Brooke Point HS NJROTC
CADET INFORMATION FORM
School Year _____

Cadet Information:

Name (print): Last _____ First _____ MI ___

Address: _____
House # and Street City State Zip Code

Home phone: _____ Cell phone: _____ E-mail: _____

Gender: M F

Date of Birth: _____

Race/Ethnicity: _____ (as recorded with school)

Grade this upcoming school year: 9 10 11 12

H.S. Graduation Year:_____

Shirt Size: XS S M L XL 2XL 3XL 4XL

Parent/Guardian Information:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Contact info for additional Parent/Guardian:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

HEALTH RISK SCREENING QUESTIONAIRE

CADET NAME: _____

SCHOOL NAME: _____

Date of cadet's most recent pre-participation sports physical: _____

PART A – TO BE COMPLETED BY THE CADET AND PARENT/GUARDIAN

(Circle the appropriate response to **EACH** question)

1. Have you had a medical illness, injury or surgery since your last check up or sports physical?	**Yes**	**No**
2. Do you have difficulty doing strenuous (great effort) exercise?	**Yes**	**No**
3. Do you have a medical notice from your physician to **NOT** to participate in long distance runs, such as a 1-mile-run?	**Yes**	**No**
4. Do you have a medical notice from your physician that you are **NOT** to do curl-ups or push-ups?	**Yes**	**No**
5. Do you exercise less than three times per week for at least thirty minutes?	**Yes**	**No**
6. Have you had any broken bones, a serious accident, or any type of surgery in the last six months?	**Yes**	**No**
7. Do you use tobacco of any kind?	**Yes**	**No**
8. Have you experienced chest, neck, jaw or arm discomfort while doing physical activity?	**Yes**	**No**
9. Do you have difficulty breathing or have sudden breathing problems at night?	**Yes**	**No**
10. Has Asthma ever been documented in any of your medical records growing up?	**Yes**	**No**
11. Do you currently have Asthma?	**Yes**	**No**
12. Are you using an inhaler to aid in breathing?	**Yes**	**No**
13. Do you experience any shortness of breath with relatively low levels of exercise or exertion?	**Yes**	**No**
14. Have you felt any chest pain at rest?	**Yes**	**No**
15. Do your medical records contain any known cardiac (heart) disease?	**Yes**	**No**
16. According to the Navy's height/weight table published on line at: https://www.navycs.com/navyheightweightchart.html are you overweight?	**Yes**	**No**
17. Has your physicians limited any activity due to dizzy/fainting spells, frequent headaches, or frequent back pains?	**Yes**	**No**
18. Have you ever experienced dehydration after strenuous physical exercise that has resulted in your physician now recommending or limiting certain physical activities?	**Yes**	**No**
19. Are you currently under treatment by a physician or other medical practitioner?	**Yes**	**No**
20. Has your mother or sister died without any explanation or suffered a heart attack before the age of 55?	**Yes**	**No**
21. Has your father or brother died without any explanation or suffered a heart attack before the age of 45?	**Yes**	**No**

22. Do you have high blood pressure or are you on blood pressure medication? **Yes** **No**
23. Has a doctor ever told you that you have high cholesterol or are you on cholesterol medication? **Yes** **No**
24. Do you have diabetes? **Yes** **No**
25. Have you experienced episodes of rapid beating or fluttering of the heart? **Yes** **No**
26. Do you suffer from lower leg swelling of both legs? **Yes** **No**
27. Is there any history of metabolic disease (thyroid, renal, liver) listed in any of your medical records? **Yes** **No**
28. Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises? **Yes** **No**
29. Have you unintentionally lost/gained more than 10 percent of your body weight since your last PFA? **Yes** **No**
30. Have you ever been diagnosed with Sickle Cell Trait? **Yes** **No**
31. Do you have a current prescription for epinephrine (or "epi" pen) for situational use? **Yes** **No**
32. Are you currently taking any prescription or non-prescription (over the counter) medications or pills? **Yes** **No**
33. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters, pressure sores, or bites) of any kind? **Yes** **No**
    If **Yes**, Please specify: _____
34. Have you ever become ill from exercising in the heat? **Yes** **No**

_____ _____

Cadet Signature/Date Parent/Guardian Signature/Date

PART B – TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER

(If any of the answers to the questions above were **YES,** the following section must be completed and signed by a licensed medical practitioner)

