2023-2024
TOMBALL ISD PRE-PARTICIPATION ATHLETIC FORM

ALL INFORMATION IS *REQUIRED* **DO NOT LEAVE ANY BLANKS **PRINT LEGIBLY WITH BLUE OR BLACK INK**

____________	____________	____________	____________	____________
TISD Student ID #	**Student's Last Name**	**Student's First Name**	**Student's Middle Initial**	**2023-24 GRADE**

Gender: ______________________

Date of Birth: __________________

Check SCHOOL attending in 2023-24:

- ☐ TOMBALL HS
- ☐ TOMBALL MEMORIAL HS
- ☐ TOMBALL JH
- ☐ WILLOW WOOD JH
- ☐ CREEKSIDE PARK JH
- ☐ GRAND LAKES JH

Indicate sport(s) in which you plan to participate in: ____

PARENT/GUARDIAN 1: ______________________________

Home Phone: ______________________________

Cell Phone: ______________________________

E-Mail Address: ______________________________

PARENT/GUARDIAN 2: ______________________________

Home Phone: ______________________________

Cell Phone: ______________________________

E-Mail Address: ______________________________

Allergies to medication or other (please list): ____

Any medications taken regularly (please list): ____

Any medical concerns/conditions: ____

* Asthma Inhalers & EPI Pens: Additional TISD paperwork needed.

Sickle Cell/ Trait: NO / YES: ______________________

Diabetes: NO / YES: TYPE: ______________________

YES- Additional TISD Diabetic paperwork needed

Concussions: NO / YES: Dates ____________________

Epilepsy/ Seizure Disorder: NO / YES: ______________________

YES- additional TISD Seizure Management paperwork needed

CONSENT TO TREAT: It is understood that even though the athlete, whenever needed wears protective equipment, the possibility of an accident still remains. Neither the UIL nor Tomball ISD assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person because of such care and treatment of said student. If, between this date and the beginning of athletic competition, any illness or injury should occur that might limit this student's participation, I agree to notify the school authorities of such illness or injury.

RELEASE TO RETURN TO PARTICIPATION AFTER ANY MEDICAL CONSULTATION: I understand that any student who seek medical attention from a HealthCare Provider for any injury or illness, regardless of whether they are removed from or have restrictions placed on their ability to participate, CANNOT return to athletic participation until a signed and dated physician's release has been provided to the Licensed Athletic Trainer (LAT) or designee. Parental authorization or notification will NOT be accepted in place of the medical release/note. This includes any injuries/ illness that may not be school related (Club/ off campus).The MD notes should include a Diagnosis with any restriction or treatments; these are not "attendance" notes.

REQUIRED ONLINE FORMS & MEDICATION PERMISSION : Athletic paperwork and pre-participation forms for Tomball ISD are online. It is mandatory that all 7th-12th grade prospective student-athletes fill out UIL and TISD paperwork before they will be allowed to participate in any practice or contest before, during or after school, including tryouts and athletics period. The website is designed to streamline the process, and conserve valuable resources. Go to TOMBALLISD.RANKONESPORT.COM and complete the Athletic Participation form which includes all mandatory UIL paperwork. Please have your student ID number available when filling out the paperwork. A confirmation email will be received when all paperwork is completed online.

******The TISD Physical Form must still be turned into an Athletic Trainer at the athlete's high school or respective coach at middle school.******

******This piece of paper must be dated, signed and stamped by the physician. The physical must also be signed by the parent, and student-athlete.******

Texas Licensed Athletic Trainers (LAT) of Tomball ISD are hereby given my acknowledgment and consent to administer non-prescription over-the-counter medication to my child. A complete list of over-the-counter medications is available from each campus upon request. I also give consent to administer prescription medication when prescribed by my child's physician and accompanied by appropriate TISD forms. The original prescription label must be on the container.

MEDICAL INFORMATION : Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians, school personnel and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Parent/Guardian Sign (required): ______________________________________ **Date:** ____________________

2023-2024 TOMBALL ISD PRE-PARTICIPATION ATHLETIC FORM

Student ID:______________ Student's FULL Name: ______________________________ Date of Birth:______________ 2023-24 Grade:__________

STUDENT – PARENT/GUARDIAN SECTION

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent/guardian and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition, which would make it hazardous to participate in an athletic event. ***Explain all "Yes" answers. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation, which may include a physical examination.*** **Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

