**PRINT** **NAME:**

**GRADE** **FOR** **2023-24:**

**SPORTS:**

**PIAA & S.A.S.D. ATHLETIC PHYSICAL**

**PACKET**

**TURN IN THE ENTIRE PACKET AT LEAST ONE WEEK PRIOR TO**  **THE**

**START OF THE SEASON**

**THE COMPLETEDPACKET CAN BE SCANNED AND EMAILED TO:**

[**athletictraining@shalerarea.org (**](mailto:athletictraining@shalerarea.org)**this** **email is for**

**physical submission only) OR** **TURNED IN TO THE**

**ATHLETIC OFFICE** **AT THE HIGH SCHOOL**

**ONLY**

**DO NOT TURN THE FORM IN TO A COACH OR OTHER PERSON**

**THERE** **ARE** **TWELVE** **(12)** **PAGES** **IN** **THIS** **PACKET:**

**.** **Page** **1:** **Cover** **Page**

**.** **Page** **2:** **Personal** **and** **Emergency** **Information** **.** **Page** **3:** **Certificationof** **Parent/Guardian**

**.** **Page** **4:** **Understanding** **of** **Risk** **of** **Concussionand** **Traumatic** **Brain** **Injury**

**.** **Page** **5:** **Understanding** **of** **Sudden** **Cardiac** **Arrest** **Symptoms** **and** **Warning** **Signs** **.** **Page** **6:** **Health** **History**

**.** **Page** **7:** **PIAA** **ComprehensivePhysical** **Evaluation** **(physiciansignature** **and** **date** **required** **after** **June** **1st)**

*.* **Page** **8:** **Shaler** **Area** **Policy** **227.1** **Acknowledgement** **Shaler** **Area** **Student** **Athlete** **Guidelines** **.** **Page** **9:** **Shaler** **Area** **Student** **Athlete** **Guidelines**

**.** **Page** **10:** **Anti-Hazing** **Contract**

**.** **Pages** **11** **&** **12:** **UPMC** **Consent** **to** **Treat** **and** **HIPAA** **Form**

**(Shaler** **Area** **contracts** **for** **athletic** **training** **services** **through** **UPMC** **Sports** **Medicine,** **these** **forms** **are** **required** **by** **the** **athletic** **training** **staff.)**

**All** **PARENT/GUARDIANSIGNATURES** **AND** **THE** **UPMC** **FORMS** **MUST** **BE** **COMPLETEDAND** **SIGNED** **BY** **PARENT** **AND** **ATHLETES** **BEFORE** **OBTAININGTHE** **PHYSICAL** **AT** **SCHOOL.**

**PHYSICALS** **MUST** **BE** **CERTIFIED** **NO EARLIER THAN JUNE 1 TO** **APPLY** **TO** **THE** **NEXT** **SCHOOL** **YEAR.** **All** **physicals,** **regardless** **of** **when** **obtained** **during** **a** **school** **year,** **expire** **on** **May** **31st** **of** **that** **school** **year** **or** **at** **the** **end** **of** **the** **last** **season.**

