

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2010-11 School Year

who was born at _____
City, Town, County, State

on _____ to compete in SDHSAA approved athletics for _____ High School
Date of Birth

during the 2010-2011 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Date _____ Signed _____
Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INITIAL PRE-PARTICIPATION HISTORY

**SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE**

INITIAL PRE-PARTICIPATION HISTORY

(This form must be completed prior to the taking of a physical examination.)

NAME _____ GRADE _____ DATE OF BIRTH _____

(2010-11 School Year)

		YES	NO
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 non-prescription (over-the-counter) medicines or pills?		
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?		
5.	Have you ever passed out or nearly passed out DURING exercise?		
6.	Have you ever passed out or nearly passed out AFTER exercise?		
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?		
8.	Does your heart race or skip beats during exercise?		
9.	Has a doctor ever told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?		
10.	Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)		
11.	Has anyone in your family died for no apparent reason?		
12.	Does anyone in your family have a heart problem?		
13.	Has any family member or relative died of heart problems or of sudden death before age 50?		
14.	Does anyone in your family have Marfan Syndrome?		
15.	Have you ever spent the night in a hospital?		
16.	Have you ever had surgery?		
17.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game?		
18.	Have you had any broken or fractured bones or dislocated joints?		
19.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?		
20.	Have you ever had a stress fracture?		
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
22.	Do you regularly use a brace or assistive device?		
23.	Has a doctor ever told you that you have asthma or allergies?		
24.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
25.	Is there anyone in you family who has asthma?		
26.	Have you ever used an inhaler or taken asthma medicine?		
27.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?		
28.	Have you had infectious mononucleosis (mono) within the last month?		
29.	Do you have any rashes, pressure sores, or		

		YES	NO
	other skin problems?		
30.	Have you had a herpes skin infection?		
31.	Have you ever had a head injury or concussion?		
32.	Have you been hit in the head and been confused or lost your memory?		
33.	Have you ever had a seizure?		
34.	Do you have headaches with exercise?		
35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
36.	Have you ever been unable to move your arms or legs after being hit or falling?		
37.	When exercising in the heat, do you have severe muscle cramps or become ill?		
38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell anemia?		
39.	Have you had any problems with your eyes or vision?		
40.	Do you wear glasses or contact lenses?		
41.	Do you wear protective eyewear, such as goggles or a face shield?		
42.	Are you happy with your weight?		
43.	Are you trying to gain or lose weight?		
44.	Has anyone recommended you change your weight or eating habits?		
45.	Do you limit or carefully control what you eat?		
46.	Do you have any concerns that you would like to discuss with a doctor?		
47.	Are there other sports that you would like to participate in that were not approved at a previous examination?		

FEMALES ONLY:

48.	Have you ever had a menstrual period?		
49.	How old were you when you had your first menstrual period?	_____	
50.	How many periods have you had in the last 12 months?	_____	

Explain "Yes" answers here: _____

(continue on front side of this form if necessary)

I do not know of any additional health reason which should keep this student from participating in interscholastic athletics. I certify that the answers to the above questions are true.

SIGNED _____ DATE _____

Signature of Parent or Guardian



**SOUTH DAKOTA HIGH SCHOOL
ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION FORM**

Date Exam Expires: _____

Check Appropriate Physical Exam Term:
 Annual Biennial Triennial

NAME _____ GRADE _____ DATE OF BIRTH _____
 CHECK ONE: MALE FEMALE (2010-11 School Year)

1. Blood pressure (sitting) _____/_____/_____ Repeat in 5 minutes, if elevated _____/_____/_____.

2. Height _____

3. Weight _____

	Normal	Abnormal	COMMENTS
4. Vision 20/_____(L) 20/_____(R)	_____	_____	_____

5. Head	_____	_____	_____
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6. Mouth (dentures, braces?)	_____	_____	_____
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7. Eyes (contacts?)	_____	_____	_____
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8. Chest/lung	_____	_____	_____
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9. Heart			
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a. Heart sounds	_____	_____	_____
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b. Murmurs	YES_____	NO_____	_____
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c. pulse discrepancy (rad. vs fem.)	YES_____	NO_____	_____
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d. abnormal rhythm	YES_____	NO_____	_____
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10. Abdomen			
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a. liver or spleen enlargement	YES_____	NO_____	_____
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b. masses	YES_____	NO_____	_____
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11. Genitalia			
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a. hernias	YES_____	NONE_____	_____
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b. testes	_____	_____	_____
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12. Orthopedic			
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a. cervical spine	_____	_____	_____
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b. shoulder shrug	_____	_____	_____
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c. deltoid	_____	_____	_____
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d. arms/elbow	_____	_____	_____
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e. hands	_____	_____	_____
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f. hips	_____	_____	_____
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g. knees	_____	_____	_____
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h. ankles	_____	_____	_____
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i. Scoliosis	_____	_____	_____
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13. Tanner Maturation Index (Optional) Circle: I II III IV V

SPORTS PARTICIPATION RECOMMENDED FOR:

_____ All Sports: collision, contact/endurance, other

_____ Contact/Endurance Sports only due to

_____ Other Sports Only due to

_____ Sports Participation Not Recommended, due to

_____ Approval Withheld Pending evaluation for

Definition: [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

NAME OF EXAMINER _____ DATE _____

NOTE: The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physician Assistant and licensed Nurse Practitioner.

This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school and another copy should travel with each team on which the athlete competes.

CONSENT FOR MEDICAL TREATMENT

I am the _____ (Mother-Father-Legal Guardian)
of _____, who participates in co-curricular activities
for _____ High School. I hereby consent to any
medical services that may be required while said child is under the supervision of an employee of
_____ School District while on a school-sponsored
activity and hereby appoint said employee to act on behalf in securing necessary medical services from
any duly licensed medical provider.

Dated this _____ day of _____, 20_____

Parent's Signature: _____

CONSENT OF CHILD

I, _____, have read the above Consent form signed by
my _____ (Mother-Father-Legal Guardian) and join
with _____ (him/her) in the consent.

Dated this _____ day of _____, 20_____

Student's Signature: _____

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT AND STUDENT CONSENT FORM**

School Year: _____ Name of High School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains or more serious injuries such as the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, or on rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility.
3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and
4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. *If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.*

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this _____ day of _____, 20_____

Name of Student (Print Name)	Student Signature
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I am the student's parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for _____ (student's name) to practice and compete for the above named high school in activities approved by the SDHSAA.

DATED this _____ day of _____, 20_____

Parent/Guardian Signature

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR
INSPECTION AT THE SCHOOL**

CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Students Name _____ Date of Birth _____

1. I authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 20_____.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Signature of Parent

Date

This form must be completed annually and must be available for inspection at the school