or death to an athlete and these accidents happen each year in school athletic programs in the United States. The Lake Oswego School's athletic programs are well conceived carefully coached and well equipped. We are looking forward to a year that will allow our students to safely and successfully achieve their individual and team goals.

Although the School District believes that the risk involved in participation in athletic programs is well known, there have been instances in which students or parents have maintained that they have not been advised of the risk involved. The Lake Oswego School District does not discriminate on the basis of race, color, religion, sex. Sexual orientation, national origin, marital status, age or disability in the administration of its educational policies, admission policies, athletic programs, or in any other way.

The administration and coaching staff also believes that students who participate in our athletic programs should not use illegal drugs or alcohol. The reasons for this belief are numerous, and mostly deal with physical and mental health and legality. Any athlete whose possession or use of illegal drugs or alcohol is substantiated by school authorities will be subject to disciplinary action as stated in the district regulations pertaining to drug and alcohol usage.

In order to avoid any misunderstanding, the School District has prepared the following statements for signature by the student and the student's parent. If the student and his/her parents desire the student to participate in our athletic program, please sign the following statements.

STUDENT CONSENT:

It is my desire to participate in the Lake Oswego Schools Athletic Program. I realize that by participating in athletics there is a risk that I could be injured and that the injury could result in serious permanent injury or death. I also pledge that I will not be involved with the possession or use of illegal drugs or alcohol during any sport season in which I will participate and realize that should my possession or use of illegal drugs be substantiated by school authorities. I will be subject to disciplinary action as stated in the district regulations pertaining to drug and alcohol usage.

 Today's Date Student Signature

I agree to allow the above student to participate in the Lake Oswego School District Athletic Program. I give my permission for him/her to transported by the Lake Oswego School District to any event in which he/she is participating as a team member. I also authorize the school representative to administer essential first aid when necessary. I realize that by participation in athletics, there is a risk the my child could be injured and that the injury could result in serious permanent injury or death. I further realize that if school authorities substantiate my child's possession or use of illegal drugs or alcohol during a sport season in which he/she is participating, my child will be subject to disciplinary action as stated in the district regulations pertaining to drug and alcohol usage.

 Today's Date Parent Signature

Transportation to Off-Campus Events: By signing this form and circling the appropriate responses below, permission is given for the above student to travel to and from off-campus events that take place within a 50 mile radius of the high school where District transportation is not provided. (*In all cases, the driver must carry the minimum liability protection required by Oregon law. I understand the marking all responses "NO", my son or daughter will not be transported to those events where District transportation is not provided.*)

- Parent will provide transportation Yes No Student may drive private vehicle with other student passengers Yes No
- Student may ride as a passenger in a vehicle operated by another student Yes No Student may ride as a passenger in a vehicle operated by another parent Yes No
- Student may drive private vehicle without passengers Yes No

**LAKE OSWEGO SCHOOL DISTRICT
COMMUNITY SCHOOL**

DISCIPLINARY PRODECURES AND DUE PROCESS

- A coach, athletic director, or the principal may suspend an athlete from team activity upon the receipt of evidence that an athlete has violated any of the above rules (on front side of this page). At the time of suspension the student/athlete will be informed of their right to a hearing. The hearing will be with the student/athlete, parents, coach and a representative of the principal. The hearing shall take place before school of the next day.
- If the student/athlete waives their right to a hearing, the suspension will continue. If a hearing is held and it is determined by school personnel that no violation occurred, the student/athlete will be reinstated immediately. If it is determined an infraction took place, the appropriate suspension will continue.
- If the student/athlete has violated a rule with respect to the use of possession of alcohol or illegal drugs, the athlete will be further interviewed by the school drug and alcohol counselor to determine whether a drug and alcohol assessment by a professional is appropriate. If the drug and alcohol counselor determines that an assessment is appropriate, the athlete will be required to go through an assessment by a qualified drug counselor or agency selected by the District and at no expense to the student. If the athlete follows the recommendations of the assessment, the athlete will be readmitted to the athletic program upon the successful completion of the prescribed treatment program. If, however, the prescribed program includes an outpatient phase that extends beyond the time of the original four-week treatment, the student may reenter the athletic program while completing the outpatient portion of the prescribed treatment.

If an athlete refuses a recommended assessment or does not follow the recommendation of the assessment, the athlete shall be excluded from all athletic participation. If, at a later date, the athlete chooses to follow the prescribed recommendations, the athlete will be reinstated at the end of the initial four-contest suspension.

- A student or parent who believes that after the hearing the decision is wrong, may appeal the decision through appropriate administrative channels as outlined in District Policy 5220.

CONSENT FORM

STUDENT

I have read the team handbook and I accept the responsibility for observing and maintaining the team rules and team philosophies set forth in the team handbook.

It is my desire to participate in this sport. I realize that by participating in this sport there is a risk that I could be injured and that the injury could result in serious permanent injury or death.

Date

Student's Signature

PARENT

I have read the team handbook and agree to allow _____ to participate in _____ in the Lake Oswego School District Community School program. I realize that by participating in this sport, there is a risk that my child could be injured and that the injury could result in serious permanent injury or death. I have read and understand the school rules and policies.

Date

Parent/Guardian Signature

PLEASE SIGN AND RETURN THIS CONSENT FORM TO THE COMMUNITY SCHOOL along with your *ATHLETIC CARD*, *PHYSICAL FORM* (if applicable), and *REGISTRATION*.

School Sports Pre-Participation Examination June 2004

NAME: _____ BIRTHDATE: _____ / _____ / _____

ADDRESS: _____ PHONE: (_____) _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the athlete details of any positive answers.

YES	NO	Don't Know	
_____	_____	_____	1. Has anyone in the athlete's family died suddenly before the age of 50 years?
_____	_____	_____	2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
_____	_____	_____	3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?
_____	_____	_____	4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
_____	_____	_____	5. Does the athlete have a history of a concussion (getting knocked out) or seizures?
_____	_____	_____	6. Has the athlete ever suffered a heat-related illness (heat stroke)?
_____	_____	_____	7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
_____	_____	_____	8. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
_____	_____	_____	9. Is the athlete allergic to any medications or bee stings?
_____	_____	_____	10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
_____	_____	_____	11. Has the athlete ever had prior limitation from sports participation?
_____	_____	_____	12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
_____	_____	_____	13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
_____	_____	_____	14. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopath, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
_____	_____	_____	15. Has the athlete ever been hospitalized overnight or had surgery?
_____	_____	_____	16. Does the athlete lose weight regularly to meet the requirements for your sport?
_____	_____	_____	17. Does the athlete have anything he or she wants to discuss with the physician?
_____	_____	_____	18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
_____	_____	_____	19. Does the athlete have asthma?
			20. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

(Explain any YES answers on back.)

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: _____
Parent/Guardian

Date: _____

As per ORS 336.479, Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

School Sports Pre-Participation Examination

NAME: _____ BIRTHDATE: ____ / ____ / ____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ BP: ____ / ____ (____ / ____ / ____)
 Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal ____ Unequal ____ Rhythm: Regular ____ Irregular ____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd heart sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

* Station-based examination only

CLEARANCE

_____ Cleared
 _____ Cleared after completing evaluation/rehabilitation for: _____
 _____ Not cleared for: _____ Reason: _____
 Recommendations: _____

Name of physician (print/type): _____ Date: ____ / ____ / ____
 Address: _____ Phone: (____) _____
 Signature of Physician: _____

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SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN

MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

MURMUR EVALUATION - Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

MARFAN'S SCREEN - Screen all men over 6'0" and all women over 5'10" in height with Echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 SD below mean
7. Myopia
8. Ectopic lens