

## 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.**

*Please Print*

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ 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	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

**ATHLETE'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

**ATHLETE MEDICAL HISTORY:** Has the athlete had any of these conditions?

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

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 if 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 _____
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**GENERAL MEDICAL EXAM :**

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(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
<b>I. Spine / Neck</b>		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Upper Extremity</b>		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
<b>III. Lower Extremity</b>		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

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 \_\_\_\_\_

This physical expires one year on the last day of the month that it was signed and dated by the MD, DO, APRN or PA.

# Louisiana High School Athletic Association

## Athletic Participation/Parental Permission Form

This form must be completed and signed **each year** prior to a student's participation in an athletic contest and shall be kept on file with the school. This form is subject to inspection by the LHSAA Rules Compliance Team.

### **PART I: To be completed and signed by student-athlete (Please Print)**

Name: (Last, First, Middle) \_\_\_\_\_ School Year: \_\_\_\_\_

Home Address: \_\_\_\_\_ Parents' Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

I entered ninth grade in \_\_\_\_\_ (month and year). Last semester/year I attended \_\_\_\_\_  
\_\_\_\_\_ School.

I certify the preceding information is correct, I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards.

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Telephone No: \_\_\_\_\_

### **ARE YOU ELIGIBLE?**

As a student athlete in an LHSAA school, you must meet the following rules to be eligible for interscholastic athletic competition:

<b><u>RULE</u></b>	<b><u>COMMENTS</u></b>
<b>BONA FIDE STUDENT</b>	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 <sup>th</sup> grade or below. You must be counted as a student on the daily attendance records at your school. Attendance in one class makes you a student at that school.
<b>ENROLLMENT</b>	You be enrolled and attending a school in the first 11 school days of the school semester at any school or you will be ineligible for the first 30 school days.
<b>AGE</b>	You cannot become 19 years of age prior to September 1 of this year.
<b>PROOF OF AGE</b>	You must provide legal proof of age, which meets the provisions of the LHSAA handbook, to your school administrator to be kept on file at school.
<b>CONSECUTIVE SEMESTERS</b>	Once you enter the ninth grade, you have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.20.6 of the LHSAA handbook)
<b>SCHOLASTIC</b>	For regular education high school students at the end of the first semester you <b>must pass at least six subjects</b> in all subjects taken.  At the end of the year and prior to the next school year, you must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.  Special education students must consult the school principal, athletic director, or coach for scholastic information.
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.

(OVER)

<b>UNDUE INFLUENCE</b>	If you have been recruited to a school for athletic purposes, you will remain ineligible as long as you attend that school.
<b>AMATEUR</b>	You cannot play high school athletics if you lose your amateur status.
<b>INDEPENDENT TEAM</b>	In certain sports you cannot play on a school team and an independent team during the same sport season.
<b>MEDICAL EXAMINATION</b>	You must <u>annually</u> pass a physical examination given by a licensed physician/nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.
<b>ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM</b>	A school shall be required to have this form completed and signed <u>every year</u> prior to a student's participation in LHSAA athletics at the school.
<b>SUBSTANCE ABUSE/MISUSE CONTRACT &amp; CONSENT FORM</b>	A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.
<b>SUSPENDED AND INELIGIBLE STUDENTS</b>	Cannot participate in any interscholastic contest on any team at any school at any level.

**LHSAA ELIGIBILITY RULES APPLY TO STUDENT ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS**

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting standards outlined on this form and other regulations and policies set by the LHSAA and your school. If you have questions or do not fully understand an eligibility rule, check with your principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize you, your team and/or your school.

**ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW YOUR ELIGIBILITY RULES**

**PART II – PARENTAL PERMISSION - To be completed and signed by parent**

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my student athlete. I understand additional questions /explanations and specific circumstances should be directed to my student's principal, athletic director or coach.

I certify the parents' home address, on the reverse, is my sole bona fide residence and will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information on the reverse is also accurate and current.

