

MILLCREEK TOWNSHIP SCHOOL DISTRICT
COMPREHENSIVE ATHLETIC PHYSICAL
PACKET
2008-2009



NAME: _____ DATE OF BIRTH: _____ AGE: _____

GRADE: _____ SPORT(S): _____

CIRCLE ALL GRADES (IN ANY SCHOOL DISTRICT) IN WHICH YO PARTICIPATED IN THIS SPORT: 7 8 9 10 11 12

CIRCLE ALL GRADES YOU COMPLETED IN THE MILLCREEK TOWNSHIP SCHOOL DISTRICT: 7 8 9 10 11 12

HAVE YOU REPEATED ANY GRADE BEINNING WITH GRADE 7? YES NO

SCHOOL DISTRICT IN WHICH THE STUDENT RESIDES: _____

Erie, PA 16506

3580 West 38th

McDowell High School

To be eligible to play a sport during the 2008 - 2009 school year, the initial CIPPE physical evaluation form must be completed no earlier than June 1, 2008. Any CIPPE physical turned in after that date will be valid for the entire 2008 - 2009 school year. This comprehensive evaluation can be performed at your family physician's office or with our school doctor. If you decide to have your primary care physician perform the physical evaluation, please check to ensure that the student's initial physical will be valid for one year, otherwise it may be advantageous for your child to get a physical with our school doctor. When making an appointment with your family doctor, please take all physical forms to the authorized medical examiner and have him/her fill out Section 4 of the evaluation. Please note - students participating in the sport of wrestling need to complete Section 7. If you elect to use our school doctor, we are offering one physical date for ALL sport's seasons (fall, winter and spring). The physical date is Saturday, June 28, 2008 (no make-up date). The physicals will be performed at our school doctor's office. The cost is \$10 per athlete. Checks should be made payable to MTSD. The location for the physicals is as follows:

District

All students interested in participating in athletics for Millcreek Township School District for the 2008 - 2009 school year are required to undergo a comprehensive physical evaluation for participation in his/her first sport of the school year and sign an Insurance Waiver Form. The CIPPE forms and Insurance Waiver Form are available to download from our website at www.mtsd.org, and then click on "athletics". The physical forms used this past year for sports participation will no longer be accepted by the Millcreek Township School District.

The Pennsylvania Interscholastic Athletic Association (PIAA) has changed its requirements for participation in interscholastic athletics. The PIAA has instituted a new procedure whereby all student-athletes are mandated to have a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) completed by an authorized medical examiner, which includes a licensed physician or osteopathic medicine, a certified registered nurse practitioner, a certified physician's assistant or a school nurse practitioner. Based on that change, McDowell will be revamping its physical procedures for the 2008 - 2009 school year. All student-athletes are required to complete the new PIAA physical examination known as CIPPE.

TO: All McDowell Student-Athletes and Parents/Guardians
FROM: Mike Caro - Director of Athletics
SUBJECT: 2008 - 2009 Physical Procedure
DATE: May 7, 2008



"Creating the Future"

McDowell Senior High School - A Community of Class
3580 West 38th Street • Erie, Pennsylvania 16506-4099 • (814) 835-5403



Millcreek Township School District

Schedule for School Physicals on Saturday, June 28, 2008:

8:00am – 9:30am	All Fall Sports – Grades 9 – 12
9:30am – 10:30am	All Winter Sports – Grades 9 – 12
10:30am – 12:00pm	All Spring Sports – Grades 9 – 12
12:00pm – 1:30pm	All Fall Sports – Grades 7 – 8
1:30pm – 2:30pm	All Winter Sports – Grades 7 – 8
2:30pm – 4:00pm	All Spring Sports – Grades 7 – 8

All forms must be sent directly to the Athletic Office, not the coach, prior to participation. Physicals turned in at the last minute may result in the student not being permitted to practice or to participate in tryouts. Such delays may result in a loss of tryout time or perhaps losing the opportunity to tryout completely. Once the physical is turned into the Athletic Office and reviewed for satisfactory completion, the student will be granted permission to participate in athletics. When a student-athlete has a desire to participate in a sport that has roster reductions or cuts, it is imperative that they have all of their paperwork submitted in a timely fashion.

