

**Greater Albany SD 8J
Administrative Regulation**

Code: **JFBA-AR(3)**
Adopted: 3/79
Revised/Readopted: 4/79; 6/79; 10/80;
6/93; 3/12/01;
8/13/07
Orig. Code(s): AR 5503, AR 5504,
AR 5506, AR 5505,
AR 5502

Medical and Legal Procedures for Athletic Participation

1. Physical Examinations

- a. Students in grade nine must have a physical examination prior to participation in athletic activities performed by a physician licensed by the Oregon State Board of Medical Examiners, or a physician's assistant, nurse practitioner, registered nurse or community health nurse specifically trained for this purpose, under the supervision of a physician. The examination should be performed no earlier than May 1 of the preceding school year.
- b. Students who are in the tenth, eleventh and twelfth grade who have on file a physical examination from the preceding school year do not need an additional exam.
- c. In addition, physical examinations shall be given:
 - (1) When a student is new to the district and/or has not had the required Oregon Medical Examination or its equivalent;
 - (2) When the student has undergone major surgery in the intervening period between scheduled examinations;
 - (3) After accident or injury, a Return to Participation form must be completed.
- d. Annual physical examinations are required in the following situations:
 - (1) When the student has been given a diagnosis of a significant disease process or illness;
 - (2) When the student has an ongoing significant disease process or chronic illness;
 - (3) Significant disease processes or illnesses include, but are not limited to:
 - (a) Epilepsy;
 - (b) Asthma;
 - (c) Diabetes;
 - (d) Chronic heart disease including heart murmur;
 - (e) Severe allergy.
- e. All students participating in extramurals (participation not more than three times a week) will not need a physical examination to practice and compete.

2. Athletic Participation Permit

- a. All participants in interscholastic sports must have on file with the athletic coordinator an Athletic Participation Permit signed by the parent(s)/guardian(s)¹.
- b. All participants in extramural sports must have on file with their respective athletic coordinator an Extramural Activity Parent Consent form signed by the parent/guardian indicating that the student has permission to participate.

3. Conditioning and Training

All participants must have an appropriate period of training and physical conditioning prior to engaging in a contest. This period of time shall be determined by district personnel and will depend on the physical condition of the athlete and the type of competition.

4. Medical Protocol

A medical protocol pertaining to, but not limited to, gymnastics, football, basketball, baseball and wrestling contests shall be written and kept in the principal's office and distributed to each coach.

- a. Available doctor Name _____ Phone _____
- b. Designates person who will be in charge of implementing the protocol (coach on duty).
- c. Designated vehicle which accommodates a stretcher for transportation of the injured.
- d. Stretcher.
- e. First-aid kit.
- f. Location of the nearest available telephone.
- g. Location of the nearest available medical facility.
- h. Location of school health records of the participant.
- i. Notifying the parent/guardian of injured student.

5. The appropriate forms and materials to meet the requirements of this administrative rules are available in each middle school and high school in the district.

¹As used in this document, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005 (4) and 125.300-125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency, depends on the evaluation of the factors listed in ORS 419B.373. The determination for other purposes depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, an adult student to whom rights have transferred and foster parent as defined in OAR 581-015-0005(18).

Medical and Legal Procedures for Athletic Participation – JFBA-AR(3)

(continued)

Medical Report For Students (Grade 9-12)

TO BE FILLED IN BY PARENT/GUARDIAN BEFORE PHYSICAL EXAMINATION: (Please Print)

School to be Attending _____
 Student's Name _____ Sex: M F Birth _____
 Last _____ First _____ Mo. _____ Day _____ Yr. _____
 Address _____ Phone _____
 State or Rural Route _____ Town _____

Check the following information about your child:

