**Stafford Sports Medicine**
David Edell ATC, LAT, CSCS
Head Athletic Trainer
1625 Staffordshire
Stafford, TX 7747
Office: 281.261.9200 x3191
Cell: 832.731.3688
Fax: 281.208.6117

# Athletic Physicals

Stafford MSD requires that all student-athletes ($7^{th}$ – $12^{th}$ grades) undergo a physical examination each academic year. Physical examinations can be performed by a State of Texas Licensed Physician (MD or DO), Licensed Advanced Practice Nurse, or Licensed Physician's Assistant or Licensed Doctor of Chiropractic.

The UIL mandates that only approved forms can be used for physicals. Please do not rely on individual physician's offices to have the most current forms on hand. If a physical is turned in on an old form, it will not be accepted. The student will be asked to return to the medical professional who performed the exam for signature on the appropriate form prior to participation.

The following forms must be completed and on file in the Athletic Training Room prior to participation in any sport practice (including athletic periods) or game.

1. Health history,
2. Physical examination,
3. Steroid Agreement
4. Acknowledgement of rules,
5. Parent permission to participate, and
6. Emergency/Insurance Form.

# Athletic Insurance

Stafford MSD provides health insurance for all athletes participating in extracurricular activities. This policy serves as a secondary insurance for athletes that are insured by their parents. For students without primary insurance, the Stafford policy becomes primary.

This insurance coverage is not a "full pay" policy. That is, it will not pay all medical bills for injuries sustained while participating in extracurricular athletics. It is a policy designed to supplement existing insurance, and as such has pay out limits that are not as high as a "normal" health insurance policy.

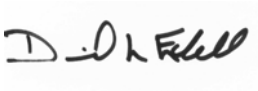
An uninsured student-athlete who sustains an injury will have residual medical bills when using the Stafford policy only.

Due to this, we encourage all uninsured student-athletes to purchase the student insurance that the school offers for sale. This policy is inexpensive and offers more extensive coverage than the athletic policy only. Also, we suggest that uninsured athletes consult with a school counselor concerning the Texas ChiPS or similar federal insurance program.

The Athletic Trainer is responsible for high school student-athlete claim forms. The middle school athletic coordinator will be responsible for their student-athlete claim forms. Please consult those individuals for questions about individual claims. Parents are responsible for all billing and the filing claim forms to the insurance company.

Due to federal regulations (Health Insurance Portability and Accountability Act) school personnel may not be allowed to communicate with physicians and insurance companies concerning individual injuries and insurance claims. Written permission from the parent or legal adult guardian will be needed for insurance carriers and physicians to converse with Stafford MSD employees.

Thank you,



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# Examen Médico para Atletas

El Distrito Escolar Municipal de Stafford requiere que todos los alumnos que participen en el departamento atlético (7º a 12º grados) tomen un examen médico completo de la condición física cada año escolar. Estos exámenes pueden ser hechos por un doctor con licencia del estado de Texas, enfermero(a) con licencia en practica avanzada, un asistente de medicina con licencia o un doctor quiropráctico.

Por orden de UIL solamente se pueden usar las formas aprobadas para los exámenes físicos. Por favor no se confíe en que los doctores tienen las formas necesarias, si se entregan formas viejas, no serán aceptadas. Se le pedirá al alumno que regrese a su medico para que se completen las formas nuevas antes de su participación.

Las siguientes formas deben ser completadas y estar entregadas a la oficina de entrenamiento atlético antes de su participación en cualquier práctica de deportes, incluyendo la hora de atléticos o juegos.

Historia clínica
Exámen médico de condición física
Contrato sobre uso de esteroides
Conocimento de las reglas
Permiso de los padres para participación
Forma de Contactos en caso de emergencia e información sobre seguro médico

# Seguro médico para atletas

El Distrito Escolar Municipal de Stafford provee seguro médico para los atletas que participen en actividades extracurriculares. Esta póliza sirve como seguro medico secundario para los alumnos que tienen cobertura médica por parte de sus padres. Para los alumnos que no tienen seguro médico, esta póliza viene a ser su seguro primordial.