1. List significant clinical history and/or current medication and treatment regimen of the above cadet: (Use below as necessary)

2. Recommended/released for participation in strenuous physical activities including the mile run.

Yes **No**

_____ _____

Signature of Medical Practitioner Date

NAVAL JUNIOR RESERVE OFFICERS TRAINING CORPS (NJROTC) STANDARD RELEASE FORM

Date: _____

I, _____, being the legal parent/guardian of _____, a member of the Naval Junior Reserve Officers Training Corps, in consideration of the continuance of his/her membership in the Naval Junior Reserve Officers Training Corps and/or his/her acceptance for Naval Junior Reserve Officers Training Corps training, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and all its officers, representatives, and agents acting officially and also the local, regional, and national Navy Officials of the United States.

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service, or civilian physicians to render such medical and dental care as may be necessary and medically indicated in the case of my son/daughter/ward during his/her period of training, as is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only: if further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to cadets who are not military dependents at a military facility may be subjected to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMINST 6320.3B.

My son/daughter/ward has been determined to have the following allergies:
He/she requires medication for the treatment of:

Below are listed other medical conditions which my son/daughter/ward is known to have, which would preclude or limit in any way his/her participation in physical exercise and athletic programs.
His/her physician is:
Name:
Address:
Telephone (include area code):

Initials _____

Medical Insurance Company *
Name:
Street:
City, State, Zip Code:
Policy/ID Number:
Telephone Confirmation Number: ( )

Dental Insurance Company*
Name:
Street:
City, State, Zip Code:
Policy/ID Number:
Telephone Confirmation Number: ( )

***This insurance is not required. However, the information provided may be required to obtain non-emergency care.**

PRIVACY ACT NOTIFICATION

Under the authority of 5 U.S.C. Sec. 301, the information regarding your child's/ward's health, medical condition and treatment is requested in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition which may arise during training. Pursuant to the Privacy Act, 5 U.S.C. Sec. 552, the requested information will not be divulged without your written authorization to anyone other than NJROTC area personnel involved with administration of NJROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary: however, failure to provide the requested information will preclude your child's/ward's participation in the training.

Signature of Parent or Guardian:		
Address:		
City:	State:	Zip:
Telephone (include area code):		

JUNIOR RESERVE OFFICERS' TRAINING CORPS
STUDENT CODE OF CONDUCT AND PARENT/GUARDIAN CONSENT FORM

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 102, Junior Reserve Officers' Training Corps; DoD Instruction 1205.13, Junior Reserve Officers' Training Corps Program.

PRINCIPAL PURPOSE(S): To document you and your student's understanding of the expectations, responsibilities, and prohibitions related to participation in the Junior Reserve Officers' Training Corps (JROTC).

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. To a Federal, state, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant, or other benefit. Additional routine uses are listed in the applicable System of Records Notices:
Army, A0145-2 TRADOC: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569985/a0145-2-tradoc/
Navy, N01533-1: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/570325/n01533-1/
Air Force, F036 AETC B: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/569771/f036-aetc-b/

DISCLOSURE: Voluntary. However, failure to fully complete requested information may render student ineligible to participate in the JROTC program.

PURPOSE

The Junior Reserve Officers' Training Corps (JROTC) Program is a world-class youth leader development program authorized by Congress and executed as a partnership between the Department of Defense, the military services and local School District High Schools. JROTC Instructors are retired service members and/or veterans employed as a faculty member by your local school district who are subject to the same laws, regulations and policies as other teachers within the District. A purpose of the JROTC is to instill in students in the United States secondary educational institutions the values of citizenship, service to the United States (including an introduction to service opportunities in military, national, and public service), and personal responsibility and a sense of accomplishment.

The purpose of this form is to share the expectations of the program, the expected behavior, and unacceptable behavior of all students and instructors taking part in the JROTC program. By initialling next to each statement, you acknowledge and agree to the expected/prohibited behavior explained in each section.

1. STUDENT NAME *(Last, First, Middle)*	2. PARENT/GUARDIAN NAME *(Last, First, Middle)*
3. JROTC UNIT/SCHOOL	**4. UNIT/SCHOOL ADDRESS** *(City, State, Zip Code)*
BROOKE POINT HIGH SCHOOL NJROTC	1700 COURTHOUSE ROAD, STAFFORD, VA, 22554

5. JROTC PROGRAM OFFICIAL *(Last, First, Middle)*

REID, SELWYN, D.

