

ALABAMA INDEPENDENT SCHOOL ASSOCIATION PHYSICAL EXAMINATION FORM

(Completed by Physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/ _____ LEFT 20/ _____ CORRECTED _____ UNCORRECTED _____

DATE OF LAST MENSTRUAL PERIOD _____

	CHECK ONE	IF ABNORMAL, EXPLAIN
1. Skin	Normal () Abnormal ()	_____
2. Head & Neck	Normal () Abnormal ()	_____
3. Eyes	Normal () Abnormal ()	_____
4. Ears, Nose, & Throat	Normal () Abnormal ()	_____
5. Teeth & Mouth	Normal () Abnormal ()	_____
6. Lungs & Chest	Normal () Abnormal ()	_____
7. Cardiovascular	Normal () Abnormal ()	_____
8. Abdomen & Lymphatics	Normal () Abnormal ()	_____
9. Genitalia/Hernia	Normal () Abnormal ()	_____
10. Orthopedic Screening:		
a. upper extremities	Normal () Abnormal ()	_____
b. lower extremities	Normal () Abnormal ()	_____
c. spine & back	Normal () Abnormal ()	_____
11. Neurological	Normal () Abnormal ()	_____

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed and adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in athletics.

This is to certify that on this _____ day of _____, 20 _____, I performed the above limited examination on _____ of the _____ School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS _____ IS NOT _____ physically able to participate in ALL _____ *LIMITED _____ athletic events of the school.

PHYSICIAN (M.D. or D.O.)

*EXPLAIN LIMITATIONS/EXCLUSION

AISA PARTICIPATION PERMIT

We, the undersigned, have read, discussed and understand the following:

- I. The school agrees to provide:
- A. Supervision
 - B. Instruction
 - C. Proper Equipment (This includes all equipment or uniforms provided by the participant.)
 - D. A safety orientation program for all participants
 - E. An in-excess, supplemental, scheduled payment insurance policy. Any differences in the basic coverage, deductibles, or other related expenses will be paid by the parent(s) /guardian(s).
 - F. A rules orientation program covering:
 - 1. rules of the sport;
 - 2. rules of behavior, dress and appearance;
 - 3. rules promoting safety and injury prevention;
 - 4. rules regulating conduct, procedures and action following an injury.
 - G. (For local use)
 - H. “
 - I. “

- II. I was given an opportunity to attend a scheduled seminar where the following specific areas were addressed and discussed:

- A. Coaching Techniques
- B. Rules of the game
- C. Injury prevention and safety precaution
- D. Player equipment care and purpose
- E. Physical conditioning
- F. Transportation
- G. Player accountability
- H. School's insurance program
- I. The hazards connected with the use of chemicals (steroids) to enhance performance
- J. The possibility of injury, even serious injury, while participating
- K. (For local use)
- L. “
- M. “

My (son / daughter) has my permission to participate in _____
(Sport)

at _____
(School)

Signed: _____ Date _____
Parent () or Guardian ()

Signed: _____ Date _____
Participant



**STUDENT/ATHLETE
Medical Release Form**

1500 East Fairview Avenue
Huntingdon College
Montgomery, AL 36106

(334) 833-4080

Fax (334) 833-4086

www.aisaonline.org

Alabama Independent School Association

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Herbert Traylor
President

Randy Skipper
Executive Director

Roddie Beck
Athletic Director

Michael McLendon
Academic Programs Director

Sara Bazzle
Activities Director

Abigail Marshall
Bookkeeper

Student/Athlete: _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1). Athletic Director
- 2). Coaches
- 3). Trainers
- 4). School Administration
- 5). Insurance Agent

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

School: _____

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

ALABAMA INDEPENDENT SCHOOL ASSOCIATION

Concussion Information Form

(Required by AISA starting with the 2011-12 school year.)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can't recall events prior to hit• Can't recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness

(Continued on Page 2)

AISA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AISA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussion symptoms occur, the student athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AISA coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AISA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June, 2011, coinciding with the AISA Concussion Policy in effect since 2010.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____	_____	_____
Student Athlete Name Printed	Student Athlete Signature	Date
_____	_____	_____
Parent Name Printed	Parent Signature	Date

Transportation Agreement

While participating in _____ (list all sports),
my child _____, has permission to be transported to and
from activities/games in the following manger: (sign all that apply)

School Bus _____

With another Parent _____

With Coach/Sponsor _____

None of the above, only with parent/guardian _____

My child is over the age of sixteen and it allowed to drive his/her personal vehicle to local events
(in Elmore or Autauga County) _____
(Please sign)

My child has permission to ride with a member of the team that is 16 or older to local events (in
Elmore, Montgomery, or Autauga County) _____
(Please sign)

My child has permission to use alternate transportation arrangements when my approval is
submitted in writing prior to the event _____
(Please sign)

I understand that my child may be transported to an event with the team and then use different
means of transportation home from that event. In the event of this circumstance, then I
understand that I must contact the Coach/Sponsor and send written instructions. Students
transported with the team are not allowed to ride home from an event with anyone other than
adults – not other students. Failure on my part, to sign the release before the event, could result
in loss of transportation privileges for my child and I will be responsible for transportation to and
from any activity in which he/she participates.

Signed (must be parent/guardian)

Signature

Printed Name

Date