

# METROPOLITAN NASHVILLE PUBLIC SCHOOLS

## Certificates Approving Athletic Participation

STUDENT NAME \_\_\_\_\_

### PARENT CERTIFICATE OF CONSENT

#### *PARENT OR GUARDIAN PLEASE READ AND SIGN*

I hereby give my consent for my son or daughter to participate in the athletic program in TSSAA approved sports sponsored by \_\_\_\_\_ High School/Middle School. I understand that TSSAA may require the release of student records for participation in TSSAA-regulated athletics and hereby give consent for Metropolitan Nashville Public Schools to release my son's or daughter's records to TSSAA. I further release said school, Metropolitan Nashville Public Schools and their agents, from all liability for injuries received by my son or daughter during, or resulting from this program, whether during practice or in an interschool contest. In addition, I hereby release \_\_\_\_\_ School, Metropolitan Nashville Public Schools and their agents, from all liability for injuries received by the participant while en route to or from contests which are held at other schools.

Permission is hereby granted for such initial or emergency medical care as may be available as a result of injury incurred during athletic team practice or competition.

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

I have received, read and understand the *HELPFUL HINTS AND GUIDELINES FOR PARENTS AND STUDENTS FOR HANDLING HEAT STRESS AND EXERCISE*.

I also understand that an athlete must live in the same school zone where he/she plays sports with his/her legal guardian or receive a special approval by the Transfer Committee before he/she will be allowed to participate in the athletic program at the out-of-zone school.

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

### INSURANCE CERTIFICATE

My son, or daughter, is covered by adequate insurance.

School Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Does **NOT** cover Varsity High School Football)

Special Sr. High Football Policy \_\_\_\_\_ Yes \_\_\_\_\_ No  
(**DOES** cover Varsity High School Football)

#### *Primary Medical Health and Accident Insurance -- Family Insurance Policy*

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Subscriber's I.D. No.

\_\_\_\_\_  
Group No.

\_\_\_\_\_  
Social Security No.

#### *Secondary Medical/Health Insurance -- Family Insurance Policy*

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Subscriber's I.D. No.

\_\_\_\_\_  
Group No.

\_\_\_\_\_  
Social Security No.

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

\_\_\_\_\_  
Date

# HELPFUL HINTS AND GUIDELINES FOR PARENTS AND STUDENTS FOR HANDLING HEAT STRESS AND EXERCISE

- 1) Before being allowed to participate in the first practice session of a sport, the following information must be on file in the principal's office for each participant:
  - a. Written evidence that the student has permission to participate. This must be signed by the parent or guardian.
  - b. Written evidence that the student has passed a physical examination as set forth by District and TSSAA policy.
  - c. Written evidence that the student is covered by a family insurance policy. This statement must list the name of the company and be signed by the parent or guardian. If the student is not covered by a family policy, the student must have the special senior high football policy or the student insurance which covers all middle, ninth and senior high sports except senior high football. Any change in family medical insurance status must be brought to the attention of the appropriate head coach.
  - d. If an athlete goes to an athletic screening examination and is referred to another physician for further evaluation, the parent must provide the coach with written evidence that the student has passed a physical examination and the physician must address the condition for which the student was referred.
- 2) Parents must notify coaches, teachers and administrators of an athlete's medical history and any previous health problems, including heat illness problems, trouble sweating, vascular defects, asthma or diabetes, that put an athlete in danger. If an athlete is on medication, coaches and teachers should be notified.
- 3) If an athlete is ill (fever, diarrhea, vomiting, etc.), he/she should not practice. If an athlete has been immunized within the past 48 hours, he/she should not practice.
- 4) It is clear that top physical performance can only be achieved by an athlete who is in top physical condition. Athletes who perform their preseason endurance running programs will suffer far less than those who arrive out of shape. It is necessary for an athlete to exercise in the heat if he/she is to become acclimated to it.
- 5) Athletes must have ample fluid replacement before, during and after practice. Check and be sure your son/daughter is drinking plenty of water before and after practice sessions. Avoid drinks that contain caffeine or high sugar content.
- 6) Proper nutrition should be taught and encouraged. Salt tablets are not recommended. Attention must be directed to replacing water to replenish body fluids and maintaining appropriate dietary habits.
- 7) Electrolytes and some fluids can be easily replaced with a balanced diet. Fruit, vegetables and salads add water and electrolytes to the body. Large quantities of carbohydrates provide the energy so vital to recovery from fatigue. Protein intake should be normal. Fat intake should be low, as fats use up a lot of the body's water in order to be digested.
- 8) Parents must sign that they have received, read and understand the "Helpful Hints and Guidelines for Parents and Students for Handling Heat Stress and Exercise." An athlete cannot participate until the parent signs and returns this form to the appropriate coach.



**TMA/TSSAA PREPARTICIPATION MEDICAL EVALUATION FORM**

Page 2 of 2

**General Physical Education**

Examiner: \_\_\_\_\_  
Student Name: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_  
Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected? \_\_\_\_ Yes \_\_\_\_ No Pupils \_\_\_\_\_

	Normal	Abnormal Findings
Ears, Nose, Throat	_____	_____
Heart	_____	_____
Chest/Lungs	_____	_____
Skin/Lymphatic	_____	_____
Abdominal	_____	_____
Genitalia/Hernia	_____	_____

**Musculoskeletal Examination**

Examiner: \_\_\_\_\_

	Normal	Abnormal Findings
Neck/Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
Flexibility	_____	_____

**Optional Lab**

Urine Sugar \_\_\_\_\_  
Urine Protein \_\_\_\_\_  
Urine Hematest \_\_\_\_\_

**Official Recommendation**

- A. This athlete \_\_\_\_\_ may \_\_\_\_\_ may not compete in athletics based on the data gathered from this exam.
- B. Prior to participation, treatment or follow-up on the following is recommended:

C. Recommend further consultation with \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_