

Mechanicsburg Area School District
Athletic Department
500 South Broad Street
Mechanicsburg, PA 17055-4199
717-691-4538

Interscholastic Sports Physical Evaluation and Permission to Participate Form



Prior to any student participating in an interscholastic sport, the student is required to have a physical evaluation performed by the Mechanicsburg Area School District Sport's Doctor or the student's own physician and must return this form to the Athletic Office or Athletic Training Room before the start of each sport season. If your own physician is completing the form, it must be dated after June 1. If you participate in multiple sports within the same school year, you are required to complete a Re-certification Form for each additional sport you participate in. The Re-certification Form must be returned to the Athletic Office or Athletic Training Room before the start of the winter/spring sport season. If you have questions regarding the physical evaluation process, visit www.mbgd.org and click on Athletics at the top of the page or call Alex "Sandy" Zettlemyer, Head Athletic Trainer at 691-4548.

Students are asked to wear shorts and a t-shirt during the physical evaluation.

Name: _____ ID # _____ Grade for 2008-09: _____

Address: _____

Age: _____ Date of Birth: _____

Parent Email: _____

Phone: Home _____ Work _____ Cell _____

Circle Grade Level as of the beginning of the current school year:
7 8 9 10 11 12 Sport: _____

Circle each year that you participated in this sport in school (interscholastic competition) include the current year:
7 8 9 10 11 12

Confidentiality Statement

The information in this form will be kept confidential and will be used by the athletic administration, coaches and medical staff for identifying injuries and medical conditions as well as to ensure safety and injury prevention. Information about a student's injury or medical condition will not be shared with the public or media without the written consent of the parents or guardians.

NON-DISCRIMINATION POLICY
The Mechanicsburg Area School District, an equal opportunity employer, will not discriminate in employment, educational programs or activities based on sex, race, religion, national origin, color or handicap. This policy of non-discrimination extends to all other legally protected classifications. Publication of this policy in this document is in accordance with state and federal laws including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1973, and Section 504 of the Rehabilitation Act of 1973, and the American's With Disabilities Act. Inquiries should be directed to the Compliance Officer, Personnel Coordinator, Mechanicsburg Area School District, 500 South Broad Street, Mechanicsburg, PA 17055-4199

Student Athlete and Parent/Guardian Signatures Page

The student athlete and parent must sign at the bottom of this page in order for the student to compete in any interscholastic sport at Mechanicsburg Middle School or High School.

- Consent to Play:** By its nature, participation in interscholastic athletics includes risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches and athletic trainer, follow a proper conditioning program and inspect their own equipment daily.
- 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 or Scrimmages and Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at 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 academic performance.
- 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 attendance data.
- 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 reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.
- 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 or Scrimmages and 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.
- Permission is granted to the Athletic Administration and Medical Staff to consult with the student's physician or other medical specialist, at their discretion, regarding an injury or medical condition.**
- Insurance Information:** The Athletic Department of the Mechanicsburg Area School District provides accident insurance coverage for all students participating in interscholastic athletics (grades 7-12). This insurance coverage is an excess plan. This means the insurance company will pay the first \$100 of a claim up to the benefit limit. If a claim exceeds \$100 and the benefit limit is above \$100, the insurance company will pay a benefit only if there is no other personal insurance which may be payable covering the same accident. All injuries must be reported and documented by the Mechanicsburg Area School District's Athletic Trainers before a claim can be filed.

The Mechanicsburg Area School District does offer parents the opportunity to purchase Student Accident Insurance for school time or 24 hour coverage at the start of each school year. Forms are available from the Business Office. The Athletic Department does not assume responsibility for medical expenses due to any injury that might occur in practice or at a contest.

