

# Shrine Bowl of The Carolina's 2016 Medical Participation Form

Please Print in Ink or Type:

\_\_\_\_\_  
(Participant's Last Name) (First Name) (Middle Initial)

\_\_\_\_\_  
(Nickname) Date of Birth: \_\_\_\_\_  
(Month / Day / Year)

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

High School \_\_\_\_\_

**Father's / Guardian's Name:** \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Page / Cell (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

**Mother's / Guardian's Name:** \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Page / Cell (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

**Alternate Emergency Contact Person:** \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Page / Cell (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Nighttime Phone: (\_\_\_\_\_) \_\_\_\_\_ Page / Cell (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

**Head Football Coach's Name:** \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_ Page/Cell (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code Area Code

**Athletic Trainer / First Responder's Name:** \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_ Page/Cell (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code Area Code

**Family / Team Physician's Name:** \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

**Medical Insurance Company Name:** \_\_\_\_\_

**Policy Number/s:** \_\_\_\_\_  
\_\_\_\_\_

**\*\*Please include a copy of your CURRENT PHYSICAL EXAM and MEDICAL INSURANCE CARD when you return this packet\*\***

## MEDICAL HISTORY

The following questions are intended to provide the Shrine Bowl Medical / Athletic Training Staff background regarding your medical history. Your responses *Will Not* affect your acceptance to play—that is determined entirely by the pre-game health screening. Please be as honest and frank as possible with your responses.

| Circle the appropriate answer | <i>ALLERGIES</i>  |
|-------------------------------|---|
| 1. <i>YES</i> <i>NO</i>       | Are you allergic to any type of Medications? If <i>YES</i> please list:<br><br>_____            |
| 2. <i>YES</i> <i>NO</i>       | Are you allergic to anything else, (Bee's, Food, etc.)? If <i>YES</i> please list:<br><br>_____ |

| Circle the appropriate answer | <i>GENERAL HISTORY</i>   |
|-------------------------------|--|
| 1. <i>YES</i> <i>NO</i>       | Are you currently taking any medication(s)? If <i>YES</i> , please list the name and dosage<br><br>_____                                       |
| 2. <i>YES</i> <i>NO</i>       | Do you have a history of Asthma? If <i>YES</i> , List prescribed medication _____  |
| 3. <i>YES</i> <i>NO</i>       | Have you ever experienced a brain injury, concussion, or were knocked out? If <i>YES</i> , how many(TIMES) _____ (DATE OF LAST INCIDENT) _____ |
| A. <i>YES</i> <i>NO</i>       | Did your school perform any baseline brain injury testing on you? If <i>YES</i> Circle ONE (SAC, BESS, SCAT2, IMPACT, CVS) Other Explain _____ |
| 4. <i>YES</i> <i>NO</i>       | Have you ever been told you have a heart murmur or heart disease?  |
| 5. <i>YES</i> <i>NO</i>       | Are you missing any of your paired organs (eyes, kidneys, testicles, etc.)   |
| 6. <i>YES</i> <i>NO</i>       | Is there a known history of sickle cell trait, mental disorder, convulsions, or seizures?  |

| Circle the appropriate answer                    | <i>BONE &amp; JOINT</i>  |
|--|--|
| 1. <i>YES</i> <i>NO</i> <i>RIGHT</i> <i>LEFT</i> | Do you have any permanent deformity or disability? If <i>YES</i> describe _____<br><br>_____                   |
| 2. <i>YES</i> <i>NO</i> <i>RIGHT</i> <i>LEFT</i> | Have you had a shoulder dislocation or separation since entering high school?<br>If Yes, Date & describe _____ |
| 3. <i>YES</i> <i>NO</i> <i>RIGHT</i> <i>LEFT</i> | Have you ever had a "BURNER" or "STINGER"? How many THIS YEAR? ____  |
| 4. <i>YES</i> <i>NO</i> <i>RIGHT</i> <i>LEFT</i> | Have you ever been advised to have surgery for a bone or joint condition?                                      |
| 5. <i>YES</i> <i>NO</i>                          | Have you ever had an injury to your back or neck? Describe _____   |
| 6. <i>YES</i> <i>NO</i> <i>RIGHT</i> <i>LEFT</i> | Have you had a knee injury since entering high school? If <i>YES</i> , Date & describe<br><br>_____            |
| 7. <i>YES</i> <i>NO</i> <i>RIGHT</i> <i>LEFT</i> | Do you have a pin, plate, or screw somewhere in your body? If <i>YES</i> , what and where? _____               |
| 8. <i>YES</i> <i>NO</i> <i>RIGHT</i> <i>LEFT</i> | Have you had a fracture during the past <u>TWO YEARS</u> ? If <i>YES</i> , what was fractured? _____           |