Athletic Trainer Phone Number: 412-492-1200 x 8 1147

1

**PIAA** **COMPREHENSIVE** **INITIAL**

**PRE-PARTICIPATION** **PHYSICAL** **EVALUATION**

**INITIAL** **EVALUATION:** **Prior** **to** **any** **student** **participating** **in** **Practices,** **Inter-School** **Practices,** **Scrimmages,** **and/or** **Contests,** **at** **any** **PIAA** **member** **school** **in** **any** **school** **year,** **the** **student** **is** **required** **to** **(1)** **complete** **a** **Comprehensive** **Initial** **Pre-Participation** **Physical** **Evaluation** **(CIPPE);** **and** **(2)** **have** **the** **appropriate** **person(s)** **complete** **the** **required** **Sections** **of** **the** **CIPPE** **Form.** **Upon** **completion** **of** **Sections** **1** **and** **2** **by** **the** **parent/guardian;** **Sections** **3,** **4,** **and** **5** **bythe** **student** **and** **parent/guardian;** **and** **Section** **6** **by** **an** **Authorized** **Medical** **Examiner** **(AME),** **those** **Sections** **must** **be** **turned** **in** **to** **the** **Principal,** **or** **the** **Principal’s** **designee,** **of** **the** **student's** **school** **for** **retention** **by** **the** **school.** **The** **CIPPE** **may** **not** **be** **authorized** **earlier** **than** **June** **1st** **and** **shall** **be** **effective,** **regardless** **of** **when** **performed** **during** **a** **school** **year,** **until** **the** **lat-ter** **of** **the** **next** **May31st** **or** **the** **conclusion** **of** **the** **current** **spring** **sports** **season.**

**SUBSEQUENT** **SPORT(S)** **IN** **THE** **SAME** **SCHOOL** **YEAR:** **Following** **completion** **of** **a** **CIPPE,** **the** **same** **student** **seeking** **to** **participate** **in** **Prac-tices,** **Inter-School** **Practices,** **Scrimmages,** **and/or** **Contests** **in** **subsequent** **sport(s)** **in** **the** **same** **school** **year,** **must** **complete** **Section** **7** **of** **this** **form** **and** **must** **turn** **in** **that** **Section** **to** **the** **Principal,** **or** **Principal’s** **designee,** **of** **his** **or** **her** **school.** **The** **Principal,** **or** **the** **Principal’s** **desig-nee,** **will** **then** **determine** **whether** **Section** **8** **need** **be** **completed.**

**SECTION** **1:** **PERSONAL** **AND** **EMERGENCY** **INFORMATION** **PERSONAL** **INFORMATION**

ATHLETE NAME: \_ \_ \_ \_ MALE \_ FEMALE

BIRTHDATE: \_ AGE: GRADE (for the seasons participating in):

FALL SPORT: \_ WINTER SPORT: SPRING SPORT:

PARENT (GUARDIAN) NAME 1: RELATIONSHIP: \_ \_

HOME PHONE: CELL PHONE: \_ E-MAIL: \_

PARENT (GUARDIAN) NAME 2: RELATIONSHIP: \_ \_

HOME PHONE: CELL PHONE: \_ E-MAIL: \_

ATHLETE ADDRESS: \_ \_ CITY: ZIP: \_ \_

**EMERGENCYCONTACT** **IN** **THE** **EVENT** **PARENTS/GUARDIANS** **CAN** **NOT** **BECONTACTED:**

NAME: \_ RELATIONSHIPTO ATHLETE: \_

HOME PHONE: CELL PHONE: \_ WORK PHONE: \_

MEDICAL INSURANCE COMPANY: \_ \_

ATHLETE’S PHYSICIANNAME: \_ \_ \_ TELEPHONE: \_

**ATHLETE’S** **ALLERGIES: \_ \_ \_**

**\_ \_ \_ \_**

**ATHLETE’S** **HEALTH** **CONDITIONS** **OF** **WHICH** **AN** **EMERGENCY** **PHYSICIAN** **OR** **OTHER** **MEDICAL** **PERSONNEL** **SHOULD** **BE** **AWARE:**

**\_ \_ \_ \_ \_\_\_\_\_\_\_**

**STUDENT’S** **PRESCRIPTION** **MEDICATIONS** **AND** **CONDITIONS** **OF** **WHICH** **THEY** **ARE** **BEING** **PRESCRIBED:**

**\_ \_ \_ \_**

Revised: March, 22, 2023 BOD Approved

2

**SECTION** **2:** **CERTIFICATIONOF** **PARENT/GUARDIAN**

**The** **student’s** **parent/guardianmust** **complete** **all** **parts** **of** **this** **form.**

**A.** I hereby give my consent for \_ born on

who turned on his/her last birthday, a student of School and a resident of the public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20 - 20 school year in the sport(s) as indicated bymysignature(s)following the name of the said sport(s) approved below.

