

PARTICIPATION, MEDICAL HISTORY (REVISED 2007 OR LATER) AND UIL PHYSICAL (REVISED 2004 OR LATER) FORMS MUST BE COMPLETED ANNUALLY AND ON FILE WITH THE ATHLETIC TRAINERS BEFORE THE ATHLETE PARTICIPATES IN ANY PRACTICE (BEFORE OR AFTER THE SEASON) OR GAMES/MATCHES.

USE ONLY BLACK OR BLUE INK TO COMPLETE - NO PENCIL. PLEASE PRINT ALL INFORMATION - RETURN THIS PAGE

Student's Name (First, M.I., Last) Preferred First Name:

Birth Date: Gender: Student I.D. #: Grade: School Year:

Home Address: S.A., TX Zip: 782 Home Phone #:

Sports: Campus: Student's Cell Phone #:

Personal Physician: Phone #:

This athlete (please circle) IS IS NOT covered by a health and accident policy. Insurance Co.:

This athlete (please circle) does does not require seeing a primary care physician (PCP). PCP:

NEISD is not responsible for payment of any medical expenses for injuries sustained while participating in sports. Voluntary accident insurance is available for purchase through a third party. Information for this voluntary policy is available throughout the school year. NEISD only carries catastrophic coverage for expenses greater than \$25,000.00 per policy coverage.

In the space provided, please indicate and prioritize (i.e. 1,2,3) the best person and method for contact in the event of an emergency.

Female Parent/Guardian: Relationship to student:

Work: Cell: Alternate:

Male Parent/Guardian: Relationship to student:

Work: Cell: Alternate:

In case you can not be contacted in an emergency, please indicate an additional adult that you authorize to make medical decisions for your student.

Name: Relationship: Phone:

Medical Treatment Acknowledgement

If, in the judgment of any representative of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment, including surgery, as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I understand that if the above named student requires medical attention as a result of an athletic injury a recommendation for further medical evaluation or hospital/emergency room visit will be initiated by the Athletic Trainers. It is the procedure of NEISD not to refer athletes to specific medical personnel on the basis of personal bias or judgment. I agree to accept responsibility for payment of all charges incurred during medical treatment including ambulance charges.

It is the athlete's and parent/guardian's responsibility to make the athletic staff aware of any injury occurring in the participation of the athletic programs. Notification should be made at the time of injury, or within 48 hours, so proper medical attention, activity adjustment, and documentation is made. An athlete receiving care for any injury or medical condition must provide WRITTEN ORDERS FROM THE DOCTOR OR MEDICAL FACILITY to the Athletic Trainers. The orders should indicate activity limitations, duration of limitations, required treatments, prescription medications, etc. It is the procedure of NEISD that the Athletic Trainers are to be notified of any change of condition that differs from the physical and medical history.

I understand that my signature gives authorization for the school district, it's athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment of the above student.

Assumption of Risk and Release of All Claims

All athletes will be coached, instructed and conditioned to compete at the peak of their abilities. Despite efforts made by NEISD, its coaches and personnel to provide proper conditioning, protective equipment and safety practices during athletic participation, participation in athletics could result in injury, even severe injury. Neither the UIL nor NEISD assumes any responsibility in case of injury or accident.

I understand and acknowledge, as the parent/guardian or student, the risk of possible injury present in athletic participation. In addition, I hereby agree to release NEISD and its trustees, officers, employees, and volunteers (collectively, the "Indemnitiees") and to indemnify and hold the indemnitiees harmless from any and all actions, claims, liability, and expenses, whether known or unknown, present or future (and expressly including (i) actions brought or claims made by the student named herein after reaching the age of majority, and (ii) actions or claims for damages caused in whole or in part by negligence of the Indemnitiees) relating to or arising from or connected in any manner with such student's participation in school related athletic activities.

Prescription Medication Acknowledgment

For school-time administration, written orders/prescription from a medical professional (individually or on the physical exam) of the recommended dosage and use must accompany the medication. It is necessary for the athlete to provide and store such medication with the Athletic Trainer or the school nurse – no student may have these substances on their person without expressed permission from NEISD (i.e. inhalers), forms are available from the campus nurse. This includes daily use of over-the-counter medications (i.e. Advil, Tylenol). All medication must be in the original container with either the manufacturer label or prescription label intact.