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. Additionally, I give the LHSAA or it representative(s) permission to review my child's scholastic records and all required eligibility forms.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for the student named on this form to participate in any of the following LHSAA sports:

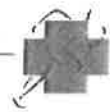
- |               |              |                 |
|---------------|--------------|-----------------|
| BASEBALL      | GOLF         | SWIMMING        |
| BASKETBALL    | GYMNASTICS   | TENNIS          |
| BOWLING       | POWERLIFTING | TRACK AND FIELD |
| CROSS COUNTRY | SOCCER       | VOLLEYBALL      |
| FOOTBALL      | SOFTBALL     | WRESTLING       |

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Telephone No: (     ) \_\_\_\_\_

LOUISIANA  
ATHLETIC CARE



Last Revised April-16

ATHLETE NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Sport(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
(Required for LHSAA eligibility)

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

Address: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Select One  PRIVATE INSURANCE (NAME/ID#): \_\_\_\_\_  
 MEDICAID (ID#): \_\_\_\_\_  
 NO INSURANCE: I understand and agree that Catholic High School-New Iberia and Louisiana Athletic Care will assume no responsibility whatsoever, if the student-athlete is uninsured, for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in extracurricular athletics. \_\_\_\_\_ (initial)

FAMILY PHYSICIAN/PCP: \_\_\_\_\_

**IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

(1) NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical History Please check all that apply:** Circulatory / Pulmonary Conditions \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Concussion \_\_\_\_\_ Contacts/Glasses \_\_\_\_\_ Other \_\_\_\_\_ Current Meds(List) \_\_\_\_\_

If checked above please explain: \_\_\_\_\_

**Parent or Legal Guardian please read the following:**

- I hereby give my permission to undergo medical treatment for any injury or illness that may be sustained or acquired during high school athletics by a certified athletic trainer with Louisiana Athletic Care.
- I understand that the certified athletic trainer will perform only those procedures that are within their training, credentials, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries.
- I understand that if my son/daughter suffers a potentially life threatening injury or illness, and in the event that we [parent(s)/ guardian(s)] cannot be reached within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.
- I verify that I understand that my child may be injured while participating in any high school athletic practice or competition.
- I understand that it is possible that my child may sustain an injury which may result in permanent disability, paralysis, or possibly death.
- I understand that paralysis may include loss of movement, feeling, and use of his/her arms, legs, and trunk that may last a lifetime.
- I understand that it is my child's responsibility to adhere to all the rules and regulations of his/her chosen sport and that any infraction of these rules and regulations may result in injury to his/her opponent or his/herself. I also understand that no modification of protective equipment or uniform should be made.
- I understand that it is my child's responsibility to report faulty or poor fitting equipment immediately to the coach, equipment manager, or athletic trainer.
- I understand that all injuries and illnesses sustained by my child are to be reported to the athletic trainer.
- I have read, reviewed, and understand the Serious Sports Injury handout (printed and or digital format) regarding ACT 352 (LA R.S. 40:1299.181, et sequa) provided by Louisiana Athletic Care, LLC.
- I have read, reviewed, and understand the Concussion Solutions, LLC handout (printed and or digital format) regarding concussion management (LA R.S. 40:1299.181, et sequa) and education provided by Concussion Solutions, LLC.
- I hereby authorize the release of copies of all current and past medical records pertaining to my medical history, including all physical and athletic training records, diagnosis, treatment history, and prognosis of injuries from your personal knowledge and/or records to Louisiana Athletic Care's athletic trainers and medical staff(s). By my signature below I release you from all liability which could relate to the release of such medical records and information.
- A photo copy of this authorization shall be deemed as effective and valid as the original.

**I do hereby certify that all the above information is true to the best of my knowledge and consent to the above:**

Student-Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

*This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.*

As an LHSAA athlete, I, \_\_\_\_\_, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, \_\_\_\_\_, parent/guardian of the undersigned student-athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student-Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student-Athletes for his/her school.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Student-Athlete

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

**Notes:** Rule 1.9 of the LHSAA By-Laws, states that this contract shall remain in effect for the remainder of the student's eligibility. This means the contract only has to be signed once by both the student and his/her parent or guardian but the terms remain in effect for the student's entire high school career.

According to Rule 1.9.1 of the LHSAA By-Laws, without the signature of the student athlete and his/her parent/guardian, the student is ineligible to participate in interscholastic athletic contests at all levels of play in all LHSAA sports at all LHSAA schools until compliance with Rule 1.9.1 is obtained from both parties.

Any student participating in an interscholastic athletic contest(s) without a properly signed contract shall be classified as an ineligible student and both the student and school shall be penalized according to Rule 1.9.1.

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested. Federal courts have consistently ruled participation in high school athletics is a privilege, not an educational right.