For any athlete participating in multiple sports seasons, please follow the guidelines above for the initial CIPPE for the first sport season. For the 2nd or 3rd sport season, the parent/guardian and student will need to re-certify their contact information and health assessment, which include Sections 1, 2, 3, 5 (CIPPE forms) and 8 (Insurance Waiver form). Wrestlers must complete Section 7 at least six weeks prior to the start of the winter sports' season. We will also need an updated Insurance Waiver Form for each sport's season. Your doctor does not need to re-certify any information unless there has been a change in the student-athlete's health or if he/she has sustained a serious injury since the initial evaluation.

Lastly, the McDowell Athletic Department suggests that all students participating in athletics complete the Impact Concussion baseline testing program prior to the first day of official practice as outlined by the PIAA. This innovative process known as IMPACT, which stands for Immediate Past Concussion Assessment and Cognitive Testing, is offered on line at the mtds.org website on the "athletic" page. Additional information or scheduling IMPACT testing appointments may be obtained by contacting our Certified Athletic Training staff at 814-881-9018.

We have included a "Frequently Asked Questions" section on our McDowell Athletic website. If further information is necessary, please contact the Athletic Office at 814-835-5428.

PIA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION

INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIA member school in the student's first sport in a school year, the student is required to complete a physical evaluation. Those students who choose to undergo a Comprehensive Initial Pre-Participation Physical Evaluation (CIPE) and 2 by the parent/guardian, and Section 4 by an Authorized Medical Examiner, those Sections must be turned in to the Principal, or the appropriate person(s) complete the first four Sections of the CIPE form. Upon completion of Sections 1 and 2 by the parent/guardian, and Section 4 by an Authorized Medical Examiner, those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. Upon completion, Section 3 may be retained by the student and/or the student's Authorized Medical Examiner.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: A student completing a CIPE, and seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sports) in the same school year, must complete Section 5 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, of the student's school will then determine whether Section 6 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Age _____ Grade _____

Current Physical Address _____

Current Home Telephone # (_____) _____

Current Cellular Telephone # (_____) _____

EMERGENCY INFORMATION

Emergency Contact Person's Name _____ Relationship _____

Address _____ Telephone (_____) _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone (_____) _____

Family Physician's Name _____ MD or DO (circle one)

Address _____ Telephone (_____) _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Student's Prescription Medications _____

Student's Immunizations (e.g. tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis, pneumococcal; meningococcal; varicella): _____

Up to date (see attached documentation)

Not up to date Specify _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ School and a resident of the _____ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Sport	Signature of Parent or Guardian
Baseball (Spring)	
Basketball (Winter)	
Bowling (Winter)	
Cross Country (Fall)	
Field Hockey (Fall)	
Football (Fall)	
Golf (Fall)	
Gymnastics (Winter)	
Lacrosse-Girls (Spring)	
Rifle (Winter)	
Soccer (Fall)	
Soccer-Girls (Spring)	
Softball (Spring)	
Swimming & Diving	
Tennis-Girls (Fall)	
Tennis-Boys (Spring)	
Track-Indoor (Winter)	
Track & Field (Spring)	
Volleyball-Girls (Fall)	
Volleyball-Boys (Spring)	
Water Polo (Fall)	
Wrestling (Winter)	

B. Understanding of eligibility rules: I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices or Scrimmages and Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature _____ Date ____/____/____

C. Disclosure of records needed to determine eligibility: To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature _____ Date ____/____/____

D. Permission to use name, likeness, and athletic information: I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date ____/____/____

E. Permission to administer emergency medical care: I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices or Scrimmages and Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 3: HEALTH HISTORY