|  |  |
| --- | --- |
| **Fall** **Sports** | **Signature** **of** **Parent** **or** **Guardian** |
| Cross  Country  Field  Hockey  Football |  |
| Golf |  |
| Soccer |  |
| Girls’  Tennis  Girls’  Volleyball  Water  Polo  Other |  |
|  |

|  |  |
| --- | --- |
| **Winter** **Sports** | **Signature** **of** **Parent** **or** **Guardian** |
| Basketball |  |
| Bowling |  |
| Competitive  Spirit Squad  Girls’ Gymnastics |  |
|  |
| Rifle |  |
| Swimming and Diving |  |
| Track & Field  (Indoor)  Wrestling |  |
|  |
| Other |  |

|  |  |
| --- | --- |
| **Spring** **Sports** | **Signature** **of** **Parent** **or** **Guardian** |
|  |  |
| Baseball |
| Boys’ Lacrosse |  |
| Girls’  Lacrosse  Softball |  |
|  |
| Boys’  Tennis  Track & Field (Outdoor) |  |
| Boys’ Volleyball |  |
| Other |  |

**B.** **Understanding** **of** **eligibility** **rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at [www.piaa.org,](http://www.piaa.org/) include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academicperformance.

Parent’s/Guardian’s Signature Date / /

**C.** **Disclosure** **of** **records** **needed** **to** **determine** **eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendancedata.

Parent’s/Guardian’s Signature Date / /

**D.** **Permission** **to** **use** **name,** **likeness,** **and** **athletic** **information:** I consent to PIAA’s use of the herein named student’s name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholasticathletics.

Parent’s/Guardian’s Signature Date / /

**E.** **Permission** **to** **administer** **emergency** **medical** **care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians’ and/or surgeons’ fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school’s athletic administration, coaches and medical staff to consult with the Authorized Medical Professionalwho executes Section6 regarding a medicalcondition or injuryto the herein namedstudent.

Parent’s/Guardian’s Signature Date / /

**F.** **CONFIDENTIALITY:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school’s athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medicalcondition will not be shared with the public or media without writtenconsent of the parent(s) or guardian(s).

Parent’s/Guardian’s Signature Date / /

3

**SECTION** **3:** **UNDERSTANDINGOF** **RISK** **OF** **CONCUSSION** **AND** **TRAUMATIC** **BRAIN** **INJURY** **What** **is** **a** **concussion?**

A concussion is a brain injury that:

• Is caused by a bump, blow, or jolt to the head orbody. • Can change the way a student’s brain normallyworks.

• Can occur during Practices and/or Contests in anysport. • Can happen even if a student has not lostconsciousness.

• Can be serious even if a student has just been “dinged” or “had their bellrung.”

All concussions are serious. A concussion can affect a student’s ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student’s brain time toheal.

**What** **are** **the** **symptoms** **of** **a** **concussion?**

Concussions cannot be seen; however, in a potentially concussed student, ***one*** ***or*** ***more*** of the symptoms listed below may become apparent and/or that the student “doesn’t feel right” soon after, a few days after, or even weeks after the injury.

• Headache or “pressure” in head • Feeling sluggish, hazy, foggy, orgroggy • Nausea orvomiting • Difficultypayingattention

• Balance problems ordizziness • Memoryproblems • Double or blurryvision • Confusion

• Bothered by light ornoise

**What** **should** **students** **do** **if** **they** **believe** **that** **they** **or** **someone** **else** **may** **have** **a** **concussion?**

• **Students** **feeling** **any** **of** **the** **symptoms** **set** **forth** **above** **should** **immediately** **tell** **their** **Coach** **and** **their** **parents.** Also, if they notice any teammate evidencing such symptoms, they should immediatelytell their Coach.

• **The** **student** **should** **be** **evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.