My signature below acknowledges that I have read and fully understand the contents of this permission form and contract, that I hereby certify to the best of my knowledge all the information I have listed on this form is true and complete and that I have received and read the Student/Parent Athletic Handbook which states the Mechanicsburg Area School District's Drug, Alcohol, Tobacco and Steroid Policy, Attendance Policy, Academic Eligibility Policy, Wildcat Code, Good Citizenship Statement, and Code of Conduct and that I will adhere to the expectations set forth. (The handbook will be handed out on August 11, 2008 and will be posted on the school district website (www.mbgdsd.org) by August 1, 2008. All policies are attached for your review)

Student's Signature _____ Date ____/____/____

Parent's/Guardian's Signature _____ Date ____/____/____

Mechanicsburg Area School District Drug, Alcohol, Tobacco, and Steroid Policy to be followed by all students participating in Mechanicsburg Area School District sponsored organizations:

The Board of School Directors, Administration, Faculty, and Staff of the Mechanicsburg Area School District consider participation in school-sponsored organizations to be a privilege. Students participating in school-sponsored organizations are expected to accept the responsibilities granted them by this privilege. As school district representatives who are scrutinized by their peers and the community, students participating in school sponsored organizations are **expected to accept a drug, alcohol, tobacco, and steroid-free lifestyle**. Possession of Tobacco Products, Use of Tobacco Products, Possession, Use, Transfer, Sale or Aiding in the Procurement of Drugs, Mood-Altering Substances, Alcohol, Anabolic Steroids (except for a valid medical purposes), and Controlled Substances as defined in the Mechanicsburg Area School District Code of Conduct are prohibited by any student. Students who violate this policy shall be subject to: (a) the disciplinary action listed below (b) the specific guidelines established by the individual organizations and (c) the normal disciplinary action outlined in the Mechanicsburg Area School District Drug and Alcohol Policy (d) mandated referral to the Student Assistance Program with successful completion of the assessment and any recommended counseling and/or interventions.

First Offense: The student will be removed for a period of 45 school days from participation as a member in any Mechanicsburg Area School District sponsored organization. (Organizations include but are not limited to athletic teams, honor societies, student council, key club, debate team, concerts, band, music performances, musical, play, ski club, etc.)

The suspension will be in effect from the conclusion of due process until the end of the 45th consecutive school day. The suspension will be carried into the next school year if the 45th consecutive school day does not occur within the current school year.

Second Offense: The student will be removed for a period of one calendar year (starting with the conclusion of due process) from participation as a member in any Mechanicsburg Area School District sponsored organization.

While the administrative staff, coaching staff, advisors and faculty cannot observe students seven days a week/twenty-four hours a day, students are expected to abide by all school regulations. Parents and guardians are obligated and expected to support and enforce these regulations. Any violation brought to the attention of the administration, that is deemed to be within the scope of the school's supervisory responsibility, shall be investigated.

Students have the right to due process. During the due process proceedings, if the allegations are found to be factual, the associated penalty shall be imposed.

USE OF ANABOLIC STEROIDS

As specified in Sec. 807.3 of Title 35 of the Pennsylvania statutes, the following minimum penalties are prescribed for any student athlete found in violation of the **prohibited use of anabolic steroids**:

1. For a first violation, suspension from school athletics for the remainder of the season.
2. For a second violation, suspension from school athletics for the remainder of the season and for the following season.
3. For a third violation, permanent suspension from school athletics.

No student shall be eligible to resume participation in school athletics unless a medical determination has been submitted, verifying that no residual evidence of steroids exists. The Administration may require participation in drug counseling, rehabilitation, testing, or other program as a condition of reinstatement into a school athletic program.

While the administrative staff, coaching staff, advisors and faculty cannot observe students seven days a week/twenty-four hours a day, students are expected to abide by all school regulations. Parents and guardians are obligated and expected to support and enforce these regulations. Any violation brought to the attention of the administration shall be investigated.

Students have the right to due process. During the due process proceedings, if the allegations are found to be factual, the associated penalty shall be imposed.

ACADEMIC ELIGIBILITY POLICY

Students must meet the following minimum academic requirements for participation in any extra-curricular activity:

