

# Our Lady of Mercy High School

## Athletic Parent Permission & Medical Re-Certification

To be filled out by parent/guardian...Valid only if returned and signed within 30 days before the start of the sports season/trvouts

SPORT \_\_\_\_\_ LEVEL \_\_\_\_\_

### STUDENT INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy ID # \_\_\_\_\_

Did you attend Mercy last year? \_\_\_\_\_

### PARENT PERMISSION AND STUDENT AGREEMENT ( READ REVERSE SIDE)

Our signature indicates: + Permission to try out or participate in Our Lady of Mercy athletics.

+ We understand and agree to follow the Student Athletic Code of Conduct, Drug Policy & Academic Eligibility Policy.

+ **Permission to receive emergency medical treatment.**

Parent/Guardian: I have carefully read and understand the information stated in this recertification form. My signature below certifies the information I have provided is accurate and constitutes my permission for my child to participate in the above named sport.

To the best of my knowledge there is no existing condition that should exclude my daughter from athletic participation. We are aware and accept the possibility of serious injury inherent in athletic participation. I understand that the school and school district do not assume responsibility for lost or broken corrective lenses or orthodontic devices.

In the event of an emergency, and I cannot be reached, my signature below also constitutes my permission for my daughter to receive medical evaluation and necessary treatment to ensure her health and safety. Such treatment may come from my daughter's health care provider, an emergency responder or emergency room personnel.

Parent/ Guardian (PRINT Name) \_\_\_\_\_ Signature \_\_\_\_\_

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_ Not more than 30 days before start of sports season

Students may not participate in athletics without the approval of the school nurse. Physicals (Health Appraisals) are valid for 12 continuous months. An athletic permission slip must be completely filled out by a parent or guardian within 30 days prior to the sports season. Tetanus Immunizations must be within 10 years.

**If an injury has taken place; or if the student has a prolonged absence (5 consecutive days) due to illness they must have a release or clearance from a physician to participate.**

**FOR HEALTH OFFICE USE ONLY: Rev. 6/2011**

Date of Physical (Health Appraisal) on file: \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

School Nurse Approval \_\_\_\_\_ 288-7120 x 314 Date: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SPORT \_\_\_\_\_

**Student Health History** To be done by parent/guardian for student-----If **YES**, to any health issue, please give more details and date of issue.

		NO	YES	Date
1	Does student have any life threatening allergies or conditions?			
2	If <b>Yes</b> , does your child carry an Epi-Pen?			
3	Has student ever had a head injury, concussion, or seizures?			
4	Has student had any injuries such as broken bones, torn ligaments, dislocated joints, sprains, etc.			
5	Has student had a medical illness or a new diagnosis since their last sports physical such as <b>(please circle):</b> diabetes, hypertension, kidney or liver disease, bleeding tendency, anemia, other?			
6	Has student ever had chest pain, dizziness or fainting during or after exercise?			
7	Has a physician ever restricted or denied your child's participation in sports for any heart problems?			
8	Has any family member or relative died of heart problems or sudden death before age 50?			
9	Does your daughter cough, wheeze or have trouble breathing during or after exercise or have asthma or lung disease?			
10	If <b>Yes</b> , does your child carry an inhaler?			
11	Has student ever taken any supplements or vitamins?			
12	Is student currently taking any medications or pills (prescription, over-the-counter, herbal)?			
13	Has student ever been hospitalized overnight or had surgery?			
14	Has student had a severe viral infection (i.e., myocarditis or mononucleosis) within the last month?			
15	Does student have a single kidney ?			
16	Has student ever had heat cramps, heat exhaustion or heat stroke?			
17	Does student have any contagious skin problems?			
18	Does student use any special or protective equipment or devices that aren't usually used for their sport (for example, knee brace, foot orthotics, retainer on your teeth, hearing aid)?			
19	Has student ever had a problem with their ears or hearing?			
20	Has student ever had a problem with their eyes or vision (i.e., loss of eye or loss of vision in either eye)?			
21	Does student wear glasses, contacts or protective eyewear?			
22	Has student had a problem with pain or swelling in muscles, tendons, bones or joints that has kept them out of sports?			
23	Has student experienced serious abdominal problems?			
24	Has there been an unexplained weight loss or weight gain during the past six months?			
25	Is student following any particular diet ?			
26	Does student have a history of eating disorders?			
27	Has there been a recent change in your daughter's menstrual patterns?			
#	<b>Please explain any questions to which you have answered 'Yes' and indicate # of question:</b>			
	<b>PARENT/GUARDIAN SIGNATURE</b>  _____			

### **Athletic Code of Conduct- Our Lady of Mercy High School**

Athletic participation is a privilege that carries with it responsibilities to the school, to the team and to the community. When an athlete accepts this privilege, she must also live up to a code of conduct beyond that of the general student body, on and off school grounds, during the season and the off- season.

The athlete's code of conduct is that of good citizenship and sportsmanship. This means that athletes will live by the laws of the city and state and follow the rules and policies of Our Lady of Mercy High School. Some examples of inappropriate behavior would include: truancy, excessive absence from school, fighting, insubordination, out of uniform and lack of cooperation with school personnel.

The consequence for breaking this code of conduct can range from a one game suspension to removal from the athletic program based on the nature level of severity and the frequency of the misconduct.

### **Student Responsibilities**

- 1) Class Attendance - every student athlete must attend classes regularly and on time.
- 2) School arrival - All student athletes must be in attendance by 8:45 am on the day of practice or contest unless otherwise legally excused.
- 3) School Uniform - student athletes must be in the appropriate school uniform to be eligible for practices and games

### **Academic Eligibility**

The following standards have been set for academic eligibility:

- ❖ Any student athlete receiving below a 65 on an interim report will be suspended from games and practices for one school cycle (A-F days).
- ❖ Any student athlete that receives below a 65 on a quarter report card will be suspended from games and practices for one school cycle (A-F days).
- ❖ During the suspension the student athlete may not suit up or sit on the bench during game times and practices.
- ❖ The suspension will be carried over weekends and holidays if necessary.
- ❖ During the suspension the student will meet with the Athletic Director and teacher to discuss options for academic success. If no improvement is gained, the student athlete will be suspended until improvement is shown.
- ❖ The student athlete must be passing all courses (65 and above) in order to tryout for a sport.
- ❖ Suspension will begin when the Athletic Director receives the probationary list.