6. EXPECTATIONS: I understand and acknowledge that:

(Initial Student/Parent or Guardian)

_____ / _____ a. Enrollment and participation in JROTC is purely voluntary. No representative of JROTC (adult or student), the school or school district, or other position of authority (including parents) may compel a student to participate in JROTC against their will. Students enrolled in JROTC may coordinate with their school representative to request withdrawal at any time for any reason per school policies.

_____ / _____ b. Inappropriate behavior between JROTC representatives/instructors and any student or minor, including JROTC participants, will not be tolerated. JROTC instructors are employees of the school/school district and are subject to the same high standards of professional conduct as other teachers. If I have any concern about inappropriate activities concerning either instructors or other students within the JROTC program, I will immediately notify high school administration and/or POCs identified in paragraphs 11 & 12.

_____ / _____ c. JROTC representatives/instructors shall:

c.1. Adhere to school policy where applicable with regard to entry of any students or unrelated minors into their dwelling without the written consent of the student's or minor's parent/guardian.

c.2. Adhere to school policy where applicable with regard to establishing a common household with a legally unrelated student or minor, that is, share the same living area in an apartment (does not include facilities open to all members of a homeowners' association or all tenants in an apartment complex), house, or other dwelling.

c.3. Adhere to school policy where applicable with regard to entry of any legally unrelated student or minor into privately owned vehicles. Exceptions are permitted for official business when the safety or welfare of a student or legally unrelated minor is at risk.

c.4. Adhere to school policy where applicable with regard to attending social gatherings, clubs, bars, theaters, or similar establishments on a personal social basis with a student or not legally related minor. Exceptions include inadvertent meetings at restaurants and other public places and inadvertent mutual attendance at other appropriate public places and events

7. COMPREHENSIVENESS & EXCEPTIONS:

The above list is not all inclusive and the Military Services may add additional prohibited activities. Prohibited activities between a JROTC instructors/ The above list is not all inclusive and the Military Services may add additional prohibited activities. Prohibited activities between a JROTC instructor/ trainers and cadets listed in paragraph 6 apply from the first contact between an instructor and student through 6 months after student reaches the age of majority and/or is no longer affiliated with the JROTC program or enrolled in the high school, whichever is the latter date.

Exceptions may be granted to accommodate relationships that existed prior to the instructor's or student's JROTC affiliation. These relationships include, but are not limited to, family members. Any relations developing between JROTC representatives' family and the families of JROTC students must be declared to the school principal/school district representative. JROTC representatives wishing an exception must do so in writing to the appropriate school official and must include the JROTC student's parents/guardian's signature. Only high-level officials/authority, as designated by the host institution in consultation with the host service, has the authority to approve these exceptions. The unit will keep these documents on record while the student is enrolled in the program.

8. VIOLATIONS:

Violations of any part of paragraph 6.a through 6.14.iii, not granted an exception in paragraph 7, will result in a school or school district investigation, possible school or school district disciplinary action and possible JROTC instructor certification suspension or decertification. If at any time the student or parent/guardian are unwilling or unable to adhere to these expectations, the student may be removed from the JROTC program.

9. PARTICIPATION EXPECTATIONS AND STANDARDS: I understand and acknowledge that:

(Initial Student/Parent or Guardian)

_____ / _____ a. Initial and continued enrollment and participation in JROTC is incumbent on students understanding, acknowledging, and agreeing to adhere to expected standards and procedures.

a.1. Grooming/Personal Hygiene: JROTC students may be expected to adhere to the grooming standards of their affiliated Service while participating in JROTC activities. Accommodations, as agreed upon by both the school and JROTC representatives, may be made for religious or other specific situations. Students otherwise unable or unwilling to conform to the grooming standards may be removed from the JROTC program.

a.2. Uniform: JROTC students may be expected to wear variations of their affiliated Service's uniforms. Students participating in JROTC understand proper wear of uniforms is an integral part of the JROTC experience and agree to adhere to prescribed standards. Certain situations may require students wear "appropriate" civilian attire in lieu of standard uniforms which will be considered the prescribed uniform. Students not possessing suitable attire, should immediately notify their JROTC instructor and school representative of the situation.

a.3. Physical Fitness: Students enrolling in JROTC should expect to participate in activities that demand varying physical levels. Students requiring physical accommodations must ensure both the school and JROTC representatives are aware of the requirement and agree upon the appropriate accommodation. Per school policy, physical activities may require an athletic or similar medical/physical exam and clearance before students are allowed to participate.

a.4. Hazardous Activities: Some of JROTC's elective activities may involve hazardous environments. These include but are not limited to rifle/pistol/ archery ranges, obstacle courses, and high/low rope courses. Parents are required grant permission for their child's participation using school/school district procedures. Voluntary participation/nonparticipation does not impact students' overall JROTC standing.

