### DO NOT FOLD FORM MISSISSIPPI ATHLETIC PARTICIPATION FORM ATHLETIC HEALTH HISTORY

Steven F Date of Birth S.S.N. Home Phone Age didress S.S.N. Home Phone Age Mork Phone Present Guardian Name FAMILY MEDICAL HISTORY  Work Phone FAMILY MEDICAL HISTORY  Has any member of your family under age 50 had these conditions?  Work Phone Branch Age of the State	ME							St	port(s	)				
FAMILY MEDICAL HISTORY  Has any member of your family under age 50 had these conditions?  Whom  Heart Attack Sudden Death Stroke Cell Anemia Arthritis Sicke Cell Anemia A	200	Date of E	3irth				S.S.N		(0				Age	
FAMILY MEDICAL HISTORY Has any member of your family under age 50 had these conditions? Whom Heart Attack Sudden Death Stroke Heart Disease / High Pressure	ess Iv Phy	/sician									Home Ph	one		
Has any member of your family under age 50 had these conditions?   Whom   Heart Attack   Whom   Heart Attack   Whom   Heart Attack   Whom   Heart Attack   State   Heart Disease   High Pressure   Disabetes   Sickle Cell Anemia   Arthritis   Epilepsy   Sickle Cell Anemia   Arthritis   Epilepsy   Heart Disease   High Pressure   Disabetes   Sickle Cell Anemia   Arthritis   Epilepsy   Heart Injury / Concussion   State   Yes No   Condition   Date   Heart Injury / Concussion   Arthritis   Epilepsy   Heart Injury / Concussion   State   Yes No   Condition   Arthritis   Epilepsy   Heart Injury / Concussion   Arthritis   Epilepsy   Heart Injury / Concussion   Arthritis   Epilepsy   Arthritis   Epilepsy   Arthritis   Epilepsy   Arthritis   Epilepsy   Arthritis   Epilepsy   Heart Injury / State   Arthritis   Epilepsy   Epil	nt / Gi	uardian Na	ame								Work Ph	one		
Yes No   Condition   Content   Con				9.9	165						2/0 5			
Heart Natrack   Stroke   Heart Disease / High Pressure   Diabetes   Stroke   Heart Disease   Heart Hornous does   Heart Disease	s N	o Cond	lition	Has a			ır family u	nder age	50 ha	d these co	onditions?			
ATHLETE'S ORTHOPAEDIC HISTORY Has the athlete had any of the following injuries?  Yes No Condition Date Yes No Condition Neck Injury / Concussion Neck Injury / Stinger Neck No Condition Neck Injury / Stinger Neck Neck Injury / Stinger Neck														
ATHLETE'S ORTHOPAEDIC HISTORY Has the athlete had any of the following injuries?  Yes No Condition Date Yes No Condition Date Yes No Condition Head Injury / Concussion Neck Injury / Stinger Arm / Whist / Hand L / R Back Chronic Shin Splints Pinched Nerve Arthlete's MEDICAL HISTORY Severe Muscle Strain Chronic Shin Splints Shortmass of breath / coughing Heart Murmur Heart Murmur Shortmass of breath / coughing Heart Murmur Hernia		Sudd	en Death		-									
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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 Yes No Condition Neck Injury / Concussion Neck Injury / Stinger Arm / Wrist / Hand L / R Back Thigh L / R Discover Muscle Strain Chronic Shin Splints Chronic Shin Splints Chronic Shin Splints Pinched Nerve  Athlete's MEDICAL HISTORY  Was No Condition Organ Loss She athlete had any of these conditions?  Yes No Condition Discover Muscle Strain Chest Wilder Disease Ninder Disease Nin	-			igh Pressu	ire									
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ATHLETE'S ORTHOPAEDIC HISTORY Has the athlete had any of the following injuries?  fees No Condition Date Yes No Condition Head Injury / Concussion Shoulder L / R					-									
Has the athlete had any of the following injuries?    Secondation	1 1	Klone	y Disease		ATU	L ETC	CODTU	ODAEDI	C LIII	CTODY				
Condition   Date   Yes No   Condition   Date   Neck Injury   Singer   Singler   Live   Singler   Place   Singler   Place   Singler   Place   Singler   Place   Singler   Singl														
Head Injury / Concussion	s N	o Cond	lition										Date	
ATHLETE'S MEDICAL HISTORY  Is the athlete had any of these conditions?    Session   Condition				cussion						Neck Inj	ury / Stinger		-	***************************************
ATHLETE'S MEDICAL HISTORY  Is the athlete had any of these conditions?    Ses   No   Condition   Organ   Loss   Overnight in hospital			Shoulder L / R							Arm / Wrist / Hand L / R		/R		
ATHLETE'S MEDICAL HISTORY  Is the athlete had any of these conditions?    Ses   No   Condition   Organ   Loss   Overnight in hospital		Marie Control of Contr									/ D			
ATHLETE'S MEDICAL HISTORY  is the athlete had any of these conditions?    Ses No Condition	i E	Knee	L/R							Lower L	rn eal/B			
ATHLETE'S MEDICAL HISTORY    the athlete had any of these conditions?   Sezures	i E	Chron	nic Shin Splin	nts										