Este seguro médico no es póliza total, esto significa que no pagará todos los gastos incurridos por lesiones sucedidas mientras estaba en actividades atléticas extracurriculares. Esta póliza está designada para suplementar el seguro existente que tienen límites que no son tan altos como una póliza normal de seguro médico.

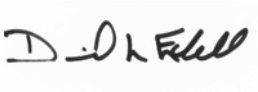
Un alumno que sufra una lesión, tendrá aun gastos médicos que tendrán que cubrirse si usa la póliza de Stafford únicamente.

Debido a esto, animamos a todos los alumnos participantes en actividades atléticas que no tengan cobertura médica, que compren este seguro que la escuela está ofreciendo. Esta póliza no es muy cara y tiene una cobertura un poco más amplia que una póliza de atletas normal. También les animamos que consulten con su consejera sobre el programa Texas CHIPS o programas de cobertura médica similares.

El Entrenador Atlético es responsable por los reclamos de los alumnos de la escuela preparatoria, mientras que el coordinador del departamento atlético de la escuela secundaria, es responsable por los alumnos de secundaria. Si tiene preguntas concernientes sobre reclamos individuales, consulte a uno de ellos. Los padres son responsables por los cobros médicos y el llenar y enviar las formas a la compañía de seguro médico.

Debido a regulaciones federales (Health Insurance Portability and Accountability Act) el personal de la escuela no debe comunicarse con médicos o trabajadores de compañías de seguros médicos concerniente a lesiones de los alumnos o a reclamos de seguro. Se necesita permiso por escrito de los padres o tutores legales para que los médicos o trabajadores de compañías de seguros conversen con personal del Distrito Escolar Municipal de Stafford.

Gracias



# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____Sex _____ Age_____Date of Birth_____