10. PHOTO RELEASE:

This consent form requests permission to use your child's photo/image and name for Junior ROTC advertising purposes to include on social and other media. Please check one of the following choices:

☐ I GRANT permission for my child's photos/images and name to be used for Junior ROTC advertising purposes to include on social and other media.

☐ I GRANT permission for photos/images of my child without any other personal identifiers to be used for Junior ROTC advertising purposes to include on social and other media.

☐ I DO NOT GRANT permission for photos/images of my child to be used for Junior ROTC advertising purposes to include on social and other media.

11. KNOW YOUR RIGHTS:

Title IX is a federal law that was passed in 1972 to protect all students, faculty, staff, and employees from sex discrimination. Some of the specific prohibited actions:

School/District Title IX Office:	
Name of Title IX Coordinator: Dr. James Stemple Phone Number: (540) 658-6612 Email Address: stemplejd@staffordschools.net	**Department of Education Office of Civil Rights (OCR)** OCR@ed.gov or 800-421-3481, TDD 800-877-8339

- stalking or obscene phone calls, texts, emails, or gestures.
- sexually suggestive jokes, whistles, catcalls, or innuendos.
- inappropriate touching.
- intimidation.

Title IX also protects individuals from retaliation for filing a complaint of sexual misconduct or participating in an investigation.
Title IX requires School Districts to provide Title IX Coordinators in each school. You should receive Title IX education on an annual basis to ensure you are fully aware of the law. In the event you are a victim of or become aware of a Title IX violation you should contact your school's Title IX Coordinator as soon as practical. They are for your counsel and protection.

12. POINTS OF CONTACT:

Affiliated Service JROTC Office:	Air/Space Force IG:
NSTC JROTC / CD njrotc@us.navy.mil	(800) 538-8429 saf.ighotline@us.af.mil
	Inspector General (IG) Offices
	Army IG: (800) 752-9747 https://ig.army.mil/REQUEST-IG-ACTION/Request-Army-IG-Action/
	Coast Guard IG: (800) 323-8603 https://hotline.oig.dhs.gov/#step-1
	Marine Corps IG: (866) 243-3887 orgmb.igmc.hotline@usmc.mil
	Navy IG: (800)522-3451 NAVIGHotlines@navy.mil
	Department of Defense (DoD) IG: (800)424-9098 https://www.dodig.mil/rechot/

13. ACKNOWLEDGED BY: By signing below, I certify I have reviewed this form and acknowledge that I have read and understand this policy.

a. STUDENT NAME *(Last, First, Middle)*	b. GRADE LEVEL
c. DATE SIGNED *(YYYYMMDD)*	d. SIGNATURE
e. PARENT/GUARDIAN NAME *(Last, First, Middle)*	f. PHONE/EMAIL
g. DATE SIGNED *(YYYYMMDD)*	h. SIGNATURE
i. JROTC REPRESENTATIVE NAME *(Last, First, Middle)*	j. POSITION
k. DATE SIGNED *(YYYYMMDD)*	l. SIGNATURE

INSTRUCTIONS FOR COMPLETING DD FORM 3203

1. STUDENT NAME. Enter the appropriate information of the student participant.

2. PARENT/GUARDIAN NAME. Enter the appropriate information of the Parent or Legal Guardian of the participant.

3. JROTC UNIT/SCHOOL. Enter the host institution's name and the JROTC Unit (Name/Number).

4. UNIT/SCHOOL ADDRESS. Enter the address of the host institution where the JROTC unit will take place.

5. JROTC PROGRAM OFFICIAL. Enter the appropriate information of the JROTC Program Official at the host institution.

6. EXPECTATIONS.

a) VOLUNTARY ENROLLMENT: Student and Parent/Guardian initials certify that the signees understand and agree to all statements within this section.

b) INAPPROPRIATE BEHAVIOR: Student and Parent/Guardian initials certify that the signees understand and agree to all statements within this section.

c) EXPECTED BEHAVIOR: Student and Parent/Guardian initials certify that the signees understand and agree to all statements within this section.

