Building the Future
CCPS
Carroll County Public Schools

STUDENT ATHLETE INFORMATION FORM

2016-17 STARTING DATES

FALL SEASON – WEDNESDAY, AUGUST 10, 2016
WINTER SEASON – TUESDAY, NOVEMBER 15, 2016
SPRING SEASON – WEDNESDAY, MARCH 1, 2017

(THIS ENTIRE PACKET MUST BE TURNED IN TO THE HEAD COACH PRIOR TO OR ON THE FIRST DAY OF TRY OUTS)

STUDENT-ATHLETE'S NAME:

SPORT TRYING OUT FOR:

STUDENT-ATHLETE'S GRADE IN SCHOOL: 9th 10th 11th 12th (Circle One)

STUDENT-ATHLETE'S BIRTH DATE:

MONTH DAY YEAR

YEARS PARTICIPATED IN THIS HIGH SCHOOL SPORT (NOT INCLUDING THIS YEAR) 1 2 3 (Circle One)

Year	High School(s) Attended	Grade	Sports Played

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PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student Information

Name of Athlete: ______________________________________ **School:** _________________________

Sport/Season: ____

Has student ever experienced a traumatic head injury (a blow to the head)? **Yes** _____ **No** _____
If yes, when? Dates (month/year): _____________________________________

Has student ever received medical attention for a head injury? **Yes** _____ **No** _____
If yes, when? Dates (month/year): _____________________________________
If yes, please describe the circumstances:
____
____
____
____

Was student diagnosed with a concussion? **Yes** ______ **No** ______
If yes, when? Dates (month/year): _____________________________________
Duration of symptoms (such as headaches, difficulty concentrating, fatigue) for most recent concussion:
____

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PHYSICAL EXAMINATION FORM CHECK

***This form is to be completed for student-athletes who have already played or tried out for a sport.**
Physical Examinations are valid for 13 months.

I ____________________________________, participated in
(list student-athlete's name here)

__________________________________, during the FALL, WINTER or SPRING season.
(list sport here)

EMERGENCY MEDICAL AND FIELD TRIP FORM

Student ____ DOB ______________ Phone_________________

Address ____

Parent/Guardian ____________________________ Phone: Home _______________ Work _________________

Other Contact ______________________________ Phone: Home _______________ Work _________________

Doctor ____________________________________ Phone ____________________________________

Insurance Company _________________________

Medical Information and/or Restrictions (allergies to insect bites, hypoglycemia, etc.):

____

____

I consent to and authorize the Board of Education personnel or their designee to contact me by phone, e-mail or text should my child have an athletic related medical emergency.
Cell Phone: ____________________ e-Mail: ____________________

____ ________________________________
Parent/Guardian Signature Date

I consent to and authorize the Board of Education personnel or their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.

____ ________________________________
Parent/Guardian Signature Date

____

MEDICAL STATUS CHANGE

Has the medical status of your child changed since his/her last physical examination?
Yes _______ No _______

If yes, your child's physician MUST verify and release that your child is able to fully participate in the designated sport in order to participate. Verification and release must take place from your child's medical physician prior to participation.

If no, please indicate not applicable.

____ ______________________
Parent/Guardian Signature Date

CONSENT FORM

I/We hereby give my/our consent and authorize the disclosure of medical information between the coaching staff, school medical staff, and the school administration while participating in interscholastic athletics and sports.

____ ______________________
Parent/Guardian Signature Date

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Student ____ DOB ______________ Phone_________________

Address ____

Parent/Guardian ____________________________ Phone: Home _______________ Work _________________

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