ATHLETE'S MEDICAL HISTORY    the athlete had any of these conditions?   Sezures											Muscle Strain	1		
ATHLETE'S MEDICAL HISTORY  the athlete had any of these conditions?    Se	1	Pinch	led Nerve							Chest				
the athlete had any of these conditions?    Sel	ous S	Surgeries:												
Ses   No   Condition     Organ Loss   Overnight in hospital   Heart Murmur   Shortness of breath / coughing   Overnight in hospital   Heart Murmur   Shortness of breath / coughing   Overnight in hospital   Hernia   Seizures   Guring exercise   Rapid weight loss / g	the of	hlata had	any of those	conditions		THLE	TE'S ME	DICAL F	ISTO	ORY				
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Dizzy / Fainting												Take	supplements / \	itamins
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Dizzy / Fainting		_ Single	e resticie Blood Pressu	iro	-						H H			
Surgery - What Type?  Allergies (Food, Drugs) e of last Tetanus Immunization he best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden their understand that the examination will be provided without expectation of payment and that the physician and many oth fessionals providing services may be immune from liability under Mississippi law.  WAIVER FORM  This waiver, executed this		Dizzv	/ Fainting	116										is /
allergies (Food, Drugs) e of last Tetatrus Immunization the best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden their understand that the examination will be provided without expectation of payment and that the physician and many oth fessionals providing services may be immune from liability under Mississippi law.  WAIVER FORM  This waiver, executed this day of 200 by FILL IN ATTIME OF PHYSICAL  physician voluntarily provides needed medical or health services to any program at an accredited school in the state without expendent, the physician will be immune from liability for any civil action arising out of the provision of those medical and/or health can che were provided in good faith on a charitable basis. Such immunity does not extend to willful acts or gross negligence.  But the physician will be immune from liability for any civil action arising out of the provision of those medical and/or health can che were provided in good faith on a charitable basis. Such immunity does not extend to willful acts or gross negligence.  But the physician of Patient or Patient (If Patient is 17 or younger)  Information below to be filled out by physician only ght Blood Pressure Pulse  Hopaedic Exam General Medical Exam  Norm AbnI Norm AbnI Norm  Spine / Neck ENT  Lungs  Cervical Heart Abdomen  Thoracic Skin Heart  General Medical Exam  Norm AbnI Norm  Spine / Neck Shoulder  Heart Abdomen  Thoracic Skin Heart  Weight Blood Pressure  General Medical Exam  Norm AbnI Norm  Spine / Neck Shoulder  Heart Abdomen  Thoracic Skin Heart  Weight Blood Pressure  Pulse Pulse  General Medical Exam  Norm AbnI Norm  Spine / Neck Shoulder  Heart Abdomen  Hernia (if Needed)  Lungs  Lower Extremity Hams  Heelcords  Heelcor	1 [	Surge	ery - What Tyr	oe?							1111			
the best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden their understand that the examination will be provided without expectation of payment and that the physician and many othe fessionals providing services may be immune from liability under Mississippi law.  WAIVER FORM  This waiver, executed this day of patient, is executed in compliance with Mississippi law, with the full understand physician voluntarily provides needed medical or health services to any program at an accredited school in the state without expressing the physician will be immune from liability for any civil action arising out of the provision of those medical and/or health can che were provided in good faith on a charitable basis. Such immunity does not extend to willful acts or gross negligence.  Information below to be filled out by physician only gent where the provision of the physician only gent and provided in good faith on a charitable basis. Such immunity does not extend to willful acts or gross negligence.  Information below to be filled out by physician only gent or Patient	-61	Allerd	lies (Food, D	rugs)										
Information below to be filled out by physician of the provision of those medical and/or health care cheef or Printed Name of Patient    Signature of Patient	maers er und	stand the e derstand	evaluation inv	volves a lir	nited exami	nation .	and the s	creenina .	s not	intended t	o nor will it i	revent	injury or sudden	death
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# ATHLETIC PARTICIPATION CLEARANCE FORM



