

Simi Valley Unified School District  
**Athletic Emergency/Medical Information & Participation Form**

PLEASE USE A BLACK OR BLUE BALL POINT PEN

Name (Student Athlete): \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ ID Number \_\_\_\_\_  
 Father's or Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Mother's or Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Health Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_ Does the insurance cover football? Y N  
 School attended previous semester: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 List all schools attended in the last 12 months: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**CHECK ALL SPORTS IN WHICH THIS STUDENT WILL PARTICIPATE IN:**

| FALL <input type="checkbox"/> Pep Squad   | WINTER <input type="checkbox"/> Pep Squad | SPRING <input type="checkbox"/> Pep Squad |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Football         | <input type="checkbox"/> Soccer           | <input type="checkbox"/> Softball         |
| <input type="checkbox"/> Cross Country    | <input type="checkbox"/> Basketball       | <input type="checkbox"/> Baseball         |
| <input type="checkbox"/> Girls Tennis     | <input type="checkbox"/> Wrestling        | <input type="checkbox"/> Boys Tennis      |
| <input type="checkbox"/> Boys Water Polo  | <input type="checkbox"/> Girls Water Polo | <input type="checkbox"/> Boys Volleyball  |
| <input type="checkbox"/> Girls Golf       |                                           | <input type="checkbox"/> Boys Golf        |
| <input type="checkbox"/> Girls Volleyball |                                           | <input type="checkbox"/> Swimming/Diving  |
| <input type="checkbox"/> Marching Band    |                                           | <input type="checkbox"/> Track            |
|                                           |                                           | <input type="checkbox"/> Lacrosse         |

**Medical History Questionnaire - This section must be completed by a parent or guardian.**

Name of Person Filling Out Form: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |                                                                                                          | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you currently under a doctor's care for any reason?                                                                                                                                                                                                                                                                                                                         |     |    | 15. Have you ever been dizzy or passed out due to the heat?                                              |     |    |
| 2. Have you ever been hospitalized?                                                                                                                                                                                                                                                                                                                                                |     |    | 16. Do you have trouble breathing after exercise?                                                        |     |    |
| 3. Have you had surgery within the last 3 months?                                                                                                                                                                                                                                                                                                                                  |     |    | 17. Have you had any problems with your eyes or vision?                                                  |     |    |
| 4. Are you currently taking any medications or pills?                                                                                                                                                                                                                                                                                                                              |     |    | 18. Do you wear glasses or contacts or protective eyewear?                                               |     |    |
| 5. Do you have any known allergies (medicines, bee stings, etc.)?                                                                                                                                                                                                                                                                                                                  |     |    | 19. Do you use any special equipment (splints, neck rolls, mouth guards, etc.)?                          |     |    |
| 6. Have you ever been dizzy or fainted during or after exercise?                                                                                                                                                                                                                                                                                                                   |     |    | 20. Has anyone in your family died of heart problems or sudden death before the age of 50?               |     |    |
| 7. Have you ever had chest pains during or after exercise?                                                                                                                                                                                                                                                                                                                         |     |    | 21. Do you have only one working organ of usually paired organs? (eyes, kidneys, etc.)                   |     |    |
| 8. Have you ever had high blood pressure?                                                                                                                                                                                                                                                                                                                                          |     |    | 22. Have you ever sprained, broken, dislocated, or had repeated swelling or pain of any bones or joints? |     |    |
| 9. Have you ever been told you have a heart murmur?                                                                                                                                                                                                                                                                                                                                |     |    | 23. Have you ever had a stinger, burner or pinched nerve?                                                |     |    |
| 10. Have you ever had a racing heart or skipped heartbeats?                                                                                                                                                                                                                                                                                                                        |     |    | 24. Have you had any medical problems or injuries? (asthma, mono, diabetes, etc.)                        |     |    |
| 11. Have you ever had a head injury?                                                                                                                                                                                                                                                                                                                                               |     |    | 25. Have you had any medical problems or injuries since your last physical?                              |     |    |
| 12. Have you ever been knocked unconscious?                                                                                                                                                                                                                                                                                                                                        |     |    | 26. Were there any special instructions or precautions given by the doctor?                              |     |    |
| 13. Have you ever had a seizure?                                                                                                                                                                                                                                                                                                                                                   |     |    | 27. When was the date of your last tetanus shot? _____                                                   |     |    |
| 14. Are any of the following currently bothering you?<br><input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hip<br><input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Foot |     |    | DATE OF EXAM: _____<br>HEIGHT: _____ WEIGHT: _____ PULSE RATE: _____                                     |     |    |

**Explain all "Yes" answers by question number, indicate dates for each item and include any special instructions:** \_\_\_\_\_

**LIST ANY RESTRICTIONS:** \_\_\_\_\_

I/we hereby state, to the best of my/our knowledge, the answers to the questions for the medical history questionnaire above are true. I/we understand that by performing this examination, the undersigned physician does not assume responsibility for medical care of this individual. **I understand that this is only a pre-season screening and should in no way replace a complete physical by your own doctor as recommended. I/we verify that I/we have read and understand all material presented and all information I/we have provided is correct and I/we give permission for my/our child or ward to receive a physical exam and to participate in athletics.**

In the event **reasonable attempts** to contact the parent/guardian at the above phone numbers meets with no success, **full authorization** is given for the administration of any treatment deemed necessary by a medical practitioner, and the transfer of son/daughter or ward to any medical practitioner, and the transfer of my/our son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school authorities and aforesaid agent(s) to give reasonable care. Facts are provided concerning the student athlete's medical history which a medical practitioner should know.

**I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholastic athletics.**

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**STUDENT ATHLETE HANDBOOK:** You will find a copy of the Athletic Handbook on the school's website under Athletics. If you do not have access to a computer, you may pick up a copy in the ASB/Athletic Office. By signing below, you hereby indicate that both the student athlete and the parent or guardian have read all of the rules that pertain to participation in athletics and/or activities at this school, and agree to comply with each and every rule. You also agree that any violation of these rules may be grounds for suspension or removal from an athletic team or the athletic program.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**INJURY/CONCUSSIONS:** We acknowledge that by participation in high school athletics, our student athletes may be exposed to situations that could lead to bodily injury and/or concussion. We have read the concussion information sheet and have received the concussion waiver and sports consent and liability release form for signature. All of these can be found on the school's website under Athletics. If you do not have access to a computer, you may pick up a copy in the ASB/Athletic Office. The concussion waiver and the sports consent and liability release form need to be signed and turned into the Athletic Office before a student athlete can be cleared to participate in a sport.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**SVUSD TRANSPORTATION BULLETIN:** Please read the Transportation Bulletin which can be found on the school's website under Athletics. If you do not have access to a computer, you may pick up a copy in the ASB/Athletic Office. Your signature below indicates that you have read the bulletin and agree to the methods of transportation that may be used by our athlete teams. You also understand the limitations, including the information on students driving themselves.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**PURSUIING VICTORY WITH HONOR:** I have read the Athletic Handbook and understand the sixteen principles of "*Pursuing Victory with Honor.*" I agree to uphold those principles while representing this high school.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**CIF SOUTHERN SECTION CODE OF ETHICS:** I have read the Athletic Handbook and understand the "*Athlete's Code of Ethics.*" I agree to uphold those ethics at all times while representing this high school.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ATHLETIC WEBSITE AGREEMENT:** I hereby grant permission for the use of my son/daughter's name and picture to be used on an athletic website devoted to our student-athletes.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date