Address _____Phone_____

Grade_____ School _____

Personal Physician _____Phone_____

*In case of emergency, contact:*

Name _____Relationship _____Phone (H) _____(W)_____

**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 |
|---|---|---|---|
| 1. | Have you had a medical illness or injury since your last check up or sports physical? | ☐ | ☐ |
| 2. | Have you been hospitalized overnight in the past year? | ☐ | ☐ |
| | Have you ever had surgery? | ☐ | ☐ |
| 3. | Have you ever passed out during or after exercise? | ☐ | ☐ |
| | Have you ever had chest pain during or after exercise? | ☐ | ☐ |
| | Do you get tired more quickly than your friends do during exercise? | ☐ | ☐ |
| | Have you ever had racing of your heart or skipped heartbeats? | ☐ | ☐ |
| | Have you had high blood pressure or high cholesterol? | ☐ | ☐ |
| | Have you ever been told you have a heart murmur? | ☐ | ☐ |
| | Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | ☐ | ☐ |
| | Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? | ☐ | ☐ |
| | Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | ☐ | ☐ |
| | Has a physician ever denied or restricted your participation in sports for any heart problems? | ☐ | ☐ |
| 4. | Have you ever had a head injury or concussion? | ☐ | ☐ |
| | Have you ever been knocked out, become unconscious, or lost your memory? | ☐ | ☐ |
| | If yes, how many times? _____ When was the last concussion? _____ | | |
| | How severe was each one? (Explain below) | | |
| | Have you ever had a seizure? | ☐ | ☐ |
| | Do you have frequent or severe headaches? | ☐ | ☐ |
| | Have you ever had numbness or tingling in your arms, hands, legs, or feet? | ☐ | ☐ |
| | Have you ever had a stinger, burner, or pinched nerve? | ☐ | ☐ |
| 5. | Are you missing any paired organs? | ☐ | ☐ |
| 6. | Are you under a doctor's care? | ☐ | ☐ |
| 7. | Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | ☐ | ☐ |
| 8. | Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | ☐ | ☐ |
| 9. | Have you ever been dizzy during or after exercise? | ☐ | ☐ |
| 10. | Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | ☐ | ☐ |
| 11. | Have you ever become ill from exercising in the heat? | ☐ | ☐ |
| 12. | Have you had any problems with your eyes or vision? | ☐ | ☐ |
| 13. | Have you ever gotten unexpectedly short of breath with exercise? | ☐ | ☐ |
| | Do you have asthma? | ☐ | ☐ |
| | Do you have seasonal allergies that require medical treatment? | ☐ | ☐ |
| 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)? | ☐ | ☐ |
| 15. | Have you ever had a sprain, strain, or swelling after injury? | ☐ | ☐ |
| | Have you broken or fractured any bones or dislocated any joints? | ☐ | ☐ |
| | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | ☐ | ☐ |
| | If yes, check appropriate box and explain below. | | |
| | ☐ Head ☐ Neck ☐ Back ☐ Chest ☐ Shoulder ☐ Upper Arm | | |
| | ☐ Elbow ☐ Forearm ☐ Wrist ☐ Hand ☐ Finger | | |
| | ☐ Hip ☐ Thigh ☐ Knee ☐ Shin/Calf ☐ Ankle ☐ Foot | | |
| 16. | Do you want to weigh more or less than you do now? | ☐ | ☐ |
| | Do you lose weight regularly to meet weight requirements for your sport? | ☐ | ☐ |
| 17. | Do you feel stressed out? | ☐ | ☐ |
| 18. | Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | ☐ | ☐ |
| | ***Females Only*** | | |
| 19. | When was your first menstrual period? _____ | | |
| | When was your most recent menstrual period? _____ | | |
| | How much time do you usually have from the start of one period to the start of another? _____ | | |
| | How many periods have you had in the last year? _____ | | |
| | What was the longest time between periods in the last year? _____ | | |

**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.**

*****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW*** (attach another sheet if necessary)**:**

_____

_____

_____

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

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

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL**

Student Signature: _____Parent/Guardian Signature: _____ Date: _____

**THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

***For School Use Only:***

This Medical History Form was reviewed by: Printed Name_____Date_____ Signature_____

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name _____ Sex _____ Age _____ Date of Birth_____

Height _____ Weight_____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **** Local district policy may require an annual physical exam.***

| | 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 | | | |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | | |
| **MUSCULOSKELETAL** | | | |
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot | | | |
| | | | |

*station-based examination only

**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.

# ACKNOWLEDGEMENT OF RULES

*Attention School Authorities*: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name_____ Date of Birth_____

Current School_____

## Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives 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 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 have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**

Your signature below gives authorization that is necessary for the school district, its trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

**To the Parent:**
**Check any activity in which this student is allowed to participate.**

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

Date _____

Signature of parent or guardian _____

Street address _____

City/State/Zip _____

Home area code and telephone _____

Business telephone_____

***The student's signature is required on the reverse side of this form.***

## GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: school coaches may hold one 6-day camp in their school district for incoming 7th, 8th and 9th grade students),
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

## GENERAL ELIGIBILITY RULES

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

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See 504 handicapped exception.)
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time day students in a participant high school.
- initially enrolled in the ninth grade not more than four calendar years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the *Constitution and Contest Rules)*.
- have observed all provisions of the Awards Rule.
- have not represented a college in a contest.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not allow their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.
- **I have been provided the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.**

I have read the regulations cited above and agree to follow the rules.

_____ _____

Date Signature of student

University Interscholastic League

# Parent and Student Agreement/Acknowledgement Form
# Anabolic Steroid Use and Random Steroid Testing

- 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.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in 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.utexas.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.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

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.utexas.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.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

# Stafford Municipal School District Sports Medicine
# Emergency Procedures and Oral Medication Card

In case of injury or serious illness, I herby grant permission for school employees to secure medical services for the student below. I also give permission for the school's agent to speak with medical personnel about the dispositioin and treatment of said student. I also give pemission for the medications listed below to be administered by the Team Physician, Athletic Trainer, and/or Coach as necessary to keep a student in optimum health for maximum performance. This form must be completed, signed, and on file with the Athletic Trainer prior to participation.

