

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
PHYSICAL EXAMINATION FORM**

(Completed by Physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE: _____
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/ _____ LEFT 20/ _____ CORRECTED _____ UNCORRECTED _____

DATE OF LAST MENSTRUAL PERIOD _____

		CHECK ONE	IF ABNORMAL, EXPLAIN
1.	Skin	Normal () Abnormal ()	_____
2.	Head & Neck	Normal () Abnormal ()	_____
3.	Eyes	Normal () Abnormal ()	_____
4.	Ears, Nose, & Throat	Normal () Abnormal ()	_____
5.	Teeth & Mouth	Normal () Abnormal ()	_____
6.	Lungs & Chest	Normal () Abnormal ()	_____
7.	Cardiovascular	Normal () Abnormal ()	_____
8.	Abdomen & Lymphatics	Normal () Abnormal ()	_____
9.	Genitalia/Hernia	Normal () Abnormal ()	_____
10.	Orthopedic Screening:		
	a. upper extremities	Normal () Abnormal ()	_____
	b. lower extremities	Normal () Abnormal ()	_____
	c. spine & back	Normal () Abnormal ()	_____
11.	Neurological	Normal () Abnormal ()	_____

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed and adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

This is to certify that on this _____ day of _____, 20 _____, I performed the above limited examination on _____ of the _____ School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS _____ IS NOT _____ physically able to participate in ALL _____ *LIMITED _____ athletic events of the school.

PHYSICIAN (M.D. or D.O.)

*EXPLAIN LLIMITATIONS/EXCLUSION



Alabama Independent School Association

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STUDENT/ATHLETE Medical Release Form

Alabama Independent School Association

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student/Athlete: _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1) Athletic Director;
- 2) Coaches;
- 3) Trainers;
- 4) School Administration;
- 5) Insurance Agent (Planned Benefits Services)

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

School: _____

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

Serving Independent and Christian Schools in Alabama since 1970.

Focusing on Excellence in Academics, Athletics, Accreditation, Staff Development, Student Activities, Services, and Programs

AISA PARTICIPATION PERMIT

We, the undersigned, have read, discussed and understand the following:

- I. The school agrees to provide:
 - A. Supervision
 - B. Instruction
 - C. Proper Equipment (This includes all equipment or uniforms provided by the participant.)
 - D. A safety orientation program for all participants
 - E. An in-excess, supplemental, scheduled payment insurance policy. Any differences in the basic coverage, deductibles, or other related expenses will be paid by the parent(s) /guardian(s).
 - F. A rules orientation program covering:
 - 1. rules of the sport;
 - 2. rules of behavior, dress and appearance;
 - 3. rules promoting safety and injury prevention;
 - 4. rules regulating conduct, procedures and action following an injury.
 - G. (For local use)
 - H. “
 - I. “

II. I was given an opportunity to attend a scheduled seminar where the following specific areas were addressed and discussed:

- A. Coaching Techniques
- B. Rules of the game
- C. Injury prevention and safety precaution
- D. Player equipment care and purpose
- E. Physical conditioning
- F. Transportation
- G. Player accountability
- H. School's insurance program
- I. The hazards connected with the use of chemicals (steroids) to enhance performance
- J. The possibility of injury, even serious injury, while participating
- K. (For local use)
- L. “
- M. “

My (son / daughter) has my permission to participate in _____
(Sport)

at _____
(School)

Signed: _____ Date _____
Parent () or Guardian ()

Signed: _____ Date _____
Participant

SOUTHERN ACADEMY

Consent to Treat

I, _____, as parent or legal guardian of
_____, a minor, give my permission and consent by any
representative of Southern Academy, to the emergency and/or medical treatment
for any physical illness and/or injury incurred while participating in the following:

Sport(s): _____

Coach(es): _____

Insurance Company: _____

Policy #: _____

Parent's Signature

Date

Home Phone

Cell Phone

Work Phone

ALABAMA INDEPENDENT SCHOOL ASSOCIATION

Concussion Information Form

(Required by AISA starting with the 2011-12 school year.)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can't recall events prior to hit• Can't recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness

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What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AISA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor.

Any health care professional or AISA coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AISA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June, 2011, coinciding with the AISA Concussion Policy in effect since 2010.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student Athlete Name Printed

Student Athlete Signature

Date

Parent Name Printed

Parent Signature

Date