# MEDICAL HISTORY CONTINUED

|                                      |                          |
|--------------------------------------|--------------------------|
| <b>Circle the appropriate answer</b> | <b>EYES &amp; DENTAL</b> |
|--------------------------------------|--------------------------|

1. **YES**      **NO**      **Do you wear (glasses) or (contact lenses) when practicing and playing? If YES, circle which.**
2. **YES**      **NO**      **Do you wear a dental appliance? If YES, describe \_\_\_\_\_**  
\_\_\_\_\_
3. **YES**      **NO**      **Do you have dead teeth? If YES, give the approximate location. \_\_\_\_\_**  
\_\_\_\_\_

|                                      |                   |
|--------------------------------------|-------------------|
| <b>Circle the appropriate answer</b> | <b>ADDITIONAL</b> |
|--------------------------------------|-------------------|

1. **YES**    **NO**    **RIGHT**    **LEFT**    **Have you missed ANY practices or games because of an injury sustained this year? If YES, How many practices and / or games did you miss? \_\_\_\_\_**  
**Describe the Injury or Injuries \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In the space below give any medical information you feel is essential to your well-being and our ability to provide quality health care for you during your week with the Shrine Bowl.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT TO PARTICIPATE

As legal guardian of (*Participant's printed name*) \_\_\_\_\_, I hereby give my consent to his practice and play in the Shrine Bowl of the Carolinas.

## MEDICAL AUTHORIZATION

I also grant my permission for treatment deemed necessary for a condition arising during participation in these activities, including medial or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment, and I fully understand the Shrine Bowl will not accept liability for PRE-EXISTING INJURIES. I also agree to allow Shrine Bowl medical staff to obtain any complete medical information from anyone involved prior to treatment(s).

I agree to the need for a screening medical examination and certify the medical history included is accurate to the best of my knowledge. Failure to give an accurate and complete medical history could result in rejection of your son by the medical staff even if he's in excellent health.

## RISK AWARENESS

I / We hereby acknowledge an awareness that participation in the Shrine Bowl Game of the Carolinas involves a risk of injury which may include severe injuries involving paralysis, permanent mental disability or death; and that these injuries may occur in some instances as a result of unavoidable accidents. I / We accept these risks in giving consent to participate in the Shrine Bowl of the Carolinas during the current session by the undersigned athlete.

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Signature) (Printed Name of Parent/Guardian)

**Student Athlete:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Signature) (Printed Name of Student Athlete)

**SHRINE BOWL PRE-GAME HEALTH SCREENING FORM  
TO BE COMPLETED BY SHRINE BOWL PHYSICIANS ONLY**

**GENERAL INFORMATION**

Athlete's Name: \_\_\_\_\_ School: \_\_\_\_\_

Stated Height: \_\_\_\_\_ Stated Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

*Read by* \_\_\_\_\_

**GENERAL EXAMINATION**

Eyes: \_\_\_\_\_

Abdomen: \_\_\_\_\_

ENT: \_\_\_\_\_

Genitalia: \_\_\_\_\_

Heart: \_\_\_\_\_

Neurological: \_\_\_\_\_

All Findings Normal: \_\_\_\_\_

*Examining Physician*

Abnormalities: \_\_\_\_\_

\_\_\_\_\_

**MUSCULOSKELETAL EXAMINATION**

All Findings Normal: \_\_\_\_\_

*Examining Physician*

Abnormalities: \_\_\_\_\_

\_\_\_\_\_

Sent to X-ray to verify a pre-existing injury: Yes: \_\_\_\_\_

**DENTAL EXAMINATION**

*(Please identify missing teeth with an "X". Identify fracture teeth with an "F".)*

Abnormalities: (Describe) \_\_\_\_\_

\_\_\_\_\_

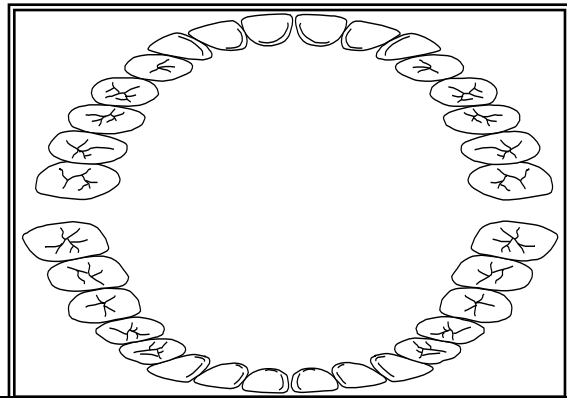
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Examining Dentist*



The above player has received a limited pre-participation health screening and although every possible problem cannot be detected in an examination of this type, no obvious disqualifying factors were observed. We therefore grant permission for his participation in the Shrine Bowl Game.

PHYSICIAN'S APPROVAL FOR PARTICIPATION: \_\_\_\_\_