In the event of ASTHMA or other Rescue Medication (i.e. sting kit), school policy waiver forms are available from the school nurse. Since administration of this type of medication is needed in a short period of time, all athletes are to obtain the waiver form, complete it and turn it in to the nurse so that the student may carry the medication with them at all times.

It is recommended that an extra inhaler/medication be kept with the Athletic Trainer to insure availability in the event of the inhaler having been forgotten at home, etc. Compliance to the doctor's orders, NEISD policy and attaining any/all medication for practice/game is the responsibility of the student and not NEISD or any of its agents, trustees, volunteers, or employees.

Permission for Dispensing of Over-the-Counter Medication

My signature grants permission for the NEISD Athletic Trainers to administer non-prescription items listed below in non-prescription dosage based on standard protocol acknowledged by NEISD team doctors. Any medication the athlete may require on a regular/routine basis must be indicated on the physical and/or written orders from a physician is required along with the athlete supplying the medication and must follow all other District policy.

Medication will only be dispensed for acute conditions as they relate to athletics – daily complaint or general illness can be denied.

Authorization of each must be indicated with the parent/guardian signature, no signature will be interpreted as disapproval.

Common Name	Medication	Purpose	Yes	No	Parent Signature
Advil	Ibuprofen	Anti-inflammatory	_____	_____	_____
Benadryl	Diphenhydramine HCL	Allergic Reaction	_____	_____	_____
Fosfree	Oral Electrolyte tablet	Cramp prevention	_____	_____	_____
Immodium AD	Loperamide HCL	Anti-diarrheal	_____	_____	_____
Nasal Decongestant	Oxymetazoline HCL (spray)	Minor Nose Bleed	_____	_____	_____
Tums	Calcium Carbonate	Indigestion	_____	_____	_____
Tylenol	Acetaminophen	Pain relief	_____	_____	_____

Insurance Information

NEISD is not responsible for any payment for injuries sustained while participating in any sports activity. NEISD is not responsible for any damage to any type of glasses, contact lenses, or individual pieces of equipment worn in any sport. Should glasses of any type be worn for athletic participation, the lenses should be constructed of polycarbonate and the frames should be of a nature to reduce injury.

NEISD offers, through a third party, the ability to purchase a voluntary student accident insurance policy. The policy contains provisions for school-time only or twenty-four hour coverage and additional coverage specific to football participation. Information regarding the voluntary student accident insurance is available throughout the school year. NEISD does provide catastrophic insurance coverage for expenses greater than \$25,000.00 per the policy. Submission of the enrollment form is the responsibility of the parent/guardian. Please check the appropriate response:

We **will purchase** the voluntary insurance coverage appropriate to our student's needs.

We **will not purchase** the voluntary insurance coverage

Please initial receipt of the sections included in this document and the sections under separate cover.

Student	Parent/Guardian	Sections
_____	_____	Medical Treatment and Acknowledgement (Included and separate cover)
_____	_____	Assumption of Risk and Release of All Claims (Included and separate cover)
_____	_____	Prescription Medication Acknowledgement (Included and separate cover)
_____	_____	Permission for Dispensing of Over-the-Counter Medication (Included and Separate Cover)
_____	_____	Insurance Information (Included and separate cover)
_____	_____	Image Use (Separate cover)
_____	_____	Health Consequences Associated with Anabolic Steroid Use (Separate cover)
_____	_____	Student Certification and Acknowledgement (Separate cover)
_____	_____	Parent/Guardian Certification and Acknowledgement (Separate cover)
_____	_____	Travel Consent (Separate cover)
_____	_____	UIL General Information (Separate cover)
_____	_____	General UIL Eligibility Rules – High School (Separate cover)
_____	_____	NEISD Athletic Program Expectations (Separate cover)
_____	_____	NEISD Extracurricular Participants Expectations and Rules (Separate cover)

Our signatures indicate receipt, understanding and acceptance of this document and sections as stated above. We also understand and accept that all information provided is confidential; however, pertinent information will be available for all coaches, school nurses, and administration to view.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Please return the first two pages along with your medical history and pre-participation physical examination to the appropriate staff member at your school. The remainder of the document is for your records.

