

# Northpoint Christian School

7400 Getwell Road, Southaven, MS 38672 • 662-349-3096/FAX 662-349-4962

## PARENT'S APPROVAL FOR PARTICIPATION IN ATHLETICS, TRAVEL RELEASE AND MEDICAL WAIVER To be completed by parent or guardian

STUDENT'S NAME \_\_\_\_\_  
(Last) (First) (Middle)

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS PHONE (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

I, \_\_\_\_\_, the parent and/or guardian of \_\_\_\_\_, hereby acknowledge that said child is presently under my care, custody and control. I hereby certify that my child has my approval to play at home or away from home, on athletic teams of Northpoint Christian School. I also hereby give my child my express permission to travel to away athletic events with his/her team.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_  
Date \_\_\_\_\_

## EMERGENCY TREATMENT AND INFORMATION

To All Parents:

Since all of the malpractice questions have come to the forefront, many hospitals and doctors will not treat a child without a parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Emergency Numbers: (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_

Another Person to Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group and Policy Numbers: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

In the event an emergency necessitating medical or surgical attention arises, I hereby consent and give my permission to the Northpoint Christian School faculty member, its representatives, or the sponsors to make such decisions for said child, which may in his/her sole discretion be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless, Northpoint Christian School or its employees, representatives, or sponsors from any and all causes of action, damages, or liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during his/her participation in athletic events, both home and away from home.

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

Student's Signature (if over 18): \_\_\_\_\_

TMA/TSSAA PREPARTICIPATION MEDICAL EVALUATION FORM  
 Personal History

<i>Name</i>	<i>Sex</i>	<i>Age</i>	<i>Grade</i>	<i>Date of Birth</i>
<b>Northpoint Christian School</b>				
<i>School</i>				

<i>Personal Physician</i>	<i>Address</i>	<i>Phone</i>
Have you ever had a preparticipation physical before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when/where _____		

Please explain "Yes" answers below:	YES	NO																														
1. Have you ever been hospitalized? Have you ever had surgery?																																
2. Are you presently taking any medications or pills?																																
3. Do you have allergies (medicine, bees, or other stinging insects)?																																
4. Have you ever passed out during exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur?																																
Has anyone in your family died of heart problems or a sudden death before the age of 50?																																
5. Do you have any skin problems (itching, rashes, acne)?																																
6. Have you ever had a head injury? Have you ever been knocked unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, or pinched nerve?																																
7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?																																
8. Do you have trouble breathing or do you cough during or after activities?																																
9. Do you use any special equipment (pads, braces, neck role, mouth guard, eye guard)?																																
10. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eye wear?																																
11. Have you ever had sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints?																																
<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%;">Head</td> <td style="width:10%;"></td> <td style="width:15%;">Shoulder</td> <td style="width:10%;"></td> <td style="width:15%;">Thigh</td> <td style="width:10%;"></td> <td style="width:15%;">Neck</td> <td style="width:10%;"></td> <td style="width:15%;">Elbow</td> </tr> <tr> <td></td> <td>Knee</td> <td></td> <td>Chest</td> <td></td> <td>Forearm</td> <td></td> <td>Shin/Calf</td> <td></td> <td>Foot</td> </tr> <tr> <td></td> <td>Back</td> <td></td> <td>Wrist</td> <td></td> <td>Ankle</td> <td></td> <td>Hip</td> <td></td> <td>Hand</td> </tr> </table>		Head		Shoulder		Thigh		Neck		Elbow		Knee		Chest		Forearm		Shin/Calf		Foot		Back		Wrist		Ankle		Hip		Hand		
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	Knee		Chest		Forearm		Shin/Calf		Foot																							
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12. Have you ever had any other medical problems (infectious mononucleosis, diabetes)?																																
13. Have you ever had a medical problem since your last evaluation?																																
14. When was your last tetanus shot? When was your last measles shot?																																
15. When was your first menstrual period? When was your last menstrual period? When was the longest time between your periods last year?																																
Please explain "YES" answers here:																																

*I hereby state that, to the best of my knowledge, my answers to the above questions are correct.*

Signature of Athlete	Signature of Parent/Guardian	Date
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**General Physical Education**

Examiner: \_\_\_\_\_

Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected? \_\_\_\_\_ Yes \_\_\_\_\_ No Pupils \_\_\_\_\_

	Normal	Abnormal
Ears, Nose, Throat		
Heart		
Chest/ Lungs		
Skin, Lymphatic		
Abdominal		
Genitalia/Hernia		

**Musculoskeletal Examination**

Examiner: \_\_\_\_\_

	Normal	Abnormal
Neck/Back		
Upper Extremities		
Lower Extremities		
Flexibility		

**Optional Lab:**

Urine Sugar \_\_\_\_\_  
 Urine Protein \_\_\_\_\_  
 Urine Hematest \_\_\_\_\_

**Official Recommendation**

- A. This athlete \_\_\_ may \_\_\_ may not compete in athletics based on the data gathered from this exam.
- B. Prior to participation, treatment or follow-up on the following is recommended:
- C. Recommend further consultation with \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

**Read and keep this page.**

**Sign and return the signature page.**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

\*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

### Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

## Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

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

Student-Athlete initials		Parent/Legal Guardian 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 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
	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 <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	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 the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

*\* Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal guardian

\_\_\_\_\_  
Date

## **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form**

### **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 doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. 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?**

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

### **Are there warning signs?**

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

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### **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. When the heart stops, 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 SCA die from it.

### **Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act**

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
  - (i) Unexplained shortness of breath;
  - (ii) Chest pains;
  - (iii) Dizziness
  - (iv) Racing heart rate; or
  - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

*I have reviewed and understand the symptoms and warning signs of SCA.*

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Signature of Student-Athlete

Print Student-Athlete's Name Date

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Signature of Parent/Guardian

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Print Parent/Guardian's Name Date



**CONSENT FOR MEDICAL TREATMENT**  
**MSK Group, P.C. on Behalf of Northpoint Christian School (the "School")**

This authorization/consent will allow MSK Group, P.C. ("MSK") health care providers to facilitate drug testing of all students on behalf of the School and also to provide students with medical services and treatment on behalf of the School as set forth below.

**Consent for Medical Treatment**

I \_\_\_\_\_ (please print student's name) hereby authorize MSK, its Athletic Trainers, employees and staff (or their designee) to render any and all medical evaluation and/or treatment, including without limitation, the use of necessary x-rays, injections, casting, bracing, or other diagnostic tests, during my participation in activities with the School or due to any injury that I may sustain while on School premises or incurred during my participation in School-related events. I further authorize MSK, its Athletic Trainers, employees and staff (or their designee) to render any necessary follow-up medical evaluation and/or treatment, including without limitation, the use of x-rays, injections, casting, bracing or other diagnostic tests, performed at MSK or any of its affiliated clinics.

**SIGNATURE OF STUDENT:**

***Expiration: This consent will expire upon the later of the student's graduation or the completion of the student's participation in School-related events.***

***Signatures: All students must sign this consent. If the student is under 18 years of age at the time of signature, a parent or legal guardian must sign this authorization/consent as well. By signing this consent, the student understands that it will continue to be in effect upon the student turning 18 years of age.***

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, student, acknowledge that I am authorized to provide my consent and by signing this form provide my authorization and consent for the drug testing and medical treatment of the above named student for the limited purposes described above.

\_\_\_\_\_. DATE: \_\_\_\_\_

Please Print Signatory's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student (if Student is under 18 years of age): \_\_\_\_\_

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

Please Print Student's Name: \_\_\_\_\_