• **Concussed** **students** **should** **give** **themselves** **time** **to** **get** **better.** If a student has sustained a concussion, the student’s brain needs time to heal. While a concussed student’s brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student’s brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How** **can** **students** **prevent** **a** **concussion?** Every sport is different, but there are steps students can take to protect themselves.

• Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it mustbe:

The right equipment for the sport, position, or activity; Worn correctlyand the correct size and fit; and

Used every time the student Practices and/or competes.

• Follow the Coach’s rules for safety and the rules of thesport. • Practice good sportsmanshipat alltimes.

**If** **a** **student** **believes** **they** **may** **have** **a** **concussion:** Don’t hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic braininjury.

Student’s Signature \_Date / /

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic braininjury.

Parent’s/Guardian’s Signature Date / /

4

**SECTION** **4:** **UNDERSTANDINGOF** **SUDDEN** **CARDIAC** **ARREST** **What** **is** **sudden** **cardiac** **arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in

the heart’s electrical system, causing the heart to suddenly stop beating.

**How** **common** **is** **sudden** **cardiac** **arrest** **in** **the** **United** **States?**

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number

one killer of student athlete and the leading cause of death on school campuses. **Are** **there** **warning** **signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

• Dizziness or lightheadedness when exercising;

• Fainting or passing out during or after exercising;

• Shortness of breath or difficulty breathing with exercise, not asthma related;

• Racing, skipped beats or fluttering heartbeat (palpitations)

• Fatigue (extreme or recent onset of tiredness) • Weakness; and/or

• Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal from physical exhaustion. If the conditions that cause SCA are

diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes. **What** **are** **the** **risks** **of** **practicing** **or** **playing** **after** **experiencing** **these** **symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong with the athlete and they should

be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain

damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%. **Act** **73** **–** **Peyton’s** **Law** **-** **Electrocardiogram** **Testing** **for** **Student** **Athletes**

The Act is intended to keep student-athletes safe while practicing or playing. Please review the warning signs/symptoms and know that you can request, at your expense, an

electrocardiogram (EKG or ECG) to help uncover hidden heart issues that can lead to SCA. **Why** **Do** **Heart** **Conditions** **That** **Put** **Youth** **at** **Risk** **Go** **Undetected?**

• Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;

• Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and • Often, youth don’t report or recognize symptoms of a potential heart condition.

**What** **is** **an** **Electrocardiogram** **(EKG** **or** **ECG)?**

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart’s electrical activity. Small electrode patches are attached to the

skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart. **Why** **Add** **an** **ECG/EKG** **to** **the** **Physical** **Examination?**

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be

ordered by your physician for screening for cardiovascular disease (ICD 10 code: Z13.6) or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease and will generally be paid for by insurance.

• ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.

• ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA. • ECG/EKG screenings with abnormal findings will need to be evaluated by trained physicians.

• If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.

• The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist after more testing (false positive findings occur less than 3% of the time when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes.).

• ECGs/EKGs result in fewer false positives than the current history and physical exam (10%).

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which

ECG or EKG can be applied with high-quality resources. **Removal** **from** **play/return** **to** **play**

Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student-Athlete

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Student-Athlete’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian’s Name

Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_

*PA* *Department* *of* *Health/CDC:* *Sudden* *Cardiac* *Arrest* *&* *COVID-19* *Symptoms* *and* *Warning* *Signs* *Information* *Sheet* *Acknowledgement* *of*

*Receipt* *and* *Review* *Form.* *7/2012* *PIAA* *Revised* *October* *7,* *2020*

5

Student’s Name Age Grade

**SECTION** **5:** **HEALTH** **HISTORY** **Explain** **“Yes”** **answers** **at** **the** **bottom** **of** **this** **form.**

**Circle** **questions** **you** **don’t** **know** **the** **answers** **to.**

1. Has a doctor ever denied or restricted your Yes No 23. Has a doctor ever told you that you have

2. Do you have an ongoing medical condition 24. Do you cough, wheeze, or have difficulty

3. Are you currently taking any prescription or 25. Is there anyone in your family who has nonprescription (over-the-counter) medicines 26. Have you ever used an inhaler or taken

4. Do you have allergies to medicines, 27. Were you born without or are your missing a 5. Have you ever passed out or nearly kidney, an eye, a testicle, or any other

6. Have you ever passed out or nearly 28. Have you had infectious mononucleosis

7. Have you ever had discomfort, pain, or 29. Do you have any rashes, pressuresores, or pressure in your chest duringexercise?