## Contact Information

Student Name:_____

Parents Names:_____

Social Security Number:_____ Grade:_____ Date of Birth:_____

Home Address:_____
(Street Address, no PO Boxes) (City, State & Zip Code)

Home Phone:_____ Student Cell Phone:_____

Student E-Mail:_____

Work Phone Dad:_____ Dad Cell Phone:_____

Dad E-Mail:_____

Work Phone Mom:_____ Mom Cell Phone:_____

Mom E-Mail:_____

## Insurance Information

Insurance Company Name:_____ (If None, Write "None")

Insured Name/Policy Holder:_____

Policy/ID Number:_____ Group Number:_____

Type: HMO PPO POS Other (Please Circle Type of Insurance)

Insurance Company Address:_____
(Street Address or PO Box) (City, State & Zip Code)

Phone Number:_____

Family Physician:_____ Phone Number:_____

Medical History (please list any medication alergies, or medication taken on a regular basis):_____

_____

_____

**Oral Medication Release:** The following medications are acceptable for dispensation to the above named student: Ibuprofen (Advil), Acetaminophen (Tylenol), Equilets (antacid), Fos-Free (calcium & vitamin suppliment), Electrolyte Drink (Gatorade, Powerade). Cross out any that are unacceptable.

_____

Signature of Parent or Adult Guardian Date

# Medicina de Deportes del Distrito Escolar Municipal de Stafford
# Procedimientos en Caso de Emergencia y Administración de Medicamento Oral

En caso de lesión o de enfermedad grave, doy permiso al personal de la escuela para que asegure servicio médico al alumno nombrado enseguida. También doy permiso al agente de la escuela para que hable con personal medico sobre la disposición y tratamiento del alumno. También doy permiso al medico del equipo, entrenador atlético o al entrenador del equipo para que administrar los medicamentos enlistados enseguida como sean necesarios para mantener al alumno en una óptima condición física. Esta forma necesita ser llenada, firmada y debe entregarse a la oficina de entrenamiento atlético antes de su participación.

## Contactos de emergencia

Nombre del alumno:_____

Nombre de los padres:_____

Número de seguro social:_____ Grado:_____ Fecha de nacimiento:_____

Dirección:_____
(Número y calle, no cajas de correo postal) (Cd., Edo. Y CP)

Teléfono de Casa:_____ Tel. Celular del alumno:_____

Correo electrónico del alumno:_____

Tel. Trabajo del Papá:_____ Tel. Celular del papá:_____

Correo electrónico del papá:_____

Tel. Trabajo de la mamá:_____ Tel. Celular de la mamá:_____

Correo electrónico de la mamá_____

## Información sobre Seguro Médico

Nombre de la compañía de seguro:_____ (Si no tiene, escriba "None")

Persona principal asegurada:_____

Número de póliza o de identificación:_____ Número de grupo:_____

Tipo: HMO PPO POS Otro (Circule un tipo de cobertura)

Dirección de la compañía de seguro:_____
(Número y calle, no cajas de correo postal) (Cd., Edo. Y CP)

Teléfono:_____

Doctor de la Familia:_____ Teléfono:_____

Historia clínica (por favor haga una lista de alergias a medicamentos, o de medicamentos que toma regularmente):

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**Administración de medicamento oral:** Los siguientes medicamentos se pueden administrar al alumno nombrado anteriormente: Ibuprofen (Advil), Acetaminophen (Tylenol), Equilets (antiácido), Fos-Free (suplemento de calcio y vitaminas), Bebidas con electrolitos (Gatorade, Powerade). Ponga una cruz en los que no son aceptables.

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Firma del padre o tutor legal Fecha