Student's Name _____ Age _____ Grade _____

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.							
Has a doctor ever denied or restricted your participation in sport(s) for any reason?	Do you have an ongoing medical condition (like asthma or diabetes)?	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	Do you have allergies to medicines, pollens, foods, or stinging insects?	Have you ever passed out or nearly passed out DURING exercise?	Have you ever passed out or nearly passed out AFTER exercise?	Have you ever had discomfort, pain, or pressure in your chest during exercise?	Does your heart race or skip beats during exercise?	Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection	Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	Has anyone in your family died for no apparent reason?	Does anyone in your family have a heart problem?	Has any family member or relative died of heart problems or of sudden death before age 50?	Does anyone in your family have Marfan syndrome?	Have you ever spent the night in a hospital?	Have you ever had surgery?	Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, that caused you to miss a practice or Contest? If yes, circle affected area below:	Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	Head Neck Shoulder Upper arm Elbow Forearm Hand/Forearm Upper arm Elbow Forearm Hand/Forearm Hip Thigh Knee Calf/shin Ankle Foot/Toes Lower back Upper back	Have you ever had a stress fracture?	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	Do you regularly use a brace or assistive device?						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.	49.	50.
Do you regularly use a brace or assistive device?	Has a doctor every told you that you have asthma or allergies?	Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	Is there anyone in your family who has asthma?	Have you ever used an inhaler or taken asthma medicine?	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	Have you had infectious mononucleosis (mono) within the last month?	Do you have any rashes, pressure sores, or other skin problems?	Have you had a herpes skin infection?	Have you ever had a head injury or concussion?	Have you been hit in the head and been confused or lost your memory?	Have you ever had a seizure?	Do you have headaches with exercise?	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	Have you ever been unable to move your arms or legs after being hit or falling?	Are your arms or legs after being hit or falling?	When exercising in the heat, do you have severe muscle cramps or become ill?	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	Have you had any problems with your eyes or vision?	Do you wear glasses or contact lenses?	Do you wear protective eyewear, such as goggles or a face shield?	Are you trying to gain or lose weight?	Has anyone recommended you change your weight or eating habits?	Do you limit or carefully control what you eat?	Do you have any concerns that you would like to discuss with a doctor?	Have you ever had a menstrual period?	How old were you when you had your first menstrual period?	How many periods have you had in the last 12 months?	Are you pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete. _____ Date _____
 Student's Signature

I hereby certify that to the best of my knowledge all of the information herein is true and complete. _____ Date _____
 Parent's/Guardian's Signature

**SECTION 4: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner performing the herein named student's comprehensive initial pre-participation physical evaluation and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form and further certify that the student does not have any communicable illness or condition, which would pose a danger to teammates and/or competitors:

- CLEARED CLEARED, with recommendation(s) for further evaluation or treatment for: _____
- NOT CLEARED for the following types of sports (please check those that apply):
- COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

Authorized Medical Examiner's Name (print/type) _____ License # _____

Address _____ Phone () _____

Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date ____/____/____

SECTION 5: PIAA RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed by the parent/guardian of any student who (1) previously participated in PIAA interscholastic athletic competition pursuant to a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) is seeking to participate in Practices, Inter-School Practices, Schrimmage, and/or Contests in subsequent sport(s) in the same school year. The Principal, or Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY and make a determination as to whether the student should be re-evaluated and re-certified by an Authorized Medical Examiner pursuant to Section 5.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Age _____ Grade _____
 CHANGES TO PERSONAL INFORMATION (in the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____
 Current Home Telephone # () _____
 Current Cellular Telephone # () _____

CHANGES TO EMERGENCY INFORMATION (in the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Emergency Contact Person's Name _____ Relationship _____
 Address _____ Telephone () _____
 Medical Insurance Carrier _____ Policy Number _____
 Address _____ Telephone () _____
 Family Physician's Name _____ MD or DO (circle one)
 Address _____ Telephone () _____

SUPPLEMENTAL HEALTH HISTORY:

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.

No(s).	Explain "Yes" answers here:
1.	Have you sustained an illness and/or injury related to sport(s) since completion of the CIPPE?
2.	Have you sustained an illness and/or injury NOT related to sport(s) since completion of the CIPPE?
3.	Have you been confined to an institution and/or at home as a result of an illness and/or injury since completion of the CIPPE?
4.	Have you had surgery since completion of the CIPPE?
5.	Have you experienced dizziness spells, blackouts, and/or unconsciousness?
6.	Have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?
7.	Have you experienced any new health problems since completion of the CIPPE?
8.	Are you taking any NEW prescription or non-prescription (over-the-counter) medicines or pills since completion of the CIPPE?
9.	Do you have any concerns that you would like to discuss with a doctor?

SUBSEQUENT SPORT(S) TO BE PLAYED: _____ SEASON: Fall Winter Spring (circle one)

I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Student's Signature _____ Date / /
 I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Parent's/Guardian's Signature _____ Date / /

NOTE: If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the Principal, or Principal's designee, of the herein named student's school shall require the student to complete Section 6 prior to being eligible to participate in sport(s) identified above.