Medical Treatment Acknowledgement

If, in the judgment of any representative of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment, including surgery, as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

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Athletic Image Use

We agree to the use of the student's picture (still and video), first name and last name for sports promotion and education. The information could be posted to web pages such as a campus or campus-related site, NEISD Athletic Pages, or Teacher Web Pages. We also understand that this permission can be modified or withdrawn at any time by a written letter submitted to the appropriate sport coach.

Health Consequences Associated with Anabolic Steroid Use

In boys and men: reduced sperm production, shrinking of the testicles, impotence, difficulty or pain in urinating, baldness, and irreversible breast enlargement (gynecomastia)

In girls and women: development of more masculine characteristics, such as decreased breast size, deepening of the voice, excessive growth of body hair, and loss of scalp hair

In adolescents of both sexes: premature termination of the adolescent growth spurt, so that for the rest of their lives, abusers remain shorter than they would have been without the drugs

In males and females of all ages: potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension, each of which can promote heart attack and stroke; and acne. Although not all scientists agree, some interpret available evidence to show that anabolic steroid abuse – particularly in high doses – promotes aggression that can manifest itself as fighting, physical and sexual abuse, armed robbery, and property crimes such as burglary and vandalism. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue and restlessness, loss of appetite, insomnia, headache, muscle and joint pain, and the desire to take more anabolic steroids.

In injectors: infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person

Student Acknowledgement and Agreement regarding Anabolic Steroids

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined by the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.texas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Parent/Guardian Certification and Acknowledgement regarding Anabolic Steroids

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil.texas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

This page is for your records

Travel Consent

This student has parental consent to travel to and/or from each event participated in by the team/organization in which their name is carried upon the roster during this school year including all errands and activities related to duties of and assignments made to members of such team/organization. The mode of transportation may be NEISD or commercial bus, or a private vehicle driven by school personnel, a parent, the herein named student, or another member of the team/organization. I permit the herein named, properly licensed student to drive a vehicle and to transport other students. I understand that the student may not be chaperoned/supervised while enroute or while participating in some activities. Students, even though off-campus, are still subject to all school rules and regulations. I understand that any student who does not conduct himself/herself properly may be (i) sent home at parent/guardian expense, (ii) prohibited from participating in future activities, and (iii) subjected to other appropriate disciplinary measures.

I understand that is the parent/guardian's responsibility to request and submit a "Supplement to the Parent Travel Consent" form to be placed on file with this document. The supplement form is to be used in the event of significant medical or parental restrictions to this document. Compliance to the "Supplement to the Parent Travel Consent" will be the responsibility of the student and not NEISD or any of its agents, trustees, volunteers, or employees. Changes may be made by written letter to the appropriate sport coach. **Do not make any changes to this document.**

UIL General Information

Many UIL rules change from year to year. When in doubt, the student or parent should contact the Head Coach of the sport, Campus Athletic Coordinator, or the NEISD Athletic Department for information. Such rules could be summer camp rules, participation in non-school sports, awards rule, or transfer that could be a violation of the UIL "moving for athletic purposes" rule. A UIL Parent Information Manual is available at www.uil.utexas.edu/ath/index.html. Our signatures indicate that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties by the UIL.

General UIL Eligibility Rules (High School)

According to UIL standards, students are eligible to represent their school in interscholastic activities if they:

- Are less than 19 years old on or before September 1 of the current scholastic year (See 504 Handicapped exception)
- Have not graduated from high school
- Are full-time, day students in participating high school and have been enrolled by the 6th day of the current school year, or have been in attendance for 15 calendar days preceding a varsity contest
- Are meeting academic standards set by state law
- Initially enrolled in the 9th grade not more than 4 years ago
- Have not been recruited (does not apply to college recruiting as permitted by rule)
- Did not represent a college in a contest
- Are not in violation of the Awards Rule
- Live with their parent inside the school district attendance zone their first year of attendance or have been in attendance at the school for one calendar year
- Have not participated in college training session or try-out to demonstrate their athletic ability to colleges before completion of participation their senior year in the sport or sports for which they are trying out for a scholarship
- Have not enrolled in or audited a postsecondary athletic or physical education course
- Did not change schools for athletic purposes
- Have not accepted money or any other valuable consideration for teaching or participating in any sport, have not completed with a paid player or been paid for allowing their name to be used for the promotion of any product, plan, or service, have not accepted "expense-paid" college visits for recruiting purposes until their senior year and then within the date specified by UIL rules with a visit permit and without missing any school time
- Were eligible according to the fifteen day rule and the residence rule prior to district certification
- Have not attended a summer camp in baseball, basketball, football, soccer, or volleyball that was held prior to the first day of summer vacation or after the first Saturday in August