| | | | | | | | | | | | |
|---|------|----|----|--|------|----|----|---|------|----|----|
| 1. Past Concussions | Yes* | No | Yr | 8. Diabetes | Yes* | No | Yr | 14. Allergies: | Yes* | No | Yr |
| Past skull fractures | Yes* | No | Yr | 9. Rheumatic Fever | Yes* | No | Yr | Asthma | Yes* | No | Yr |
| 2. Neck Injury | Yes* | No | Yr | 10. Kidney Disease | Yes* | No | Yr | Insects/Bee Sting | Yes* | No | Yr |
| 3. History of muscle, bone or joint disease | Yes* | No | Yr | 11. Fainting Spells | Yes* | No | Yr | Hay Fever | Yes* | No | Yr |
| 4. Glasses or contact lenses for athletics | Yes* | No | Yr | 12. Epilepsy or other convulsive disorders or seizures | Yes* | No | Yr | Poison Oak | Yes* | No | Yr |
| 5. Hearing Problem | Yes* | No | Yr | 13. Communicable Diseases: | Yes* | No | Yr | Other | Yes* | No | Yr |
| 6. Pneumonia | Yes* | No | Yr | German Measles (3) | Yes* | No | Yr | 15. Tonsils Adenoids removed | Yes* | No | Yr |
| 7. Hernia | Yes* | No | Yr | Red Measles | Yes* | No | Yr | 16. Currently taking medication or shots | Yes* | No | Yr |
| | | | | Mumps | Yes* | No | Yr | 17. Premature Birth | Yes* | No | Yr |
| | | | | Chickenpox | Yes* | No | Yr | 18. Any other serious defects or operations | Yes* | No | Yr |
| | | | | Whooping Cough | Yes* | No | Yr | | | | |
| | | | | Scarlet Fever | Yes* | No | Yr | | | | |
| | | | | OTHER | Yes* | No | Yr | | | | |

Parent's or Guardian's Comment on "Yes" _____

Immunization Summary

| | Initial Series | 1 st Booster | Booster | Given Today | TESTS | Results | Given Today |
|----------------|----------------|-------------------------|---------|-------------|-------------------|---------|-------------|
| Diphtheria | 19__ | 19__ | 19__ | _____ | Tuberculin | 19__ | _____ |
| Whooping Cough | 19__ | 19__ | 19__ | _____ | Chest X-ray | 19__ | _____ |
| Tetanus | 19__ | 19__ | 19__ | _____ | Other Test | 19__ | _____ |
| Smallpox | 19__ | 19__ | 19__ | _____ | Measles (Vaccine) | 19__ | _____ |
| Polio | 19__ | 19__ | 19__ | _____ | Mumps (Vaccine) | 19__ | _____ |
| Sabin-Oral | 19__ | 19__ | 19__ | _____ | Rubella (Vaccine) | 19__ | _____ |

Parent's or Guardian's comments regarding behavior and any physical or emotional problems: _____

Doctor's Physical Examination

Height _____ Blood Pressure _____ Vision with glasses R 20/ _____ L 20/ _____
 Weight _____ Vision without glasses

Significant Illnesses or Injuries _____

| Examination | Satisfactory | Unsatisfactory | Examination | Satisfactory | Unsatisfactory |
|---|--------------|----------------|-------------------------------|--------------|----------------|
| Teeth | _____ | _____ | Extremities | _____ | _____ |
| Hearing | _____ | _____ | Orthopedic/Posture | _____ | _____ |
| Cardiovascular | _____ | _____ | Neurological | _____ | _____ |
| Respiratory | _____ | _____ | Skin | _____ | _____ |
| Liver, spleen, kidney, hernia, genitals | _____ | _____ | Indicated Lab Tests | _____ | _____ |
| | | | Urinalysis negative for sugar | _____ | _____ |

Comments on unsatisfactory conditions _____

I have on this date examined the above student and recommend him/her as being physically able to participate in regularly scheduled physical education classes and compete in the supervised athletics NOT CIRCLED: BASEBALL, BASKETBALL, CROSS COUNTRY, FIELD HOCKEY, FOOTBALL, GOLF, GYMNASTICS, SKIING, SOCCER, SOFTBALL, SPEED-A-WAY, SWIMMING, TENNIS, TRACK, VOLLEYBALL, WRESTLING*, OTHER _____

*This boy may be permitted weight loss to make a lower weight class in Wrestling. Yes _____ No _____ If "yes," may lose _____ pounds. (grades 9-12)

Date _____ Signature of Examining Physician _____

Note-Physician is licensed by the Oregon State Board of Medical Examiners

Return to Participation Form

TO BE COMPLETED BY STUDENT:

Name _____ School _____

Home Address _____ Phone _____

Grade _____ Birthdate _____

Parent's or Guardian's Name _____

Injury (illness) Information:

Time and Date of injury _____

Injured in practice _____ Game _____ Other _____

Activity/Sport _____ Position Played _____

Inst./Coach _____ Phone _____

Description of Injury:

TO BE COMPLETED BY PHYSICIAN:

Diagnosis: _____

Recommendations:

- No restrictions (discharged) as of _____ Date _____

- No practice or play until _____ Date _____

- Expected return to activity. Definite date after further evaluation _____ Date _____

- Light running ONLY - NO Contact _____

- Regular Practice, but NO Contact _____

- Return for further care - No _____ Yes _____

- Other _____

Physician _____

Phone _____

Date _____