Section 6: PIAA COMPREHENSIVE PRE-PARTICIPATION PHYSICAL RE-EVALUATION AND RE-CERTIFICATION BY AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by an Authorized Medical Examiner and turned in to the Principal, or the Principal's designee, of the student's school prior to participation in second and subsequent sport in the same school year.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the SUPPLEMENTAL HEALTH HISTORY, performed a physical re-evaluation of the herein named student, and, on the basis of such re-evaluation and the student's SUPPLEMENTAL HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 5 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form and further certify that the student does not have any communicable illness or condition, which would pose a danger to teammates and/or competitors:

- CLEARED CLEARED, with recommendation(s) for further evaluation or treatment for: _____
- NOT CLEARED for the following types of sports (please check those that apply):
- COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS
- Due to _____

Recommendation(s)/Referral(s) _____

Authorized Medical Examiner's Name (print/type) _____ License # _____

Address _____ Phone () _____

Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date ____/____/____

Section 7: CIPPE MINIMUM WRESTLING WEIGHT CLASSIFICATION

INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the minimum weight classification at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner, and (2) established NO EARLIER THAN six weeks prior to the first Practice day of the winter sports' season. This certification shall be provided to and maintained by the student's Principal.

In certifying to the minimum weight classification, the Authorized Medical Examiner shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator, Scholastic Edition (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the Authorized Medical Examiner may require that the student wrestle at a minimum weight classification one or more weight classifications above what would otherwise be appropriate based upon the student's Minimum Wrestling Weight, as established by the Initial Assessment. Under these circumstances, the Authorized Medical Examiner may NOT allow a wrestler to participate at a minimum weight classification below that determined by the Initial Assessment.

For all wrestlers, the certified minimum wrestling weight class shall be certified to by an Authorized Medical Examiner. The Authorized Medical Examiner shall initial the minimum wrestling weight class, pursuant to the Initial Assessment.

Student's Name _____ Age _____ Grade _____
 Enrolled in _____ School _____

INITIAL ASSESSMENT
 I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA Optimal Performance Calculator, Scholastic Edition, and have determined as follows:

Urine Specific Gravity/Body Weight _____ / _____ Percentage of Body Fat _____ Minimum Wrestling Weight _____

Assessor's Name (print/type) _____ Assessor's I.D. # _____

Assessor's Signature _____ Date _____ / _____ / _____

CERTIFICATION

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is allowed to wrestle at the following minimum weight classification during the 20____ - 20____ wrestling season (the Authorized Medical Examiner may initial only one of the following senior high or junior high/middle school weight classes):

SENIOR HIGH SCHOOL (14 Weight Classifications):
 103 lbs. _____ 112 lbs. _____ 119 lbs. _____ 125 lbs. _____ 130 lbs. _____ 135 lbs. _____ 140 lbs. _____
 145 lbs. _____ 152 lbs. _____ 160 lbs. _____ 171 lbs. _____ 189 lbs. _____ 215 lbs. _____ 285 lbs. _____

JUNIOR HIGH/MIDDLE SCHOOL (18 Weight Classifications):
 75 lbs. _____ 80 lbs. _____ 85 lbs. _____ 90 lbs. _____ 95 lbs. _____ 100 lbs. _____ 105 lbs. _____ 110 lbs. _____ 115 lbs. _____
 122 lbs. _____ 130 lbs. _____ 138 lbs. _____ 145 lbs. _____ 155 lbs. _____ 165 lbs. _____ 185 lbs. _____ 210 lbs. _____ 250 lbs. _____

Authorized Medical Examiner's Name (print/type) _____ License # _____
 Address _____ Phone (_____) _____
 Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP Date _____ / _____ / _____ (circle one)

NOTE: Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment performed. The second assessment must utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. Results obtained at the second assessment shall supersede the Initial Assessment and are automatically accepted; no further appeal by any party is permitted. All costs incurred in the second assessment are the responsibility of those appealing the Initial Assessment. The urine specific gravity testing will be conducted and the athlete will need to have a result of less than or equal to 1.025 in order for the second assessment to proceed.



Millcreek Township School District

"An Equal Opportunity Employer"

McDowell Senior High School

3580 West 38th Street • Erie, Pennsylvania 16506-4099 • (814) 835-5403

MILLCREEK TOWNSHIP SCHOOL DISTRICT

SECTION 8 - INSURANCE WAIVER FORM

Insurance Waiver and Release Form

Dear Parent,

Your child has indicated an interest in participating in the McDowell High School Athletic Program by trying out for _____ (sport). We know that it is your will as well as ours that every possible precaution be taken to protect our students from injury. We do our utmost to promote this by proper training, by the use of good protective equipment, by supervising all activities, and by encouraging good safety habits.

Despite all our efforts, accidents do happen occasionally in athletics as elsewhere. The school is not legally liable for medical or hospital expenses, damages related to pain and suffering, loss of earning capacity or any other expenses or damages resulting from athletic injuries incurred in interscholastic sports.

Although the Millcreek Township School District provides school insurance, the school insurance does not cover all expenses. The best available insurance for the amount of money involved is a combination of our own school insurance and your own personal family insurance.

We the undersigned parent or guardian, intending to be legally bound, do hereby release, discharge, and waive the Millcreek Township School District from any liability for any injury to our child (above named) resulting from any cause whatsoever in connection with our child participating in _____ (sport) or any other interscholastic activity. We further hereby agree to indemnify and hold harmless the Millcreek Township School District from any expenses that we may incur in connection with the participation of our child in the above mentioned activity.

Warning and Notification of Risk

Playing, practicing or participating in a sport can be a dangerous activity involving risk of injury. There is no limitation to the nature or severity of the possible injuries in some sports. Some sports injuries can result in serious permanent impairment or be life threatening. Unfortunatley, injury may occur simply due to the nature of the sport without the occurrence of any unusual event and without fault.

I have read the above WARNING. I am aware and understand the risks of practicing, participating in and playing interscholastic activities. I recognize the importance of following the coaches' instructions regarding the activity.

Signature of Student

We are the parents/legal guardian of the above named student. We have read the Insurance Waiver and Release, as well as the Warning and Notification of Risk and understand the risks of our child participating in interscholastic activities.

Signature of Parent/Guardian

This is to acknowledge that my child has my permission to participate in interscholastic athletics, even though he/she has not purchased additional insurance against injuries sustained in interscholastic athletics.

This is to acknowledge that my child is adequately covered by our own personal insurance against injuries sustained in interscholastic athletics. He/she has my permission to participate in _____

Signature of Parent/Guardian

QUESTIONS SHOULD BE ADDRESSED TO THE ATHLETIC OFFICE AT 814-835-5428

Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE)

Section 1 – Personal and Emergency Information:

- This section needs to be filled out by the student's parent/guardian and turned in to the Athletic Office each time that student is trying out for a sport, whether it be a fall, winter or spring. If that student is involved in a fall, winter and spring sport, we should have (3) of these forms on file.

Section 2 – Certification of Parent/Guardian:

- This section needs to be filled out by the student's parent/guardian and turned in to the Athletic Office each time that student is trying out for a sport, whether it be a fall, winter or spring. If that student is involved in a fall, winter and spring sport, we should have (3) of these forms on file.

Section 3 – Health History:

- This section needs to be filled out by the student's parent/guardian and turned in to the Athletic Office each time that student is trying out for a sport, whether it be a fall, winter or spring. If that student is involved in a fall, winter and spring sport, we should have (3) of these forms on file.

Section 4 – PIAA Comprehensive Initial Pre-Participation Physical Evaluation & Certification of Authorized Medical Examiner:

- This section should be filled out by either your family physician or our school doctor. Please make sure there is an authorized signature and date at the bottom of this page. Your paperwork will not be accepted without both the signature AND date.
- An "authorized physician" includes: a licensed physician of medicine or osteopathic medicine, a certified registered nurse practitioner or a certified physician's assistant.
- With a valid physician's signature and date on this section within one calendar year from the start of a fall, winter or spring sport season is all that is required unless there has been a change in the health of the student-athlete or he/she has sustained an injury since the initial physical evaluation.
- If there has been an injury or change in health since the initial evaluation, before the student can be cleared to participate in a subsequent sport season, they must have their doctor fill out Section 6 of the CIPPE.

Section 5 – PIAA Re-Certification by Parent/Guardian:

- This section needs to be filled out by the student's parent/guardian and turned in to the Athletic Office each time the student is trying out for his/her 2nd or 3rd sport season. It is not required for the initial sport.

Section 6 – PIAA Comprehensive Pre-Participation Physical Re-Evaluation and Re-Certification by Authorized Medical Examiner:

- This Section needs to be filled out by your family doctor or school doctor ONLY IF the student-athlete has sustained an injury since the initial evaluation or his/her health has changed. If the student-athlete is in good health and has been since the initial physical evaluation, there is no need to have your doctor fill out this section.

Section 7 – CIPPE Minimum Wrestling Weight Classification:

- All student-athletes participating in wrestling must complete this section no earlier than 6 weeks prior to the first practice date of the winter sports' season.

Insurance Waiver Form – Section 8:

- This section needs to be filled out and signed by the student-athlete and his/her parent/guardian before EACH participating sports' season. If the student is participating in a fall, winter and spring sport, we should have three of these forms on file in the Athletic Office.

- This form is under a separate attachment on our website from the CIPPE information.

Explanation of Sections Needed for Each Sport Physical

INITIAL SPORT PHYSICALS (Represents the first sport an athlete intends to play in a school year)

Must include: Section 1

Section 2

Section 3

Section 4

Section 7 – For wrestlers only (to be completed 6 weeks prior to start of season)

Section 8 – Insurance Waiver Form

RE-CERTIFICATION PHYSICALS – WITHOUT INJURIES (Represents all subsequent sports' seasons in a school year provided there have been no injuries to the athlete from the initial evaluation)

Must include: Section 5

RE-CERTIFICATION PHYSICALS - WITH INJURIES (Represents all subsequent sports' seasons in a school year when the athlete has sustained an injury or change in health since the initial evaluation)

Must include: Section 5

Section 6 (Requires a doctor's signature and updated date)

QUESTIONS SHOULD BE ADDRESSED TO THE ATHLETIC OFFICE AT 814-835-5428



Millcreek Township School District

McDowell Senior High School - A Community of Class
3580 West 38th Street • Erie, Pennsylvania 16506-4099 • (814) 835-5403



"Creating the Future"

Dear Parent/Guardian,

Millcreek School District is currently implementing **ImPACT**, a sports-related concussion & evaluation tool. **Immediate Post-concussion Assessment and Cognitive Testing (ImPACT)** testing is a simple, new computer test which can help to more accurately assess and detect sports-related concussions. **ImPACT** is now used in professional football, hockey, baseball, and in many college and high school sports programs. The preseason test takes about 20 minutes to complete. The program is set up in "video-game" format.

Why do **ImPACT** testing?

ImPACT testing gives the brain a preseason "physical", or test of its thinking (cognitive) abilities. It tracks information such as memory, reaction time, processing speed, and concentration. If a concussion is suspected, the test is given again. The results can tell a number of things:

- Help detect a concussion
- Tell how severe a concussion is
- Tell if thinking is impaired after a concussion
- Assess developmental changes from pre to post season
- Allow for examination rate of new concussions during a season

Baseline testing and post-concussive test results can be shared with your athlete's coach, athletic director, athletic trainer, team physician or specialist with your permission. The date is not included in the athlete's academic record. The information gathered from the **ImPACT** program may also be utilized in studies currently being conducted by both this school and UPMC. In order to ensure and guarantee your child's anonymity, we have set-up an anonymous data submission system in compliance with HIPPA standards. This data may anonymously be submitted to UPMC for their research purposes. (The UPMC Sports Concussion Program is the founding group of the **ImPACT** software.)

The information gained from testing may also be used to make return to play decisions. The test results are only pieces of a puzzle, which help the physician and/or athletic trainer to return the athlete back to play when it is appropriate and safe.

I wish to stress that the **ImPACT** testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The McDowell administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures.

Sincerely,

M. Caro

Mike Caro
Athletic Director
Millcreek School District

ImPACT software made available by a grant from the **Erie Area Safe Kids Coalition** & donations from **Hamot Sports Medicine & Orthopedic and Sports Medicine of Erie.**

"An Equal Opportunity Employer"

Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPact).

I have read the attached information. I understand it's contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____
Sport _____

Signature of Athlete _____

Date _____

Signature of Parent _____

Date _____