

# Muhlenberg School District Recertification Packet

**All athletes who had a PIAA Comprehensive Physical for the fall season, must complete this recertification packet.**

1. Complete Student/Parental Assumption of Risk & Release Form
2. Complete Section 1-Personal and Emergency Information Form
3. Complete Section 5-Supplemental Health History Form

**If you answer YES to ANY of the 6 questions on the Health History form (Section 5):**

1. Completed packet **MUST** be returned to the athletic office by **Friday, February 3, 2012**
2. All completed recertification forms will be reviewed by the Athletic Trainers:
  - a. Section 6 may need to be completed by a physician, or
  - b. A new physical may be needed

**You will be notified by one of the Athletic Trainers.**

**If you answer NO to ALL of the 6 questions on the Health History form (Section 5):**

1. Completed packet is due to the athletic office no later than **Monday, February 27, 2012**
2. Section 6 will not need to be completed.

**SECTION 1: PIAA RE-CERTIFICATION BY PARENT/GUARDIAN**

**PERSONAL AND EMERGENCY INFORMATION**

**PERSONAL INFORMATION**

Athlete's Name \_\_\_\_\_ Grade During Season \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sport \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Current Address \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Mother's Home # \_\_\_\_\_ Father's Home # \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insured \_\_\_\_\_ Employer of Insured \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician's Name \_\_\_\_\_ MD or DO (circle one)

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Athlete's Allergies \_\_\_\_\_

Does the athlete carry an EpiPen? Yes or no (circle one) If yes, for what allergy \_\_\_\_\_

Athlete's Health Condition(s) of Which an Emergency Physician Should be Aware \_\_\_\_\_

Athlete's Prescription Medications \_\_\_\_\_

**ASTHMA**

Does the athlete have ASTHMA? Yes or no (circle one) If yes, does the athlete carry an inhaler? Yes or no (circle one)

If yes, what type of inhaler does the athlete carry? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**SECTION 5: PIAA RE-CERTIFICATION BY PARENT/GUARDIAN**

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport season in the same school year. The Principal, or Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 6, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

**SUPPLEMENTAL HEALTH HISTORY**

Explain "Yes" answers at the bottom of this form.

Circle questions you don't know the answers to.

- |   |   |
|---|---|
| <p>1. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? <span style="float: right;">Yes    No</span></p> <p style="text-align: right;"><input type="checkbox"/>    <input type="checkbox"/></p> | <p>4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? <span style="float: right;">Yes    No</span></p> <p style="text-align: right;"><input type="checkbox"/>    <input type="checkbox"/></p> |
| <p>2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or head injury? <span style="float: right;">Yes    No</span></p> <p style="text-align: right;"><input type="checkbox"/>    <input type="checkbox"/></p>  | <p>5. Since completion of the CIPPE, are you taking any NEW prescription or non-prescription (over-the-counter) medicines or pills? <span style="float: right;">Yes    No</span></p> <p style="text-align: right;"><input type="checkbox"/>    <input type="checkbox"/></p>     |
| <p>3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? <span style="float: right;">Yes    No</span></p> <p style="text-align: right;"><input type="checkbox"/>    <input type="checkbox"/></p>  | <p>6. Do you have any concerns that you would like to discuss with a physician? <span style="float: right;">Yes    No</span></p> <p style="text-align: right;"><input type="checkbox"/>    <input type="checkbox"/></p>   |

No(s).	Explain "Yes" answers here:

SUBSEQUENT SPORT TO BE PLAYED: \_\_\_\_\_ SEASON: Spring

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**MUHLENBERG SCHOOL DISTRICT  
LAURELDALE, PA**

**STUDENT/PARENTAL ASSUMPTION OF RISKS AND RELEASE FORM**

**Read carefully before signing. Please Print**

Last Name	First Name	Grade (Fall/11)	Age	Birthdate	Sport

**ATHLETIC CERTIFICATION OF CONSENT**

All candidates for Muhlenberg Senior/Junior High School interscholastic athletic teams and cheerleader squads and their parents or guardians are required to complete all information requested on this form. They are also to acknowledge an understanding of the information by properly signing where designated. This form must be submitted and a physical examination must be administered before the student will be allowed to participate in any interscholastic activity or cheerleader practice. Physical examinations will be scheduled by the school district at no charge. Those not able to be present for school arranged physicals or those who wish to arrange for their own physicals, will make arrangements at their own expense.

**STUDENT ATHLETIC SECTION**

I recognize that practicing for or competing in any interscholastic sport or activity can be dangerous and may involve risks of injury that could vary from minor aches and pains to catastrophic injury or even death and I am willing to assume those risks. Because of these dangers, I recognize the importance of following coaches and advisors instructions regarding safe and proper equipment use, safe and proper training and practicing methods and safe and proper performance techniques. I agree to obey such instruction as well as all team rules and regulations. I have read the **STUDENT ATHLETE/ACTIVITY PARTICIPANT CODE OF RESPONSIBILITY** and I agree to abide by the provisions of that code.

**PARENT/GUARDIAN SECTION**

I (We) recognize that practice for and competing in any interscholastic sport or activity may involve risks of injury that could vary from minor aches and pains to catastrophic injury or even death. By giving my (our) child permission to participate in interscholastic athletics or activities, I (we) do acknowledge an assumption of those risks. I (we) do understand that my (our) child is covered by limited insurance coverage provided by the school district and I (we) do certify that my (our) child is covered by proper insurance to provide benefits and protection beyond that provided by the school district. I (we) further acknowledge that the Muhlenberg School District is not financially responsible for injuries incurred during participation in interscholastic athletics or activities beyond those provided by the school district insurance coverage. I (we) further agree to indemnify and save harmless the District against any and all claims, liability, loss or damage, including costs and counsel fees which the district may incur as a result of the participation of my (our) child in interscholastic athletics or activities, or any injury (including death) that my result therefrom.

**PARENT AND STUDENT SIGNATURE SECTION**

By signing below, we attest that we have received, read and understand the information provided and agree to its terms.

1. **Student/Parent Assumption of Risks and Release Form**
2. **Student Athlete/Activity Participant Code of Responsibility**
3. **Parent/Coach Communication Plan**

The parent/guardian and student athlete must sign this form in order to have the student athlete participate in any interscholastic sports program for the school year.

X

X

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PLEASE NOTE: If only one parent/guardian is living with or has sole legal custody, it is their obligation to notify the non-custodial parent/guardian of the contents of these documents.**