7. COMPREHENSIVENESS & EXCEPTIONS. The expectations of the Program should comprehensively align with appropriate behavior of the program representatives.

While the list of statements included on this form are not all inclusive of appropriate and expected behavior, actions similar in sentiment should be adhered to as well. JROTC Program representatives (instructor and/or student) should direct any questions on appropriate behavior to their School or School District Authority.

8. VIOLATIONS. Read the statement on violations. Your signature on this form certifies you understand and agree to this statement.

9. PARTICIPATION EXCEPTIONS AND STANDARDS. Enrollment in the JROTC program includes certain participation expectations. Read each statement and initial at the top of this section. Your initials certify you understand and agree to the statements within this section.

10. PHOTO RELEASE. Read the statement related to the use of the student's photo/image and name. Select the option that best aligns with your wishes.

11. KNOW YOUR RIGHTS. Read the statements included in this section related to your rights under Title IX. This section also provides guidance and a Point of Contact for reporting violations within your School District, as well as a Point of Contact at the Department of Education.

12. POINTS OF CONTACT. Participants are provided phone numbers and email addresses at each host military service as well as the Department of Defense (DoD).

13. ACKNOWLEDGED BY. Entering the appropriate information, and signing the fields below certifies that you have read and understood the information provided on this form and you agree to the statements included within.

    a) STUDENT NAME: As stated.

    b) GRADE LEVEL: Enter the student's grade level in high school for the current year of participation in the program.

    c) DATE SIGNED: As stated.

    d) SIGNATURE: Signing this document certifies that you have read, understand and agree to the statements included in this form.

    e) PARENT/GUARDIAN NAME: As stated.

    f) PHONE/EMAIL: Enter the appropriate information of the Parent/Guardian.

    g) DATE SIGNED: As stated.

    h) SIGNATURE: Signing this document certifies that you have read, understand and agree to the statements included in this form.

    i) JROTC REPRSENTATIVE NAME: To be completed by the JROTC Instructor - Enter the appropriate information of the JROTC Instructor.

    j) POSITION: Enter the appropriate title held within the JROTC Program. (Ex.: Senior Instructor, Assistant Instructor).

    k) DATE SIGNED: As stated.

    l) SIGNATURE: The Program Official's signature certifies that the DD Form 3203 is correct and complete and recommends approval.

VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

ATHLETIC PARTICIPATION/PARENTAL CONSENT/EVALUATION FORM

Pages 1-3 MUST be submitted to the school to be eligible for VHSL sports.
This form expires 14 months from the date of the practitioner's signature on page 3.

For school year_____ **PART I- ATHLETIC PARTICIPATION** Male___ Female___
(To be filled in and signed by the student and parent/guardian)

PRINT CLEARLY

Name _____ Student ID#_____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which many be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Evaluation Form, completely filled in and properly signed attesting that you have been examined, found to be physically fit for athletic competition no more than 14 calendar months prior to the date on which report was signed and that your parents consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

→Student Signature: _____ **Date:**_____

→Parent/Guardian Signature: _____ **Date:**_____

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.

PART II- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of medical insurance company: _____

Policy number: _____ Name of policy holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282.

PART III- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

HIGH SCHOOL: _____ CITY: _____

Please list and significant health problems that might be significant to a physician evaluating your child **in case of an emergency:**

_____

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: _____

_____

IS THE STUDENT CURRENT PRESCRIBED AN INHALER OR EPI-PEN? _____ LIST THE EMERGENCY MEDICATION: _____

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? _____ IF SO, WHAT? _____

DOES THE STUDENT WEAR CONTACT LENSES? _____ DATE OF LAST Tdap OR Td (TETANUS) SHOT: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ **SIGNATURE OF PARENT/GUARDIAN:** _____ **DATE:** _____

RELATIONSHIP TO STUDENT: _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ **I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT:** _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

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This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots ☐ Three shots ☐ Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)		Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Unsure**	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease? Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		

MENSTRUAL QUESTIONS	N/A	Yes	No
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. 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, e-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-enhancing 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?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
COVID-19 VACCINE		
Previously received COVID-19 vaccine: ☐ Y ☐ N		
Administered COVID-19 vaccine at this visit: ☐ Y ☐ N If yes: ☐ First dose ☐ Second dose ☐ Third dose ☐ Booster date(s) _____		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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