

JCPS Sports Safety Video Information

Prior to trying-out or playing, students must also watch the **JCPS Sports Safety Video** and submit a completed **Sports Safety Video Form**. Students must do this each school year.

Prior to trying-out or playing, at least one parent/guardian must also watch the **JCPS Sports Safety Video** and submit a completed **Sports Safety Video Form**. Parents/guardians will need to do this only once during their child's middle school years.

The Video is 37 minutes in length and both the Video and Form can be found at <http://jcps.jefferson.k12.ky.us/athletics/>. (Go to High Schools>JCPS Health and Sports Safety Video.) Return completed form to the School's Main Office.

PART I - ATHLETE INFORMATION
(This part must be completed by the student/parent)

Name (Last, First, Initial) _____ School Year _____
 Home Address (Street, City, State, Zip): _____
 Gender _____ Grade _____ School _____
 Date of Birth: _____ Birth Place (County, State): _____

School Attendance History:

Grade	School Name	School Year	Play – (Yes/No)?
6 th			
7 th			
8 th			

I am planning to participate in the following (circle all you might try to play):

Baseball Basketball Cross Country Flag Football Golf Soccer Fast Pitch Softball
 Field Hockey Swimming Tennis Track and Field Volleyball Wrestling Cheerleading

PART II - MEDICAL HISTORY

(This part must be completed by parent and student and presented to the authorized health care provider before the physical.)

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM: YES NO

1. Have you ever been hospitalized?
2. Have you ever had surgery of any kind (e.g., tonsillectomy).
3. Are you presently taking any medications or pills?
4. Do you have any allergies (medicine, bees, or other insects)?.....
5. Have you ever passed out during exercise?
6. Have you ever been dizzy during or after exercise?
7. Have you ever had chest pain during or after exercise?.....
8. Have you ever had high blood pressure?
9. Have you ever been told you have a heart murmur?.....
10. Have you ever had racing of your heart?
11. Has anyone in your family died of heart problems before 50?
12. Do you have any skin problems? (itching, rashes, acne)
13. Have you ever had a head injury?
14. Have you ever been knocked out or unconscious?
15. Have you ever had a seizure or suffer from epilepsy?
16. Have you ever had a stinger, burner or pinched nerve?.....
17. Have you ever had heat related problems?
18. Have you ever been dizzy or passed out in the heat?.....
19. Do you cough heavily, or breath heavily during activity?
20. Do you use any special equipment (e.g., knee brace)?
21. Have you had any problems with your eyes or vision?.....
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?
23. Are you missing one of any paired organs (e.g., eyes)
24. Have you ever been diagnosed with any form of asthma?
25. Are you using an inhaler for asthma?
26. Are you diabetic?
27. Do you administer insulin to yourself?
28. Are you presently using tobacco in any form?.....
29. Do you have a history of sickle-cell anemia in your family?.....
30. Have you had any other medical problems?
31. Have you had a medical problem or injury within the last year?.....
32. Can you swim?.....
33. When was your last tetanus shot? _____

Please explain any YES answers from questions 1-31 on page 1 _____

PART III - PHYSICAL EXAMINATION

(This part must be completed by the authorized health care provider)

PATIENT NAME: _____ **DATE:** _____

HEIGHT: _____ **WEIGHT** _____ **BP** ____/____ **PULSE** _____ **VISION:** R- 20/ ____ L- 20/ ____ **BOTH-** 20/ ____ **CORRECTED?** Y/N _____

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. **Cleared** _____
 2. **Cleared after** additional evaluation for _____
 3. **Restricted** from participating in the sports of _____
 4. Cleared only to participate in the sports of _____
- Recommendations/Restriction (attach additional if necessary) _____

_____ I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____

Date: _____

Provider's Name (please print)	
Address:	
City/State/Zip	
Phone	

This Physical Examination is valid for one year from date administered.

PART IV - EMERGENCY PERMISSION FORM

(This part must be completed by student and custodial parent / guardian)

STUDENT NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

BIRTH DATE: _____ HOME PHONE: _____

SCHOOL: _____ PRINCIPAL: _____ ATHLETIC DIRECTOR: _____

PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:

NAME _____

RELATION _____

ADDRESS _____

CITY/STATE/ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being

used: _____

PART V – CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches’ instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student’s participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the JCPS and its officers, agents, attorneys, representatives and employees (collectively, the “Releasees”) from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney’s fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student’s participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian agree to abide by the JCPS Rules, Regulations and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the JCPS Director of Athletics/Activities and/or the Coordinator of Athletics/Activities.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

PART V – CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE (continued)

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or competition) in interscholastic athletics.*

The student and parent/legal guardian consent to this student receiving a physical examination as required by the JCPS.

The student and parent/legal guardian, individually and on behalf of this student, give the middle school, the JCPS and their representatives permission to release this student’s demographic information (including motion picture and still photography) and participation statistics and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian, individually and on behalf of this student, consent to the middle school and the JCPS and their representatives to use and disclose the necessary personally identifiable information from the student’s education records including, but not limited to, academic, financial and health care information, to third parties including, but not limited to, school representatives, coaches, athletic trainers, medical facilities, medical staffs, JCPS legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the JCPS rules & regulations, including, but not limited to, making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the middle school, the JCPS and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the middle school, the JCPS, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the middle school, JCPS, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

Students’ Name (please print) _____
School

Student and Parent/Guardian Address

Signature of Student _____
Date

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) _____
Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student _____
Date

Insurance Carrier _____
Policy Number



JEFFERSON COUNTY PUBLIC SCHOOLS
ADDENDUM TO KHSAA PHYSICAL FORM

This addendum to the physical form must be completely filled out and reviewed by the medical professional administering the physical exam along with all other information.

List any prescription medications that you are currently taking:

If none, parent please initial: _____

List any over-the counter medications, pills, or supplements that you are currently taking:

If none, parent please initial: _____

(Parent printed name)

(Parent Signature)

(Student printed name)

(Student Signature)

(Physician Printed Name)

(Physician Signature)

(Date)

Student Name: _____

School: _____

Sports: _____

JEFFERSON COUNTY PUBLIC SCHOOLS SPORTS SAFETY VIDEO FORM

_____ I certify that I have viewed the required JCPS Sports Safety Video in its entirety and understand the contents thereof.

_____ I certify that I will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

Name (Print)

Parent/Guardian / Student

(circle one)

Student Name (if parent)

School

Grade

Date

Signature

Witness