1. The student must be passing at least four major subjects (courses that meet everyday). Eligibility shall be based on cumulative grades for the current grading period.
2. Grades are monitored on a weekly basis. If a student is not passing at least four major subjects, the student will become academically ineligible for one week (Sunday-Saturday). At the end of one week, if the student is still not meeting the minimum standards, he/she will continue to be academically ineligible. Academic ineligibility means the student is unable to dress or participate in any event, competition or performance that is considered an extra-curricular activity. Ineligible students will not be dismissed from school to participate and/or travel with their respective team/organization. The decision as to whether the student may participate in practice sessions will be at the discretion of the coach/advisor of the extra-curricular activity.
3. A student must have passed at least four full credit subjects or the equivalent during the previous school year. At the end of the school year, the student's final credits, rather than the credits for the last grading period shall be used to determine his/her eligibility for the first grading period of the next school year. A student whose work does not meet the academic eligibility standards, who attends summer school and corrects their deficiencies shall be eligible. In cases where a student's work in the preceding school year does not meet the standards, the student shall be ineligible to participate in any extra-curricular activities for at least fifteen school days of the next school year beginning on the first day of school.
4. A student must have passed at least four full-credit subjects, or the equivalent, during the previous grading period. In cases where a student's work in any preceding grading period does not meet the standards, the student shall be ineligible to participate in any extra-curricular activities for at least fifteen school days of the next grading period beginning on the first day report cards are issued.

The Wildcat Code

The Wildcat Code was developed by Mechanicsburg Area School District students and staff members who stated the following: "If you are true to the values listed below, you will be a credit to your family, to your peer group, and to every organization with which you are associated. You will be justifiably proud of your actions and accomplishments, and will be a personal and professional success at whatever undertakings you should attempt."

Willingness to serve: Recognize that there are things in life that are more important than yourself. At times the welfare of others or the group is more important than the welfare of the individual. Learn the satisfaction that comes from selflessly helping others without the need for public recognition.

Integrity: Do what is right - legally and morally. The right moral action may not be popular with your peers. You must be strong and confident enough to follow your convictions. Integrity is not lying, cheating or stealing, or tolerating others who do. When you know of someone who has acted improperly, you must take action to correct his/her indiscretion.

Loyalty: You must consistently support those around you if you expect to be part of a group that is unified and successful.

Duty: Fulfill your obligations and accept the consequences, positive or negative, of your actions. Accepting responsibility is a sign of maturity.

Courage: Face up to fear, danger and adversity that you are certain to confront in your life. Physical and moral courage is not the absence of fear; it is overcoming that fear and doing what must be done.

Attitude: Be positive and self-confident, and treat others with the respect they deserve as fellow human beings. If you do not give others respect, you cannot expect them to give it to you.

Tolerance: Do not allow superficial differences to separate you from others. Another person's race, color, culture and religion must not cause in you a thoughtless, automatic and negative reaction. This would deny you the wisdom, joy, companionship and accomplishments that your open association with those different from you can bring. Do not limit your own potential by denying yourself access to the potential available in the majority of people in this world who do not share your race, religion and culture.

GOOD CITIZENSHIP/CODE OF CONDUCT/SPORTSMANSHIP

1. **School Discipline Referral** – Any student referred to the office for school rule violations may be denied the privilege of participation in all extra-curricular activities for a period to be determined by the school principal. Any student involved in any extra-curricular activity that is suspended out of school once or in-school twice for any reason may be dismissed from all current activities for a maximum of 45 school days.
2. **School Law Enforcement Referral** – Any student referred to law enforcement authorities by school officials for school rule violations may be denied the privilege of participation in all extra-curricular activities for a period to be determined by the principal.
3. **Arrest** – Any student, who is arrested for a felony or gross misdemeanor during school hours, school functions, and on the way to and from participating in a school event, may be denied the privilege of participating in all extra-curricular activities for a period to be determined by the principal.
4. **Individual Team Rules** – It is understood that each Coach/Advisor will have individual team rules and regulations. A copy of the rules should be given to each student for their signature. It is understood that each Coach/Advisor has the authority to determine appropriate disciplinary action for team rules infractions. If a student or parent feels that any disciplinary action has not been fairly administered, an appeal may be taken to the athletic director and/or school principal.
5. **Code of Conduct** – The Mechanicsburg Area School District Code of Conduct applies to all extra-curricular activities.
6. **Sportsmanship** - The Mechanicsburg Area School District is interested in promoting good sportsmanship among our coaches, players, cheerleaders, parents and spectators at all our athletic contests. As a PIAA member school, we firmly believe that the outcome of the game should be determined by the quality of play on the field or court and by positive support of the spectators. Our athletes look not only to their coaches and teammates but to the people in the stands – their parents, fellow students and citizens of the community – for positive reinforcement, that they made the right choice in wanting to compete for their school. The message that the spectator gives these young people is crucial. When you cheer use only those cheers that support and uplift the teams involved and applaud good plays by both teams. Show respect for the officials' decisions, even the tough ones. Take satisfaction of being a fan and not the coach, and forgive the human mistakes that all competitors are subject to. We need your support at all of our athletic contests! You have the perfect opportunity to help shape the lives of our young people by being a good role model by always displaying GOOD SPORTSMANSHIP! **THANKS FOR YOUR SUPPORT OF WILDCAT ATHLETICS!!**