Question	YES	NO
1. Have you had a **medical illness or injury** since your last check up or sports physical?		
2. Have you been **hospitalized** overnight in the past year?		
Have you ever had **surgery**?		
3. Have you ever had prior **testing for the heart** ordered by a physician?		
Have you ever **passed out** during or after exercise?		
Have you ever had **chest pain** during or after exercise?		
Do you get tired more quickly than your friends do during exercise?		
Have you ever had **racing of your heart or skipped heartbeats**?		
Have you had **high blood pressure or high cholesterol**?		
Have you ever been told you have a **heart murmur**?		
Has any **family member** or relative died of **heart problems** or of sudden unexpected death **before age 50**? **WHO:**		
Has any **family member** been diagnosed with enlarged heart (dilated cardiomyopathy), Hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? **WHO:**		
Have you had a severe **viral infection** (for example, myocarditis or mononucleosis) within the last month?		
Has a physician ever denied or restricted your participation in sports for any heart problems?		
4. Have you ever had a **head injury or concussion**?		
Have you ever been **knocked out, become unconscious, or lost your memory**?		
If yes, how many **times**? When was the last **concussion**? (Date) How severe was each one? (Explain)		
Have you ever had a **seizure**?		
Do you have frequent or severe **headaches**?		
Have you ever had **numbness or tingling** in your arms, hands, legs, or feet?		
Have you ever had a stinger, burner, or pinched nerve?		
5. Are you missing any paired organs?		
6. Are you under a doctor's care?		
7. Are you **currently taking any prescription or non-prescription** (over-the-counter) **medication or pills or using an inhaler**?		
8. Do you have any **allergies** (for example, to pollen, medicine, food, or stinging insects)?		
9. Have you ever been **dizzy** during or after exercise?		
10. Do you have any current **skin problems** (example: itching, rashes, acne, warts, fungus, or blisters)?		
11. Have you ever become ill from exercising in the heat?		
12. Have you had any problems with your **eyes or vision**?		
13. Have you ever gotten unexpectedly short of breath with exercise?		
Do you have **asthma**?		
Do you have **seasonal allergies** that require medical treatment?		
14. Do you use any **special protective or corrective equipment** or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?		
15. Have you ever had a **sprain, strain, or swelling after injury**?		
Have you broken or fractured any bones or dislocated any joints?		
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below:		
OHead OElbow OHip ONeck OForearm OThigh OBack OWrist OKnee OHand OShin/Calf OShoulder OFinger OAnkle OUpper Arm OFoot OChest		
16. Do you want to weigh more or less than you do now?		
Do you lose weight regularly to meet weight requirements for your sport?		
17. Do you feel stressed out?		
18. Have you ever been diagnosed with/or treated for **sickle cell trait or disease**?		
19. ***Females Only:*** When was your **first** menstrual period?		
When was your **most recent** menstrual period?		
How much time do you usually have from the start of one period to the start of another?		
How many periods have you had in the last year?		
What was the longest time between periods in the last year?		
20. ***Males Only:*** Do you have two Testicles?		
21. ***Males Only:*** Do you have any Testicular swelling or masses?		

EXPLAIN 'YES' ANSWERS **(attach another sheet if necessary):**

MEDICAL EXAMINER SECTION

As a minimum requirement this **PHYSICAL EXAMINATION FORM** *must* be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It must be completed if there are "**yes**" answers to specific questions on the student's MEDICAL HISTORY FORM in the left column. ****TISD requires a new Physical Each School Year***

Height (inches):__________ Weight (Lbs):______________ Pulse:__________

BP:________/________ (________/________) (________/________)
Brachial Blood Pressure while sitting

Vision: R – 20/__________ L – 20/_________ Corrected: Y N

Pupils: Equal / Unequal %Body Fat (optional):__________

MEDICAL EXAM	Normal	Abnormal	*Initials
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart – Auscultation **Supine**			
Heart – Auscultation **Standing**			
Heart – Lower Extremity Pulses Lungs			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata (Arachnodactyly, Pectus Excavatum, Joint Hypermobility, Scoliosis)			

MUSCULOSKELETAL EXAM	Normal	Abnormal	*Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/ Ankle			
Foot			

*** Station-based examination only***

CLEARANCE

______ **CLEARED**

______ CLEARED **AFTER** COMPLETING EVALUATION/REHABILITATION
FOR:

________**NOT CLEARED**
REASON:

Recommendations:

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. **Examination forms signed by any other health care practitioner will not be accepted.**

Date of Examination:

Stamp or Label with MD Name/ Address & Phone Number

Physician's Signature:

☐ **An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.**

I HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT. FAILURE TO PROVIDE TRUTHFUL RESPONSES COULD SUBJECT THE STUDENT IN QUESTION TO PENALTIES DETERMINED BY TISD AND THE UIL. THIS FORM MUST BE ON FILE WITH THE ATHLETIC TRAINERS PRIOR TO ANY PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

Parent/Guardian Sign (required): ______________________________ **Student Sign (required):**__________________________ **Date:** ___________

For School Personnel Use Only:	Licensed Athletic Trainer or Jr. High Designee NAME:	DATE: