OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

UPDATED APRIL 2021

PLEASE PRINT

NAME:____________________ GENDER______ AGE______ DATE OF BIRTH__________

GRADE__________ SCHOOL_______________ ACTIVITIES____________________

ADDRESS____

PHYSICIAN'S NAME______________________________ PHONE____________

EMERGENCY CONTACT___________________________ RELATIONSHIP__________

PHONE OF EMERGENCY CONTACT____________________________________

PLEASE EXPLAIN ALL YES ANSWERS ON A SEPARATE SHEET

	YES	NO
1. Have you had a medical illness or injury since your last check up or physical?		
2. Have you ever been hospitalized overnight?		
3. Have you ever had surgery?		
4. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?		
5. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?		
6. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?		
7. Have you ever had a rash or hives develop during or after exercise?		
8. Have you ever passed out during or after exercise?		
9. Have you ever been dizzy during or after exercise?		
10. Have you ever had chest pain during or after exercise?		
11. Do you get tired more quickly than your friends do during exercise?		
12. Have you ever had racing of your heart or skipped heartbeats?		
13. Have you had high blood pressure or high cholesterol?		
14. Have you ever been told you have a heart murmur?		
15. Has any family member or relative died of heart problems or of sudden death before age 50?		
16. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?		
17. Has a physician ever denied or restricted your participation in activities for any heart problems?		
18. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?		
19. Have you ever had a head injury or concussion?		
20. Have you ever been knocked out, become unconscious, or lost your memory?		
21. Have you ever had a seizure?		
22. Do you have frequent or severe headaches?		

	YES	NO
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?		
24. Have you ever become ill from exercising in the heat?		
25. Have you ever tested positive for COVID?		
26. Do you cough, wheeze, or have trouble breathing during or after activity?		
27. Do you have asthma?		
28. Do you have seasonal allergies that require medical treatment?		
29. Do you or does someone in your family have sickle cell trait or disease?		
30. 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)?		
31. Have you had any problems with your eyes or vision?		
32. Do you wear glasses, contacts, or protective eyewear?		
33. Have you ever had a sprain, strain, or swelling after injury?		
34. Have you broken or fractured any bones or dislocated any joints?		
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? 36. If yes, circle appropriate affected area and explain below:		
37. Do you want to weigh more or less than you do now?		
38. Do you lose weight regularly to meet weight requirements for your activity?		
39. Do you feel stressed?		
40. Record the dates of your most recent immunizations for: Tetanus______ Measles______ Hepatitis______ Chickenpox______		

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

SIGNATURE OF GUARDIAN________________________ SIGNATURE OF STUDENT________________

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM ____________________

Name ______________________________ Date of Birth ____________________

Height _______ Weight _______ Body fat (optional) ______ % Pulse _______ BP _______ / _______ Color Blind Yes No (circle one)

Vision: R 20/ _______ L 20/ _________

Corrected Y / N Pupils: Equal ______ Unequal _______

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

( ) Cleared

( ) Cleared after completing evaluation/rehabilitation for: ______________________________

( ) Not cleared for: ________________

Reason: ______________________________

Recommendations: ______________________________

Printed name of Examiner ______________________________

Address: ______________________________ Phone: ____________________

Date: ____________________ Signature: ______________________________

BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS UNDER THE AGE OF 18

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA §
§
COUNTY OF __________________ §

I, ________________________________, the undersigned person, being first duly sworn, on oath, state that I am the parent or legal guardian of ______________________________, who is enrolled as a student at ___________________________ School, and who intends to compete on a school athletic team during the upcoming school year. I acknowledge that __________ was the biological sex of the student at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

____
Date and Place

____
Signature

BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS 18 AND OLDER

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA §
§
COUNTY OF ____________________ §

I, ______________________________________, the undersigned person, being first duly sworn, on oath, state that I am of legal age.
I am enrolled as a student at ____________________________________ School, and I intend to compete on a school athletic team during the upcoming school year.
I acknowledge that ___________ was my biological sex at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

______________________________________ ______________________________________
Date and Place Signature

CIMARRON PUBLIC SCHOOLS (I-092)

Chuck Anglin, Supt.
P.O. Box 8 / 320 Main Street
Lahoma, OK 73754
Phone: 580-796-2204
Fax: 580-796-2350
Joyce Jewell
Student Information

Tim Wright
H.S. Principal

Ginger Merrill
Payroll/ Benefits
Encumbrance Clerk

Misty Beiswanger
Elem. Principal

Michel David
Minutes Clerk
Activity/Child Nutrition

Dear Parents:

We at Cimarron Public School are looking out for the safety of our student athletes. We need to know that if a student is injured that they will receive the proper care. We need to have this letter on file in the office before we will allow the student to take part in any athletic event. Please fill out the bottom part of this letter and return it to the office.

Sincerely,

Tim Wright, Principal

Please mark the appropriate space.

1. _______ We have insurance on our child.
   Name of Company ______________________________

2. _______ We have no insurance. We do, however, relieve the school of any responsibility.

Parent's Signature: ____

Student's Signature: ____

Date: ________________

This letter must be on file before a student will be allowed to take part in any athletic activity.

PARENTAL CONSENT FOR MEDICAL TREATMENT

AND MEDICATION PERMISSON AND EMERGENCY FORM

The Undersigned herby authorizes Cimarron Public School to obtain medical treatment in the event of an emergency from a licensed, physician for:

____

(Legal Name of Student) (Date of Birth)

The undersigned further agrees the the Cimarron Public School will not be held liable for the injuries sustained as a result of the medical treatment.

Is the student taking medication on a regular basis? ________ yes ________ no

If yes, name the medication and its purpose:

____

____

I hereby authorize the school nurse, a school administrator or a designated school employee to administer prescription medication and or non-prescription, symptomatic medication

________ yes ________ no

It is ________ It is not ________ necessary I be called before the medication is administered.

We will only administer properly labeled drugs, and prescription medication brought into the office by each parent or student.

Please list the names and phone number of a relative or neighbor to call in case of an emergency.

1. ____
2. ____

Name Relationship Phone Number

Please list any allergies or medical problems a physician or the school should know about:

____

____

____

Parent Signature

____

(Parent or Legal Guardian) (Phone Number) (Date)

Concussion and Head Injury Acknowledgement

CIMARRON PUBLIC SCHOOL

In compliance with Oklahoma Statute Section 24-155 of Title 70 , this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by CIMARRON PUBLIC SCHOOL related to potential concussions and head injuries occurring during participation in athletics.

I, ______________________________, as a student-athlete who participates in

(PLEASE PRINT STUDENT ATHLETE'S NAME)

CIMARRON PUBLIC SCHOOL athletics and I, ______________________________

(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by CIMARRON PUBLIC SCHOOL related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

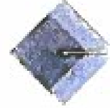
____

SIGNATURE OF STUDENT-ATHLETE DATE

____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal



OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE

Sudden Cardiac Arrest Acknowledgement Statement

CIMARRON PUBLIC SCHOOL

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

____________________	____________________	__________
Signature of Student-Athlete	Print Student Athlete's Name	Date
____________________	____________________	__________
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date

This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

STUDENT DRUG TESTING CONSENT FORM

CIMARRON PUBLIC SCHOOL

I acknowledge receipt of the CIMARRON DRUG TESTING POLICY and consent to CIMARRON testing procedures.

Signature of Student-Athlete	Print Student Athlete's Name	Date
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date