ATTENDANCE POLICY

Students involved in extra-curricular activities should be in school the entire day. Students participating in any school-sponsored activity (game, competition, concert, production, etc.) occurring on a school day, must be in school by the beginning of first period (8:16 a.m.) of that day. Exceptions to this policy will be a signed note from a doctor, or a student has been excused for a doctor's appointment (blue pass), field trip, job-shadowing, post-secondary institution visit, driver's test, funeral, school transportation problems, religious observance or an unavoidable family emergency.

If a student arrives after the beginning of first period, but before 11:00 a.m. and they do not meet the "exceptions to the policy" the following will occur unless an individual coach has their own policy for their team that precludes an athlete from participation if they arrive to school after 7:55 a.m.

First Offense: The student will receive a written warning from the coach/advisor with a copy also forwarded to the Athletic Director or Principal's office that will be mailed to the parents and/or guardians (one warning per each sport season or marking period for year-long activities).

Second Offense and Subsequent Offenses: The student will not participate in their scheduled school sponsored activity that day or evening.

If a student arrives to school after 11:00 a.m. and he/she does not meet the "exceptions to the policy", the student will not be allowed to practice or participate in their scheduled school-sponsored activity that day or evening regardless if it is their first or second offense.

If a student is sent home by the nurse he/she cannot return to practice or participate in their activity that day or evening.

Any student who is enrolled in the LEARN program, for attendance reasons, will not be allowed to participate in any extra-curricular activities.

HEALTH HISTORY

**Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.**

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor every told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are your missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur			31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or failing?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
Head Neck Shoulder Upper arm Elbow Forearm Hand/Fingers Chest			43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back Lower back Hip Thigh Knee Calf/shin Hand/Ankle Foot/Toes			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
			FEMALES ONLY		
			47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
			48. How old were you when you had your first menstrual period?		_____
			49. How many periods have you had in the last 12 months?		_____
			50. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

No(s).	Explain "Yes" answers here:

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

Student's Signature _____ Date ____/____/____

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

Parent's/Guardian's Signature _____ Date ____/____/____

**PAGE 6 - PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION (CIPPE)
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner performing the herein named student's comprehensive initial Pre-participation physical evaluation and turned into the Athletic Department Office or Athletic Training Room prior to the start of the sport season.

Student's Name _____ Age _____ Grade _____

Enrolled in Mechanicsburg Middle School/Mechanicsburg High School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)

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

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

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 and further certify that the student does not have any communicable illness or condition, which would pose a danger to teammates and/or competitors:

- CLEARED** **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____
- NOT CLEARED** for the following types of sports (please check those that apply):
- COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

Authorized Medical Examiner's Name (print/type) _____ License # _____

Address _____ Phone () _____

Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date ____/____/____

THIS FORM MUST BE COMPLETED FOR EACH SPORT

**MECHANICSBURG AREA SCHOOL DISTRICT
SPORTS MEDICINE DEPARTMENT
500 SOUTH BROAD STREET
MECHANICSBURG, PA 17055-4199
717-691-4548**

PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Age _____ Grade _____

Current Physical Address _____

Current Home Telephone # () _____ Current Cellular Telephone # () _____

Current Work Telephone # () _____ Parent Email: _____

EMERGENCY INFORMATION

Emergency Contact Person's Name _____ Relationship _____

Address _____ Telephone () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Student's Prescription Medications _____

Student's Immunizations (e.g. tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis, pneumococcal; meningococcal; varicella):

Up to date

Not up to date Specify _____