



MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. While Logan Health is the preferred medical provider of the MHSA, parents/guardians may choose their own medical provider for their Physical Examination. This certification is valid for a period of one school year. A physical examination conducted before May 1st is not valid for participation for the following school year. All information is to remain confidential.

HISTORY - To be completed by the student and parent(s).

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)
Name, Home Address, Parent's Name, Current School, Male, Female, Grade, Date of Birth, Phone Number, Family Physician, Date

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

Table with columns: Question, Yes, No, Yes, No. Contains 50 numbered questions about medical history, allergies, and physical condition. Includes a table for injury locations (Head, Neck, Shoulder, etc.) and a section for females only (48-50).

Required for School and Recommended Immunizations: (please check if student is up-to-date): Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), influenza, Measles, Mumps, Rubella (MMR), Meningococcal, Polio, Tetanus/Diphtheria/Pertussis (Tdap), Varicella (Chickenpox)

Date of last known tetanus shot (Tdap):

PROVIDER'S PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP: Left Arm / Right Arm /

Vision R 20/ L 20/ Corrected: Y N Pupils: Equal Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple examiner set-up only.

Notes: _____

CLEARANCE

Typed or printed name of Student _____ Signature of Student _____

- Cleared without restriction
 Cleared with recommendations for further evaluation or treatment for: _____

Not cleared for All sports Certain sports _____ Reason: _____

Recommendations: _____

Name of physician/medical provider (print or type) _____ Date _____

Address _____ Phone _____

Signature of physician/medical provider _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian _____ Signature of parent or guardian _____

Date _____ Address _____ Insurance (Company name) _____

Parent's Home Phone _____ Parent's Work Phone _____ Parent's Cell Phone _____ Additional Phone (if any-specify) _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

(Updated 4/23)

Student-Athlete & Parent/Legal Custodian Concussion Statement

Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed healthcare provider.

Student-Athlete Name: _____

This form must be complete for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodial Guardian Name: _____

We have read the *Student-Athlete & Parent /Legal Custodian Concussion Information Sheet*. If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodial Initials
	A concussion is a brain injury, which should be reported to my parents, my coaches, or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach, parents, or licensed healthcare professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed healthcare professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Student-Athlete Signature: _____

Date: _____

Parent/Legal Custodian Signature: _____

Date: _____



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily • Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child’s coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

EMERGENCY MEDICAL INFORMATION:

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I/we hereby consent for the student named on the front page of this information sheet to be given emergency medical care of the doctor or hospital selected by the school.

NAME OF FAMILY PHYSICIAN: _____ PHONE: _____

Please list any medications, allergies, medical problems, and/or medical concerns of the which the coach/advisor should be aware:

INSURANCE:

I/We understand that Richey Public School does not carry a medical insurance policy that covers participants in athletics/activities. *(Please check one below.)*

_____ I/We understand that my son/daughter is covered by our family medical policy with the listed company.

(Name of Insurance Company)

_____ I/We understand that my son/daughter is not covered by a medical policy and I am responsible for the payment of medical bills that are incurred.

OUT OF TOWN TRAVEL:

I/We understand that the student is a member of a school group and he/she must be encouraged to travel to and from that activity on transportation provided by the school...which may be required.

The exception to this rule may be a student traveling home with a parent/guardian in which case the parent/guardian must *personally* contact the coach/advisor of the activity and sign a parental/guardian release which indicates you assume the liability of your student(s). I/We understand that should a student violate any of the school travel rules (in the Student Handbook), the parent/guardian and the superintendent and/or AD, will be notified and the student will either be held for the parent(s)/guardian(s) arrival or be sent home at the parent(s)/guardian(s) expense by the most reasonable means of transportation; or turned over to local authorities if criminal in nature.

I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION CONTAINED IN THIS AGREEMENT AND WILL ABIDE BY THE CONTENTS OF THIS DOCUMENT.

SIGNED: _____ DATE: _____
(Parent/Guardian)

SIGNED: _____ DATE: _____
(Parent/Guardian)

SIGNED: _____ DATE: _____
(Student Participant)

Form L

R & L Fusion

Richey Schools- PO Box 60, Richey, MT 59259--- 773-5523; fax 773-5554

Lambert Schools-PO Box 260 , Lambert , MT 59243 774-333;3fax 774-3335

FUSION FOOTBALL WARNING/HELMET DISCLAIMER

Football helmets are designed to offer some protection to the players' head-not the neck and the spine.

A football helmet is not designed to protect the neck-a helmet cannot prevent cervical dislocation or fracture resulting in spinal cord injury or quadriplegia.

A football helmet cannot prevent closed head or brain injuries including concussion that might occur as a result of participating in the game of football.

A football helmet cannot prevent or eliminate the risk of sustaining a concussion .

Players are not to return to play after suffering a head or brain injury without a doctor's written permission to do so.

Football is a dangerous sport. Injuries may occur as a result of intentional or accidental contact while participating in football. Even if you follow the rules, there is a chance that you can still be injured. NEVER use the helmet or the facemask as a point of contact . Each time you step onto the field there is a chance that you may be seriously injured. Injuries may include a broken bone or more serious injuries to the brain or cervical spine which could render you paralyzed or even result in death.

I have read the above warnings and accept the risks involved with my participation in football for Lambert and Richey Schools .

Football Helmet Number: _____

Participant Name & Signature: _____

I have read the above warnings and accept the risks involved for my student's participation in football for Lambert and Richey Schools .

Acknowledgment of the 2023-24 Athlete Handbook

I have received a copy of the R&L FUSION ATHLETE Handbook for the 2023-24 School Year. I understand that the handbook contains information that my child and I may need during the school year. I understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the handbook.

Print name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

Assumption of Risk Statement Agreement

I, the parent/guardian of _____, am aware of and in understanding of the following Assumption of Risk Statement.

The coach/advisor/director, any other member of the school staff, or any member of the Board of Trustees will not be held liable or responsible in case of an accident incurred during practice, games, meets, matches, tournaments, concerts, or trips supervised by R&L Co-op and the Richey and Lambert Public Schools. Athletes and parents/guardians of athletes understand the inherent risks are the nature of participation in sports, and they assume responsibility for those risks. Our coaches do the best to promote safety and make that a priority in their programs. The coach/advisor/director, any other member of the school staff, or any member of the Board of Trustees will not be held liable or responsible in case of an accident incurred during practice, games, meets, matches, tournaments, concerts, or trips supervised by Lambert and/or Richey Public Schools.

Print name of student: _____

Signature of student: _____

Signature of parent: _____

Date: _____

Please return to the District Office by FRIDAY, August 18th, 2023.