North East I.S.D. Athletic Program Expectations

Regulations are established to promote positive qualities and to help build and maintain a strong athletic program. It is recognized that some of the expectations for athletes exceed the expectations for the general student body. In addition to the *NEISD Extracurricular Participants Expectations and Rules*, the following apply:

1. Profanity – Athletes will not use profanity or obscene gestures.
2. Appearance – The Student/Parent Handbook Dress Code will be enforced. Extreme hairstyles will not be permitted. In addition, male athletes will adhere to a grooming code that is recommended by the Texas High School Coaches Association. This includes no earrings; hair shall be neat, off the collar and out of the eyes; facial hair, ponytails, or artificially colored hair will not be allowed; sideburns will be no longer than the bottom of the ear lobe. Only school issued headwear and/or apparel will be worn by an athlete.
3. Illness – Athletes who will miss a practice, game, or athletic activity, due to an illness, must notify the head coach in advance.
4. Equipment and Facilities – Athletes are responsible for the security and care of both personal belongings and equipment issued to them; lockers should be used and locked when not supervised. All issued equipment must be returned. Athletes shall keep personal lockers, locker rooms, and dressing areas neat and clean.
5. Quitting a sport – Athletes who leave a sport will not be allowed to join another sport without the approval of both head coaches and the athletic coordinator.
6. Campus & Sport Procedures – Coaches may enforce additional rules, policies, and procedures that they deem beneficial to the athletic program on their campus.

North East I.S.D. Extracurricular Participants Expectations and Rules

Participation in extracurricular activities represents a position of recognition and often bestows the position of role model upon the student participants. For that reason high standards of behavior are expected from students participating in extracurricular activities.

The opportunity to participate in extracurricular activities is a privilege extended to the students of North East ISD. Participation in extracurricular activities places a student in a position of recognition and often bestows the position of role model upon the student participants. Any student who elects to accept the privilege of participating in extracurricular activities must recognize that he/she is a representative of the school and District, and will be held to a higher standard of conduct than that applied to other students. This applies to both school-related and non-school related activities. The student is subject to state law, school district policies, school rules and regulations, the organization's requirements, and University Interscholastic League (UIL) rules (if applicable). Students participating in extracurricular activities who do not meet these standards of appropriate behaviors could be denied participation in the activity.

Organizational standards of conduct of an extracurricular activity are supplemental to the Student Code of Conduct. Violations of these standards of conduct that are also violations of the Student Code of Conduct may result in independent disciplinary actions.

A student may be removed from participation in extracurricular activities or may be excluded from school honors for violation of organizational standards of conduct of an extracurricular activity or for violation of the Student Code of Conduct (North East Policy FNC (Local)). The student is subject to being placed on probation, assigned demerits, or other disciplinary actions taken by the coach/sponsor/director, depending on the specific circumstances of the misbehavior or violation of the Student Code of Conduct if:

- The coach or sponsor or director of the extracurricular organization determines that the Student's conduct has a negative effect on the morale or discipline of other participants in the activity; and/or
- The coach or sponsor or director of the extracurricular organization determines that the student's conduct has an incidental, but real, adverse impact on the reputation of the student's organization, school, or the school district.
- The standard conduct will be higher for a student already on probation for a violation of the Student Code of Conduct than one who is in good standing as a member of the team or organization at the time a violation occurs. Violations of the Student Code of Conduct that pertain to serious and/or persistent misbehavior will be grounds for immediate dismissal from the program when a student is already on probation.

