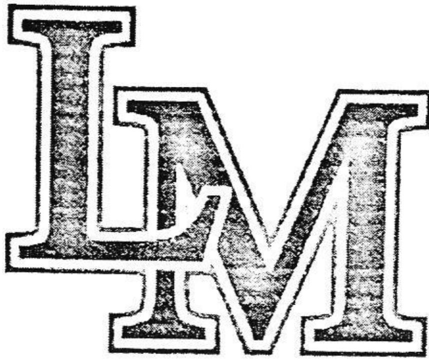

RETURNING STUDENT-ATHLETE
ATHLETIC PACKET CHECKLIST

TRANSCRIPT ☐

PHYSICAL ☐

INSURANCE PAPERWORK ☐

CONCUSSION PAPERWORK ☐

LIBERTY MAGNET PARTICIPATION WAIVER ☐

STUDENT ATHLETE TRANSPORTATION FORM ☐

STUDENT ATHLETE HANDBOOK FORM ☐

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed *annually*, kept on file with the school & is subject to inspection by the Rules Compliance Team

Name ______________________ School ______________________ Grade ____ Date ______

Sport(s) ______________________

Home Address ______________________ Sex M F Date of Birth ________ Age ____ Cell Phone ____________

City ____________ State ____ Zip Code ________ Home Phone ____________

Parent / Guardian ______________________ Employer ______________________ Work Phone ____________

FAMILY MEDICAL HISTORY

Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	______
☐	☐	Stroke	______
☐	☐	Diabetes	______
☐	☐	Sudden Death	______
☐	☐	High Blood Pressure	______
☐	☐	Sickle Cell Trait/Anemia	______
☐	☐	Arthritis	______
☐	☐	Kidney Disease	______
☐	☐	Epilepsy	______

ATHLETE'S ORTHOPAEDIC HISTORY:

Has the athlete had any of the following injuries?

Yes	No	Condition	Date
☐	☐	Head Injury / Concussion	______
☐	☐	Elbow L / R	______
☐	☐	Hip L / R	______
☐	☐	Lower Leg L / R	______
☐	☐	Foot L / R	______
☐	☐	Chest	______
☐	☐	Neck Injury / Stinger	______
☐	☐	Arm / Wrist / Hand L / R	______
☐	☐	Thigh L / R	______
☐	☐	Chronic Shin Splints	______
☐	☐	Severe Muscle Strain	______
		Previous Surgeries	______
☐	☐	Shoulder L / R	______
☐	☐	Back	______
☐	☐	Knee L / R	______
☐	☐	Ankle L / R	______
☐	☐	Pinched Nerve	______

ATHLETE MEDICAL HISTORY

Has the athlete had any of these conditions?

Yes	No	Condition
☐	☐	Heart Murmur / Chest Pain / Tightness
☐	☐	Seizures
☐	☐	Kidney Disease
☐	☐	Irregular Heartbeat
☐	☐	Single Testicle
☐	☐	High Blood Pressure
☐	☐	Dizzy / Fainting
☐	☐	Organ Loss (kidney, spleen, etc)
☐	☐	Surgery
☐	☐	Medications ______
☐	☐	Asthma / Prescribed inhaler
☐	☐	Shortness of breath / Coughing
☐	☐	Hernia
☐	☐	Knocked out / Concussion
☐	☐	Heart Disease
☐	☐	Diabetes
☐	☐	Liver Disease
☐	☐	Tuberculosis
☐	☐	Prescribed EPI PEN
☐	☐	Menstrual irregularities Last Cycle ______
☐	☐	Rapid weight loss / gain
☐	☐	Take supplements/vitamins
☐	☐	Heat related problems
☐	☐	Recent Mononucleosis
☐	☐	Enlarged Spleen
☐	☐	Sickle Cell Trait/Anemia
☐	☐	Overnight in hospital
☐	☐	Allergies (Food, Drugs) ______

List Dates for: Last Tetanus Shot ____________ Measles Immunization ____________ Meningitis Vaccine ____________

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health care provider and or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally:

1. If in the judgment of a school representative, the named student athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. — Yes No
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination I will notify his/her principal of the change immediately. — Yes No
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. — Yes No
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). — Yes No

______________________ Date Signed by Parent

______________________ Signature of Parent

______________________ Typed or Printed Name of Parent

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height ________ Weight ________ Blood Pressure ________ Pulse ________

GENERAL MEDICAL EXAM:

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Hernia (If Needed)	☐	☐

COMMENTS: ______________________

OPTIONAL EXAMS

VISION

L ______ R ______ Corrected ______

DENTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM:

	Norm	Abnl
I. Spine / Neck		
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐
II. Upper Extremity		
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Hand / Fingers		
III. Lower Extremity		
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐

From this limited screening I see no reason why this student cannot participate in athletics.

[ ] Student is cleared

[ ] Cleared after further evaluation and treatment for: ___

[ ] Not cleared for: __contact __non-contact

______________________ Printed Name of MD, DO, APRN or PA

______________________ Signature of MD, DO, APRN or PA

______________________ Date of Medical Examination

Revised 6/18

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

Office of Risk Management
P.O. Box 2950
Baton Rouge, LA 70821
Office [illegible], Fax 225929[illegible]

TO:	Parents of students participating in athletics in the East Baton Rouge Parish School system
FROM:	Andrew Davis
DATE:	June 7, 2018
SUBJECT:	East Baton Rouge Parish School Board Student Insurance Program

Parents,

This memo services as notice of the East Baton Rouge Parish School Board's Student Insurance Program.

JGA/ LA R.S. Ann. §17:81 provides:

The East Baton Rouge Parish School Board shall make available student accident insurance for purchase for students attending East Baton Rouge Parish public schools. An application form provided by the insurance carrier shall be sent home with students during the first week of school. The schools shall not be liable for any premium payment. Claim forms shall be furnished by the insurance carrier and copies shall be available in the school office.

<u>EXTRACURRICULAR ACTIVITIES INSURANCE COVERAGE</u>

All students participating on any interscholastic athletic team, including varsity football, junior varsity football, junior high football, all basketball, baseball, track, swimming, any other competitive sport for boys or girls, and cheerleading squads, shall be required to purchase student accident insurance or shall be required to sign a form declining student insurance and acknowledging full responsibility for any expenses associated with any injury suffered by the student as a result of participating in any interscholastic athletic program. The insurance form must be presented to the school before the student shall be permitted to participate in any athletic activity.

Andrew Davis
Director of Risk Management