

OCSS Athletic Participation Form

Preparticipation Physical Evaluation

The Tennessee Secondary School Athletic Association (TSSAA) requires that no student be permitted to participate in practice sessions or athletic contests until there is on file with the principal a preparticipation medical evaluation form *signed by a doctor of medicine (MD), osteopathic physician (DO), physician assistant (PA), or certified nurse practitioner (NP)* stating that the student has passed a physical examination, *not prior to May 1*, and that in their opinion the student is physically fit to participate in interscholastic athletics.

After completing a preactivity physical evaluation on _____

my recommendations are as follows:

Athletic participation approved:

Yes

No

Restricted

Limitations and Special Instructions to the Coach: _____

Examiner's Name _____

Date _____

Address _____

Print or Type

Phone _____

Examiner's Signature _____

No Stamps, Please!!

Emergency Information

Student's Name _____

Date of Birth _____

Home Address _____

Phone _____

Social Security # _____

Parent or Guardian's Name _____

Home Phone _____

Address _____

Work Phone _____

Emergency Contact's Name _____

Home Phone _____

Address _____

Work Phone _____

Relationship to Athlete _____

Insurance Company _____

Policy # _____

Physician's Name _____

Phone _____

Are you allergic to any drugs? _____

If so, what? _____

Do you have any allergies? (i.e. bee sting, dust) _____

Do you suffer from:

Asthma

Diabetes

Epilepsy

(Check all that apply.)

Are you on any medication? _____

If so, what? _____

Do you wear contacts? _____

Other: _____

Parental Permission

I hereby give my permission for _____

to participate in _____

Name of Student-athlete

Sport(s)

during the athletic season beginning _____

Month/Year

I authorize the school to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and performs the treatment.

This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. My child and I

are aware that participating in _____

Sport(s)

is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to death, paralysis, brain damage, internal organ damage, serious orthopedic injuries, general deterioration to health, falls, contact with other participants, the effects of weather,

traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated

by me. I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's Signature _____

Date _____

Student's Signature _____

Date _____