The following disciplinary information will be in place, and provided to all students involved in the club or organization. The parent(s) and student will sign indicating they received the notice and agree to abide by these procedures:

- Students found in violation of a **Category I** offense, with the exception of a club, illegal knife and illegal weapons, would be removed from participation in extracurricular activities for one calendar year from the date of the expulsion or other action taken by the District. Students found in violation related to club, illegal knife and illegal weapons would be removed from participation in extra curricular activities for the period of the expulsion or other action taken by the District.
- Students found in violation of a **Category II** offense would be removed from participation in extracurricular activities for the duration of the expulsion or the length of removal to the DAEP.
- Students found in violation of a **Category III** offense would be removed from participation in extracurricular activities for the duration of the removal to the **AMS/AHS** or if the assignment is to **SRC** the removal would follow the schedule below:
- 1st assignment to **SRC** (any length of days) = removal from participation in extracurricular activities for 30 calendar days including all holidays and weekend days. During this removal the student will continue their involvement with the team/organization with the exception of participating in the competitions.
- 2nd assignment to **SRC** (any length of days) or assignment to **AMS/AHS** after one **SRC** assignments = removal from participation in extracurricular activities for one calendar year from date of the 2nd assignment to DAEP.
- Students found in violation of a **Category IV** offense which resulted in the student being assigned to **SRC** or **AMS/AHS** would follow the removal from extracurricular activities as outlined in the previous bullet section.
- Students found in violation of **Category IV** offenses which resulted in out of school suspension would be removed from all participation in the extracurricular activities for the duration of the disciplinary action being taken including weekend days and holidays.
- Middle school students found in violation of **Category IV** offenses which resulted in ISS would be permitted to participate in practice during the ISS assignment, but would not be permitted to participate in any competition. High school students found in violation of **Category IV** offenses which resulted in ISS would be permitted to participate in practice and competitions during the ISS assignment. Removals are continuous calendar days. Vacation, weekend and summer days are all counted as part of the 30 day removal.
- Students may participate in tryouts for the following year's team if the tryouts occur during a student's removal.
- When the District is informed by a law enforcement agency of a student's involvement in a criminal activity while separate and apart from the school and school activities, the student will be removed from the extracurricular activities for one calendar year if the criminal act is a felony. All other types of violations of the law will result in a 30 day removal from participation provided the District is informed by a law enforcement agency.
- When a school receives information that a student has been involved in an illegal activity and the activity is confirmed, by the student, student's parent/guardian or by a law enforcement agency, to have occurred, the coach or sponsor retains the authority to remove the student from the team or organization with just cause and the approval of the campus athletic coordinator or administrator for extracurricular activities (band, spirit organizations, speech, theatre, etc.).
- Coaches and Directors (band, choir, orchestra, dance, cheer, and pep-squad) retain the authority to determine membership on a team, unless the selection process is determined **solely** by an outside panel of judges.
- Coaches and Directors (band, choir, orchestra, dance, cheer, pep squad) retain the authority to determine which members of the team will compete and in what capacity. This decision may be based upon the student's behavior while separate and apart from the school and school activities.
- All appeals will use the procedures outlined in Board Policy FNG (LOCAL).
- Other misbehavior, not specified above, may result in disciplinary consequences which may include but not be limited to a written warning, probation for a set period of time, or other disciplinary measures that do not remove the student from the organization or prohibit their participation.

Medical History

Student's Name: _____

The Medical History is to be completed annually by the student and parent/guardian. **The Medical History and Physical along with other paperwork is to be on file prior to participation in any practice, scrimmage or contest before, during or after school.**

02/2008

Explain "Yes" answers in the box below.** Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
When was the last concussion? _____			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period?	_____	
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?	_____	
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another?	_____	
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?	_____	
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?	_____	
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

Check those activities in which this student-athlete **MAY NOT** participate in:

- | | | | | |
|-------------------|--------------|--------------|-------------------|----------------|
| ___ Baseball | ___ Football | ___ Soccer | ___ Team Tennis | ___ Volleyball |
| ___ Basketball | ___ Diving | ___ Softball | ___ Tennis | ___ Wrestling |
| ___ Cross-country | ___ Golf | ___ Swimming | ___ Track & Field | |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I hereby give my consent for the above named student to compete in University Interscholastic League *except as noted above*.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
 Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

NEISD requires an annual physical for athletic participation along with other paperwork that must be on file prior to participation. Students are required to maintain a current physical during the school year. 02/2008

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

Healthcare provider: Please review the Medical History, on the reverse side, with the student-athlete.

CLEARANCE

- Cleared
 - Cleared after completing evaluation/rehabilitation for: _____

 - Not cleared for: _____ Reason: _____
- Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.