PARENTS:

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

North Raleigh Christian Academy Extra-Curricular Participation Form

THIS MEDICAL EXAMINATION AND FORM MUST BE COMPLETED ANNUALLY AND BE ON FILE IN RESPECTIVE SCHOOL PRIOR TO ANY ATHLETIC OR FINE ARTS PRACTICE OR COMPETITION

Please Print or Type

Student's Name: _____ _____ _____ Grade:_____
(Last) (First) (Middle)

Date of Physical: _____ Date of Birth: _____ Gender: M F Race _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Father's Name: _____ Daytime Phone: _____ Page/Cell _____

Mother's Name: _____ Daytime Phone: _____ Page/Cell _____

Legal Guardian: _____ Daytime Phone: _____ Page/Cell _____

Alternate Emergency Contact:_____ Daytime Phone: _____ Page/Cell _____

Family Physician:_____ Phone #_____ Orthopedist:_____ Phone #_____

Insurance Company Name:_____ Policy Number/s: _____

Medical Alerts: Are you allergic to any type of Medications, List: _____

Other allergic reactions, List: _____

Explain any other Medical condition that may pose problems for you during participation in activities: _____

_____

Request for Permission: We, the undersigned student and the student's parent/legal guardian, apply for permission to participate in the following sports and/or fine arts groups. ***Note****: Weight lifting may be a required component of conditioning for any sport.*
Please check which activities you are giving permission for your son or daughter to participate in.

( ) Baseball	( ) Football	( ) Soccer	( ) Marching Band
( ) Basketball	( ) Golf	( ) Softball	( ) Flag Core
( ) Cheerleading	( ) Swimming	( ) Outdoor Track	( ) Dramatic Productions
( ) Cross Country	( ) Tennis	( ) Volleyball	( ) _____

Insurance: North Raleigh Christian Academy (NRCA) furnishes a Student Accident Insurance Policy that provides limited benefits for all students in the NRCA system who participate in school sponsored and supervised interscholastic athletic activities or fine arts.

The policy provides excess coverage for students with other insurance coverage, but it pays only when other benefits have been exhausted.

If your son or daughter should be injured while participating in a school sponsored or supervised interscholastic athletic or fine arts event, the following procedures must be followed to process a claim under the insurance provided by NRCA:

- Pick up a claim form from NRCA's Business Manager.
- See a physician within 30 days of the injury.
- Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 60 days of the injury and should include the Explanation of Benefits Form from your primary insurance carrier.

STUDENT'S NAME: _____ Date of Birth: _____

MEDICAL HISTORY:

Students and parents: This health record is a critical element in the determination of a student's risk of injury in extra-curricular activities. Please take the time to read and circle the correct responses before seeing a physician for the athlete's physical examination.

1.	Has anyone in the student's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES		NO		DON'T KNOW
2.	Has the student ever stopped exercising because of dizziness or passed out during exercise?	YES		NO		DON'T KNOW
3.	Does the student have asthma (wheezing), hay fever or coughing spells after exercise?	YES		NO		DON'T KNOW
4.	Has the student ever had a broken bone, had to wear a cast, or had an injury to any joint?	YES		NO		DON'T KNOW
5.	Does the student have a history of a concussion (being knocked out)?	YES		NO		DON'T KNOW
6.	Has the student ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	YES		NO		DON'T KNOW
7.	Does the student have a chronic illness or see a doctor regularly for any particular problem?	YES		NO		DON'T KNOW
8.	Does the student take any medication(s)?	YES		NO		DON'T KNOW
9.	Is the student allergic to any medications, foods, or bee stings?	YES		NO		DON'T KNOW
10.	Does the student have only one of any paired organ? (eyes, kidneys, testicles, ovaries, etc.)	YES		NO		DON'T KNOW
11.	Has the student had an injury in the last year that caused the student to miss three or more consecutive days of practice or competition?	YES		NO		DON'T KNOW
12.	Has the student had surgery or been hospitalized in the past year?	YES		NO		DON'T KNOW
13.	Has the student missed more than five consecutive days of participation in usual activities because of an illness, or has the student had a medical illness diagnosed that has not been resolved in the past year?	YES		NO		DON'T KNOW
14.	Are you, the student, worried about any problem or condition at this time?	YES		NO		DON'T KNOW
15.	Does the student have diabetes?	YES		NO		DON'T KNOW
16.	Is there a family history of diabetes?	YES		NO		DON'T KNOW

***Please give details on any "YES" answer from the above health history.**

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Percent body fat (optional) _____ Pulse _____ Blood Pressure _____

Vision: R _____/_____ uncorrected R_____/_____corrected L_____/_____ uncorrected L_____/_____corrected

		Normal	Abnormal Findings	Initials
1.	Eyes			
2.	Ears, Nose, Throat			
3.	Mouth & Teeth			
4.	Neck			
5.	Cardiovascular			
6.	Chest & Lungs			
7.	Abdomen			
8.	Skin			
9.	Genitalia-Hernia (male)			
10.	Musculoskeletal: ROM, strength, etc.			
•	Neck			
•	Spine			
•	Shoulders			
•	Arms/hands			
•	Hips			
•	Thighs			
•	Knees			
•	Ankles			
•	Feet			
11.	Neuromuscular			

12.	Diabetes – **check appropriate answers**	YES		NO				
IF YES, INSULIN-DEPENDENT		YES		NO		NON-INSULIN DEPENDENT	YES	NO

Comments re: Abnormal Findings:

Please Print/Stamp

Physician's Name	
Street Address	
City, State, Zip Code	
Telephone	

I certify that I have examined this student and found him/her medically qualified to participate in sports or fine arts activities. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner in the United States. (Doctor of Chiropractic Medicine is not satisfactory).

Physician's Signature: _____ Date: _____

PARTICIPATION RESTRICTIONS:

Medical Authorization—As the parent or legal custodian of this student, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports or fine arts, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

Risk of Injury – We acknowledge and understand that there is a risk of injury involved in athletic and fine arts participation. We understand that the student will be under the supervision and direction of a NRCA coach/director. We agree to follow the rules of the sport or fine arts group and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach/director nor NRCA can eliminate the risk of injury in sports. Injuries may and do occur. Injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics and fine arts.

We, the undersigned student and parent/legal guardian, certify that the information contained in this document is accurate and correct, and we agree to abide by the eligibility rules and regulations of the State Association.

Student: _____ _____ **Date** _____
(Signature) **(Printed Name of Student)**

Parent: _____ _____ **Date** _____
(Signature) **(Printed Name of Parent)**

Legal Guardian: _____ _____ **Date** _____
(Signature) **(Printed Name of Legal Guardian)**

CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name:_____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s):_____

□ We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.*
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

_____ _____
Signature of Student-Athlete Date

_____ _____
Signature of Parent/Legal Custodian Date