

Instructions for: (1) IHSAA Physical & Consent Form*Submit before first required practice for your sport***(2) CHS Emergency Medical Information & Consent Form***Submit before ANY CHS athletic participation occurring after July 1, 2016***General Info:**

- 1) There are a total of six (6) pages that must be submitted to the CHS Athletic Office. The first four pages are the IHSAA Physical & Consent form. The next two (2) pages are the CHS Emergency Medical Information & Consent form. **This form includes the Concussion and SCA Acknowledgement required by Indiana Law.** (The six pages follow this instructions sheet).
- 2) Signatures are required everywhere on the forms that there is an '(X)'.
- 3) After completing the forms, they may be submitted in the following ways:
 - a. directly to the CHS Activities & Athletics Office at CHS
(open Mon-Fri 7:30-3:30 during school and also Mon-Thur during summer)
 - b. mailed to: Carmel High School
Athletic Office
520 E, Main Street
Carmel, IN 46032
 - c. emailed to: bwolf@ccs.k12.in.us and adixon1@ccs.k12.in.us
 - d. faxed to: 317-571-4056, attn.: Athletics
- 4) We recommend that you keep a copy of the forms for your records.

Specific Info & Instructions:

- (1) IHSAA Physical & Consent Form (first four-pages-see also IHSAA instructions on reverse):
 - Medical History** (page 1): to be completed by parent and signed by BOTH student AND parent/guardian at the bottom of page.
 - Physical Examination** (page 2): must be completed *after April 1, 2016* and include an original signature by a Physician (MD or DO), Physician Assistant or Nurse Practitioner.
 - Consent & Release Certificate** (page 4): requires signatures of BOTH student AND parent/guardian.
- (2) CHS Emergency Medical Information and Consent & Release (next two-pages):
 - Note: This is a (two-page) form – both pages must be submitted before athlete can participate.**
 - Page 1 of 2 - Emergency Medical Information:** requires parent/guardian signature. Also, this information will be used in the event of a medical emergency – please be as complete and legible as possible.
 - Page 2 of 2 - Consent and Release:** requires signatures of BOTH student AND parent/guardian. This form includes the Concussion and SCA Acknowledgement required by Indiana law. The information documents for this requirement can be found on the CHS Athletics website at: www.carmelgreyhounds.com

The six required pages follow this page



PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA). In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way.
(available for download at www.ihsaa.org<<http://www.ihsaa.org/>>)
2. The PPE Form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
 - The signature must be hand-written. No signature stamps will be accepted.
 - The signature and license number must be affixed on page two (2).
 - The parent signatures must be affixed to the form on pages one (1) and four (4).
 - The student-athlete signature must be affixed to pages one (1) and four (4).

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____
- Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) _____ Date _____

Address _____ Phone _____

Signature of physician (MD, DO, NP, or PA) _____ License # _____



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

■ PREPARTICIPATION PHYSICAL EVALUATION
CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**
 - The student has school student accident insurance. The student has football insurance through school.
 - The student has adequate family insurance coverage. The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____

Printed: _____

Date: _____ Parent/Guardian Signature: (X) _____

Printed: _____

CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

**File In Office of the Principal
Separate Form Required for Each School Year**

2016-17

Carmel High School Athletics
EMERGENCY MEDICAL INFORMATION
and CONSENT & RELEASE CERTIFICATE
Page 1 of 2 – Note: both pages required for participation

2016-17

The following information is very important in order to assure your student athlete of prompt medical care in case of injury. **Please provide complete and legible information.**

Student Last Name, First Name, Middle Name/Initial _____ Date of birth _____ Male/Female _____

Student Address (street, city, zip) _____ Circle Grade for 2016-17 9 10 11 12

Student Email(s) _____ Student Phone # _____

Father's Name _____ Home Phone # _____ Cell Phone # _____

Mother's Name _____ Home Phone # _____ Cell Phone # _____

Father's Employment _____ Work Phone # _____ Father's email(s) _____

Mother's Employment _____ Work Phone # _____ Mother's email(s) _____

If parents divorced or separated, who is the custodial parent: _____ Mother _____ Father _____ Joint

If not parent(s), person with whom student is living:

Name _____ Phone # _____ Relationship _____

In case of emergency, if parent is not available, please contact:

Name _____ Phone # _____

Family Physician _____ Office Phone # _____ Emergency Phone # _____

I/we authorize responsible school personnel to oversee or provide emergency medical care to participant in the event of serious injury.

School representatives may administer the following **ANALGESIC** and/or **BEE STING MEDICATION:**
YES NO
_____ Does your child use an inhaler?
_____ Is athlete allergic to any medications? If yes, please specify:
_____ Acetaminophen (Tylenol/generic)
_____ Ibuprofen (Advil/Nuprin/Motrin/generic)
_____ Diphenhydramine HCl/Benadryl by mouth if stung by a bee or wasp

PARENT or LEGAL GUARDIAN SIGNATURE (X) _____ DATE _____

**CONSENT & RELEASE CERTIFICATE
and EMERGENCY MEDICAL INFORMATION**

Page 2 of 2 – Note: both pages required for participation

2016-17

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To be read and signed by the parent or guardian with legal custody, and student athlete

- A. I/we authorize responsible school personnel to oversee or provide emergency medical care to Participant in the event of serious injury.
- B. I/we have read the information published in the Carmel High School Athletic Handbook and understand and agree to comply with the rules and regulations as stated.
- C. I/we understand the policy and guidelines pertaining to the prohibition of hazing and/or dangerous initiation activities. I/we understand that if I am found in violation of the policy I will be subjected to the most serious of sanctions, including suspension from the team and school disciplinary actions.
- D. I/we authorize Carmel High School to investigate and obtain information from police agencies, the probation department, or any other source regarding the events leading up to any arrest or filing of charges for an act which would be in violation of any of the rules and regulations as stated in the Athletic Handbook.
- E. I/we authorize the athletic department to publicize the achievements of the Participant, including the Participant's name and likeness, to media sources and on the school/athletic department website and social media. [Note: The athletic director must be contacted directly and in writing to rescind this authorization.]
- F. I/we, the parent or legal guardian for the Student, do hereby consent to the Student receiving athletic training services from St. Vincent Sports Performance. I understand that during the course of these services certain health information related to Student's athletic training services may be used and/or disclosed for treatment, payment or healthcare operations purposes, or as otherwise required by law.
I further consent to certain health information being disclosed to school personnel, including but not limited to, coaches, school administration, and/or staff, as necessary.
I understand this consent is subject to my revocation at any time, except to the extent that action has been taken in reliance on this consent. Otherwise, this consent shall expire at the end of the school year or the Student's current athletic season, whichever is later.
- G. Concussion and Sudden Cardiac Arrest Acknowledgement (IC 20-34-7 and IC 20-34-8)
Parents - please read "*Heads Up – Concussion in High School Sports – A Fact Sheet for Parents*" and ensure that your child has read "*Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes*". Please also read "*SCA Fact Sheet for Parents*" and ensure that your child has read "*SCA Fact Sheet for Athletes*". All of these can be found on the Carmel High School Athletics website at www.carmelgreyhounds.com. After reading these fact sheets, please acknowledge such by reading the following and signing below.
Student: I am a student athlete participating in a Carmel High School sponsored sport. I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature of the risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.
Parent: I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature of the risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

PARENT/LEGAL GUARDIAN SIGNATURE (X)_____

STUDENT SIGNATURE (X)_____

DATE_____