# MISSISSIPPI HIGH SCHOOL ACTIVITIES ASSOCIATION, INC. P. O. BOX 127,CLINTON, MISSISSIPPI 39060 FAX - 601-924-1725

I hereby give consent for my child,		, to participate in the
GULFPORT Scho	ool District's athletic program during the	school year.
I agree to abide by the rules and regulations of my Activities Association.	school district and its governing body, the M	ississippi High School
I hereby authorize and give permission for emerge	ncy medical treatment to be rendered for and	d on behalf of my child,
	, for any injury received while pa	rticipating in any supervised school
related sports activity. This authorization includes physicians, hospital emergency room physicians	, but is not limited to, any treatment deemed and hospitals.	d necessary by certified personnel,
I hereby release the GULFPORT	School District and all scho	ol personnel for any and all liability
associated with such necessary treatment.		
I hereby acknowledge that health and accident in further certify that my child is covered under the h	surance is recommended for participation in nealth and accident program listed below.	n all organized athletic activities and
School day insurance:		
Policy #:		
229 301 100		
Policy #:		
Name of agent:		
The GULFPORT a student on school property or participating in so in athletic programs.	School District does not pay any expense in the school activities and does not provide health	
In addition, I assume any expenses for liability no named student while participating in sports and a and any other related expenses and do hereby h	ctivities. I accept full responsibility for medi	
and the Board of Trustees, their agents or assigne which may arise against them. I realize that partic severe enough to result in total disability, paralysis	es, of responsibility for any such injury or expipation in organized sports and activities invo	penses and waive any and all claims
I give the Mississippi High School Activities Associuse any picture or image or sound recording of the addition, I consent to the disclosure, by my child's/eligibility and participation including, but not limited discipline, residence and physical fitness.	e student in all forms and media and in all ma ward's school, to the MHSAA, upon its reque	nners, for any lawful purposes. In est, of all records relevant to his/her
The Student Participation Clearance Form is requi	red for all students to participate in MHSAA a	athletic and activity programs.
Parent/ Legal Guardian:	Phone	#:
Cell #:	Date:	(valid 365 days from this date)

# MISSISSIPPI HIGH SCHOOL ACTIVITIES ASSOCIATION, INC. Concussion Information Form

(Required by MHSAA Annually)

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:

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

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:

- 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

(Continued on next page)

#### 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 key to a student-athlete's safety.

#### MHSAA Concussion Policy:

- An athlete who reports or displays any symptoms or signs of a concussion in a practice or game setting should be removed immediately from the practice or game. The athlete should not be allowed to return to the practice or game for the remainder of the day regardless of whether the athlete appears or states that he/she is normal.
- The athlete should be evaluated by a licensed, qualified medical professional working within their scope of practice as soon as can be practically arranged.
- If an athlete has sustained a concussion, the athlete should be referred to a licensed physician preferably one with experience in managing sports concussion injuries.
- The athlete who has been diagnosed with a concussion should be returned to play only after full recovery and clearance by a physician. Recovery from a concussion, regardless of loss on consciousness, usually take 7-14 days after resolution of all symptoms.
- Return to play after a concussion should be gradual and follow a progressive return to competition. An athlete should not return to a competitive game before demonstrating that he/she has no symptoms in a full supervised practice.
- Athletes should not continue to practice or return to play while still having symptoms of a concussion. Sustaining an impact to the head while recovering from a concussion may cause Second Impact Syndrome, a catastrophic neurological brain injury.

Remember, it is better to miss one game than to miss the whole season.

have reviewed this information on co equired before a student may return to	ncussions and am aware that a release be play under this policy.	by a medical doctor is
Student-Athlete Name Printed	Student-Athlete Signature	Date
Parent Name Printed	Parent Signature	Date