8. Does your heart race or skip beatsduring infection?

9. Has a doctor ever told you that you have 31. **N**Have you ever had a concussion (i.e. bell **RY** High blood pressure Heart murmur rung, ding, head rush) or traumatic brain

10. HHas a doctor ever ordered a test foryour 32. Have you been hit in the head and been heart? (for example ECG,echocardiogram)

11. Has anyone in your family died for no headaches with exercise?

12. Does anyone in your family have a heart 35. Haveyyou everahadsnumbness, tingling, or 13. Has any family member or relative been weakness in your arms or legs after being hit disabled from heart disease or died of heart 36. Have you ever been unable to move your

14. Does anyone in your family have Marfan 37. When exercising in the heat, dolyou have severe muscle cramps or becomeill?

38. Has a doctor told you that you orsomeone in 16. Have you ever hadsurgery? your family has sickle cell trait or sickle cell

39. Have you had any problems with your eyes orvision?

40. Do you wear glasses or contactlenses? 41. Do you wear protective eyewear, such as

goggles or a faceshield?

42. Are you unhappy with yourweight? 43. Are you trying to gain or loseweight?

44. Has anyone recommended youchange your weight or eatinghabits?

45. Do you limit or carefully control what you eat?

46. Do you have any concerns that you would like to discuss with adoctor?

**Menstrual** **Questions-If** **Applicable**

21. Have you been toldr that you have orhave 48. How old were iyou when you had yourfirst 22. Do you regularly use a braceor assistive 49. How many periods have you had in the

device? 50. When was your last menstrual period?

Yes No

**I** **hereby** **certify** **that** **to** **the** **best** **of** **my** **knowledge** **all** **of** **the** **information** **herein** **is** **true** **and** **complete.**

Student’s Signature Date / /

Parent’s/Guardian’s Signature Date \_\_\_\_/ \_\_\_\_/\_\_\_\_\_

6

**SECTION** **6:** **PIAA** **COMPREHENSIVEINITIAL** **PRE-PARTICIPATIONPHYSICAL** **EVALUATION** **AND** **CERTIFICATIONOF** **AUTHORIZED** **MEDICAL** **EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student’s comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal’s designee, of the student's school.

Student’s Name Age Grade

Enrolled in School Sport(s)

Height Weight % Body Fat (optional) Brachial Artery BP / ( / , / ) RP

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student’s primary care physician is recommended.

**Age** **10-12:** BP: >126/82, RP: >104; **Age** **13-15:** BP: >136/86, RP >100; **Age** **16-25:** BP: >142/92, RP >96.

Vision: R 20/ L 20/ Corrected: YES NO (circle one) Pupils: Equal Unequal

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student’s HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student’s parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

**CLEARED** **CLEARED**, with recommendation(s) for further evaluation or treatmentfor:

**NOT** **CLEARED** for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELYSTRENUOUS NON-STRENUOUS

Due to

Recommendation(s)/Referral(s)

AME’s Name (print/type) License # Address

Phone ( )

AME’s Signature MD, DO, PAC, CRNP, or SNP *(circle* *one)* Certification Date of CIPPE / /

7

**SHALER** **AREA** **SCHOOL** **DISTRICT** **ACTIVITIES** **/** **ATHLETIC** **DEPARTMENTS** **(412)** **492** **-** **1200** **ext.** **1550** **-** **Athletics** **(412)** **492** **-** **1200** **ext.** **1530** **-** **Activities**

**Parent / Student Acknowledgement of Policy 227.1**

TO: PARENTS AND GUARDIANS

School activities are an important part of your school life. It is through involvement in activities that you are able to learn more about the workings of the school, go deeper into one particular field of interest, promote your own social life through associations with others and also have a good deal of fun. Participation in extracurricular activities is a privilege and also carries with it certain responsibilities as the school and community are being represented.

The student must follow academic eligibility policies as well as attendance and behavior regulations. Students who are absent on the day of the activity or club in which they are involved **cannot** participate in that event. This includes sports, school plays, musical, talent show, dances, band and band fronts, cheerleaders, etc.

The Shaler Area School District, recognizing the growing problem of drug and alcohol abuse among teens, has revised the drug and alcohol policy (Board Policy 227.1) that will pertain to all athletes and participants in any extracurricular activity as of February, 2001. Along with the above policies, participation will also be determined by compliance with Board Policy 227.1. \*Compliance with this policy is mandatory in order for the student to participate in any extracurricular activity.

Please read, sign and return the bottom portion of this letter to the athletic office or activity sponsor/coach along with the physical and emergency cards if applicable. Participation in sports or seasonal-type activities cannot commence until this form is signed by both the student and the parent/guardian. This form shall be in effect for a period of twelve (12) months and shall cover participation in any sport or seasonal activity in which the student may participate during that twelve (12) month period.

**Sign** **and** **Return**

**I** **have** **read** **the** **provisions** **of** **the** **Shaler** **Area** **School** **District’s** **Policy** **227.1,** **Drug** **and** **Alcohol** **Awareness** **for** **Seasonal** **Extracurricular** **Activities** **and** **Athletic** **Programs,** **as** **it** **pertains** **to** **participation** **in** **athletics** **and** **activities.** **I** **agree** **to** **comply** **with** **the** **rules** **and** **am** **aware** **of** **the** **consequences** **involved** **in** **the** **violation** **of** **this** **policy.**

Print Student Name

Student Signature Date

Parent Signature Date

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**SHALER** **AREA** **SCHOOL** **DISTRICT** **ATHLETIC** **DEPARTMENT** **STUDENT-ATHLETE** **GUIDELINES**

**SCHOLASTIC** **ELIGIBILITY-TRAINING** **RULES-** **COACH’S** **PEROGATIVE-EQUIPMENT** **ISSUE-** **AGREEMENT**

The following are procedures and regulations relative to participation in the Shaler Area School District Athletic Program. Failure on the part of the student athletes to adhere to these procedures and regulations may subject the student athlete to probation, suspension, or dismissal from the activity in which they are participating.

**STUDENT-ATHLETE** **GUIDELINES:**

1. A student athlete’s citizenship and conduct must be exemplary at all times. The conduct of a student athlete must be a positive reflection and representation of the Shaler Area School district.

2. A student athlete must at all times display a positive attitude toward the activity, toward his/her teammates, and toward the coach. Discourteous or inappropriate behavior will not be tolerated. The team and its success shall have preference over personal wishes and desires at all times.

3. Practice meetings, event attendance:

a. A student athlete shall attend all team functions (practices, meetings, and events) unless ill/injured and emergency situation develops, or a coach or doctor excuses a student. On non-school days, coaches must receive notice of the necessity that a student misses a practice, meeting, or event before the practice, meeting, or event isscheduled to begin.

b. A student athlete shall not be permitted to practice or participate in any competition during an “out of school” or “in school” suspension. In cases of discipline, students are obligated to meet their detention or disciplinary responsibilities prior to attending practices / events.

c. Except in cases of emergency, any team function missed without proper notification and/ or excused by the coach may result in probation, suspension or dismissal from the team.

d. Doctor, dentist and other similar appointments should be made during a time which will not interfere with the student’s participation in a team function.

e. A student athlete must be in attendance at school on the day of an event (except Saturday) by 10:00 am in order to be eligible to participate in an event. Note: Saturday contests require Friday attendance.

4. A student athlete who is dismissed from a team for disciplinary reasons by the coach will not be eligible to participate on another team during the same season.

**SCHOLASTIC** **ELIGIBILITY:**

Determined in accordance with both PIAA eligibility requirements as well as current Shaler Area School District Policy relating toathletic eligibility requirements (refer toathletic handbook).

**TRAINING** **RULES:**

Student athletes must abstain from the possession of or use of cigarettes, cigars, chewing tobacco, alcoholic beverages, and non-prescribed drugs at all times. Failure to comply will result in suspension or dismissal from the team in accordance with the Shaler Area School District’s Drug & Alcohol Policy for Extra-Curricular Activities and Athletics.

**COACHING** **PREROGATIVE:**

Subject to the Shaler Area School District policies and procedures, school regulations, and state and federal law. The coach is the decision-maker with regard to the following items:

1. Selection, placement and play of student-athletes. 2. Practice times, dates and procedures.

3. Establishment and enforcement of all guidelines and training rules related toan activity. 4. Event strategies.

5. Varsity letterawards.

**EQUIPMENT** **ISSUE:**

Each student athlete must return all issued equipment within two (2) days of the last game or practice of the season. The student athlete must pay for lost or stolen equipment or he/she will not be permitted to participate in any additional athletic activity. Stealing, possessing or wearing stolen equipment from a Shaler Area athletic activity will be cause for suspension or dismissal.

**AGREEMENT:**

We, the undersigned, have read the above procedures and regulations and do hereby agree to the terms as stated. Furthermore, we agree to first contact the “Coach-In-Charge” pertaining to any preblem(s) dealing with player/team personnel in accordance with school policy. If necessary, a meeting will then be scheduled between the undersigned, the coach, and the Director of Athletics.

**PRINTATHLETENAMEHERE**

**ATHLETESIGNATURE\_**  **DATE**

**PARENT/GUARDIANSIGNATURE\_**  **DATE**

Once signed and returned, a copy of this document will be forwarded for your records. Failure to sign will eliminate your child from participation.

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**ANTI-HAZING** **CONTRACT**

In accordance with the Shaler Area School District Policies hazing is not permitted. All acts of hazing by any organization, member, and/or alumni are specifically forbidden.

**Hazing is:** Any action taken, or situation created intentionally whether on or off campus, to produce mental, emotional, or physical discomfort, embarrassment, harassment, or ridicule. Such activities and situations may include, but are not limited to the following: use of alcohol; paddling in any form; creation of excessive fatigue; quests; treasure hunts, scavenger hunts; physical and psychological shocks; inappropriate activities, wearing publicly any apparel which is conspicuous and not normally in good taste; engaging in public stunts and buffoonery; morally degrading or humiliating games and activities; and/or any other activities that are not consistent with academic achievement, or that otherwise compromise the dignity of the individual including forced use and abuse of alcohol and drugs. Any activity where a single group of individuals are isolated for an activity beyond the normal scope of actions.

Students, who believe that the behavior of other student-athletes or staff is questionable, should bring the matter to a coach, the Athletic Director, or Principal. It is an obligation of all student-athletes to address inappropriate behavior or actions.

**I** **fully** **understand** **the** **Shaler** **Area’s** **policy** **towards** **hazing** **and** **initiation** **activity.** **I** **will** **not** **engage** **in** **any** **hazing** **or** **initiation** **activity.** **I** **further** **agree** **to** **provide** **an** **environment** **that** **is** **free** **from** **harassment** **of** **any** **kind.**

Student Signature **Date:**  Parent Signature **Date:**

**Printed** **Name: SPORT:**

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**Sport** **1: Sport** **2: Sport** **3:**

**Print** **Athlete’s** **Name** **Print** **Athlete’s** **Sport(s)**

As part of a contractual agreement with UPMC Sports Medicine, certified athletic trainers may aide in the prevention, recognition, evaluation, and treatment of athletic injuries. **Please** **note** **that** **the** **forms** **below** **have**

**no** **relationship** **to** **your** **health** **insurance** **plan** **and** **in** **no** **way,** **influence** **your** **choice** **of** **medical** **care.** UPMC must have these forms completed to comply with privacy and standard consent to treat laws.

