

This form must be completed, **signed by a parent and physician annually**, and returned as directed **prior** to the first day of practice. (Please make a copy for your records before returning it.) \*Gr 7-12 Athletics are governed by OSHAA and you may *not* submit this form for the OHSAA Physical Form; however, you may submit a OSHAA Physical Form (valid through the end date of this activity) in place of this one. Contact the Athletic or Fine Arts Offices with questions.

<b>MEDICAL HISTORY AND PHYSICAL EXAMINATION</b>						
<b>Student Name: (First)</b>		<b>(Last)</b>		<b>Family's preferred e-mail:</b>		
Address:			Home Phone:			
			Mom's Cell:			
Date of birth:                    /                    /			Dad's Cell:			
Grade during activity:	Gender:	Height:	Weight:	MD Name (printed):		
In case of Emergency, notify:			MD Phone:			
Emergency Phone number:			Date of Exam:                    /                    /			
Student's Medical History (To be completed by the child's private health care provider)				Yes	No	N/A
1.	Has this student ever had any hospitalizations, surgery, injuries, or serious medical illnesses?					
2.	Does this student have any chronic physical problems such as seizures, diabetes, Asthma, other _____?					
3.	Is this student NOW under the care of a physician or taking any routine or emergency medications including an inhaler?					
4.	Does this student have any drug, food, or environmental allergies? Epi-pen : Yes _____ No _____					
5.	Is there any history of syncope or loss of consciousness during physical activity for this student?					
6.	Are there any physician-recommended physical limitations regarding participation in physical activities?					
7.	Does this student wear any glasses or contacts?					
Explain all yes responses:						

**I certify that on this date I have examined this student. On the basis of this examination this student has been examined and is cleared to fully participate in the CHCA activity.**

<b>MD Signature:</b>	Date this form completed:
MD Address:	
MD Phone:	

Student Name: (First)

(Last)

### MEDICAL CONSENT

I acknowledge that participating in any sport (including cheerleading and dance) can be dangerous, involving many risks of injury. In the event that I cannot be contacted, I hereby give consent for the administration of any treatment deemed necessary by my preferred physician, dentist, or by another licensed physician, time permitting (this authorization covers major surgery only when the medical opinions of two other licensed physicians or dentists concur on the necessity of such surgery before it is performed). If emergency transportation is needed, my child may be transported in a privately owned car or commercial vehicle at the family's expense.

### MEDICAL POLICIES

All Parents should note that this CHCA athletic activity **does not provide** a Registered Nurse or other trained health care provider on site for any training or competition events. The CHCA Staff cares very much about the health and safety of your child and we have drafted the following policies concerning participation in the program:

1. Students are not allowed to participate in practice or competition events (even to observe) if they have had a fever of 100 degrees Fahrenheit within the last 24 hours.
2. Students are not allowed to attend practice or competition events (even to observe) if they have vomited in the last 12 hours.
3. Students are not allowed to participate in practice or competition events if they have missed school the day of a practice or competition event due to illness.
4. Coaches, parent volunteers or staff will not offer medication to any student with the exception of emergency medications such as Epi-Pens and Inhalers to treat life threatening conditions. A CHCA **SCHOOL MEDICATION PERMISSION (K-12 Students)** FORM MUST BE COMPLETED, SIGNED BY A MEDICAL DOCTOR AND ON FILE IN THE NURSE'S OFFICE FOR ANY EMERGENCY MEDICATIONS.
5. Prior to the first practice, parents will INSTRUCT THE STUDENT'S COACH ON THE PROPER NAME, DOSE, ROUTE, FREQUENCY, AND SYMPTOMS UNDER WHICH AN EMERGENCY MEDICATION WOULD NEED TO BE OFFERED TO A STUDENT in an emergency situation.
6. It is the expectation that all emergency medications will be provided by the parent and sent to every practice and competition in the student's bag. Should the need for an Epi-Pen arise, 911 will be called. Should a student require the use of their inhaler, the parent will be notified, and if the student's breathing does not immediately improve after 2-4 puffs of the inhaler as prescribed by an MD, 911 and the parent will be called.
7. For those students with severe life threatening food allergies, the parent is to pack/provide snacks. It is the responsibility of the student to refuse all snacks or foods offered by another camper or staff member to avoid accidental exposure.

### PARENT SIGNATURE

I agree to abide by the above stated policies:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_