**(1) UPMC Authorizationfor Release of Protected Health Information**

• I authorize UPMC to provide information related to the athlete’s care to family/school/team physicians, school nurses, coaches, athletic directors, school principals, EMS personnel, and such other persons as is necessary needed for them to provide consultation, treatment, establish a plan of care or determine whether the athlete may resume participation in school or sports activities.

• I authorize UPMC to use the athlete’s medical information for UPMC internal departmental reporting purposes.

• I authorize UPMC (including its hospitals, other entities and programs) to use medical or other information maintained on electronic information systems or stored in various forms about the athlete’s care, health care operations, or payment for treatment and services.

• I understand that the health record(s) released by UPMC may be re-disclosed by the facility/person that receives the record(s) and therefore (1) UPMC and its staff/employees has no responsibility or liability because of the re-disclosure and (2) such information may no longer be protected by federal or state privacy laws.

• I understand that this Authorization is in effect for a period of one year from the date signed by the athlete.

• I understand that this Authorization is in effect if the athlete is treated for an injury during off-season workouts; however, no time frame specified shall go beyond one year from the date of signature.

• I understand that I have the right to revoke this Authorization form at any time by sending a written request to UPMC at the location where the Authorization was provided.

• I understand that my decision to revoke the Authorization does not apply to any release of my health record(s) that may have taken place prior to the date of my request to revoke the Authorization.

• I understand that I am entitled to a copy of this completed Authorization form.

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**Sport** **1: Sport** **2: Sport** **3:**

**Print** **Athlete’s** **Name** **Print** **Athlete’s** **Sport(s)**

**(2) UPMC Consent for Treatment and Healthcare Operations**

I consent to the provision of care. I understand that this care may include medical treatment, special tests, exams, evaluation, treatment, and rehabilitation of athletic injuries. I acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment and all results of any examinationand/or treatment are kept confidential.

I understand and agree that others may assist or participate in providing care. This may include, but may not be limited to team physician, school nurse, and licensed physical therapists. Under the direction of a certified athletic trainer, college/universityathletic training students and high school student aides may also provide care.

I acknowledge that no guarantees have been given to me as to the outcome of any examinationor treatment.

In the event of ImPACT baseline testing, I understand the ImPACT baseline testing provided by UPMC Sports Medicine is not intended to prevent, diagnose, or treat a concussion and is not to be administered following a possible concussion. If the athlete suffers a concussion, the administrationof an ImPACT post-test is generally conducted at the discretion of the concussion specialist at their facility.

**(3) UPMC Privacy Practices**

I understand that copies of the UPMC Notice of Privacy Practices document are available at the school, can be sent in the mail upon my request or viewed at [http://www.upmc.com/patients-visitors/privacy-](http://www.upmc.com/patients-visitors/privacy-info/Pages/default.aspx)

[info/Pages/default.aspx. I](http://www.upmc.com/patients-visitors/privacy-info/Pages/default.aspx) give UPMC and its designees permission to use my information as described in the UPMC Notice of Privacy Practices.

By signing below, I am acknowledgingthe above (1) Authorizationfor Release of Protected Health Information, (2) Consent for Treatment and Healthcare Operations, and (3) Notice of Privacy Practices.

Athlete signature Date

Parent or guardian signature/relationship Date

Parent or guardian signature/relationship Date

For Office Use Only:

Sign here if patient failed to acknowledge receipt of Notice of Privacy Practices: Reason given by patient for failure to acknowledgereceipt of the Notice of Privacy Practices:

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