Please fill out, sign, and date by your Parent(s)/Guardian(s) and return As Soon As Possible.

# WHS Band Parent/Guardian Transportation Permission Form

We, as parents/guardians have given our permission for our son/daughter to make any trips necessary for participation in the activities of the Waltrip High School Band program. We understand that our child will be traveling by means of Houston ISD transportation or other HISD approved transportation. Our child has assured us that he/she will conduct herself/himself in such a way as to give credit to our school and community. We know each trip is an approved school trip and we understand that school rule of conduct and dress code will apply throughout each trip. We are aware that the district policy on dress is required for every trip. It is understood that precautions will be taken in the best interest of the student's safety and well-being. We agree that the faculty members, sponsors, and other adult chaperones that are going will not be held responsible for any accident or misfortune, which might occur in connection with any trip.

The faculty member or sponsor has my consent to give permission to any emergency medical treatment needs for my child. You may be assured that my child is being allowed to take each trip with our full consent.

Date ____________________

Parent/Guardian Signature x____________________________________________

As a Band Student, I have read this and will abide by these requirements.

Band Student Signature x______________________________________________

# Student Medical Information Form

(Please Print)

Home Phone Number_______________________

Emergency Name and Number__________________________________________

______________________________________________________________________

What Allergies or Medications? _________________________________________

______________________________________________________________________

Student's Physician and Number _______________________________________

______________________________________________________________________

Hospitalization and Accident Insurance Policy (Please give the name of the companies and policy numbers)

Company_________________________________ Policy Number________________________

Telephone__________________________________________

Name of Insured _____________________________________________________

Insured's SS# ________________________________________

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, and record my child for use in efforts to promote HISD's activities and achievements. The consent includes allowing my child to be included and/or featured in materials to train teachers and/or increase public awareness of HISD schools through digital and print media including: newspaper, radio, TV, websites, blogs, and social media channels (Facebook, Twitter, YouTube, etc.), DVDs, displays, and brochures. This release includes the use of my child's work, name, image, and/or voice.

- ☐ I attest that I am the parent or guardian of ______________ and **I GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in electronic, digital, and printed media.
- ☐ I attest that I am the parent or guardian of ______________ and **I DO NOT GIVE** HISD and its employees and representatives permission to print, photograph, and record my child for use in audio, video, film or any other electronic, digital, or printed media.

I agree to release the Houston Independent School District, its past, present and future trustees, officers, employees, representatives, and agents, from any and all liability, claims, demands, and causes of action arising out of the use of this material.

I certify that I have read this document and fully understand its terms and conditions. I also understand that I may withdraw consent at any time by sending a written request to the principal of my child's school.

PLEASE PRINT

Name of child ______________________________ Grade ______________

Address ______________________________

City, State, Zip ______________________________

Name of parent or guardian ______________________________

School ______________________________

Signature of parent or guardian ______________________________

Date ______________ Phone Number ______________________________

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) ______________________ Sex ________ Age ____________ Date of Birth ______________

Address ______________________________________________ Phone ______________

Grade ______________________ School ______________________

Personal Physician ______________________________________ Phone ______________

*In case of emergency, contact:*

Name ______________________ Relationship ______________ Phone (H) ______________ (W) ______________

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

| | Yes | No |
|---|---|---|
| 1. Have you had a medical illness or injury since your last check up or physical? | ☐ | ☐ |
| 2. Have you been hospitalized overnight in the past year? | ☐ | ☐ |
| Have you ever had surgery? | ☐ | ☐ |
| 3. Have you ever had prior testing for the heart ordered by a physician? | ☐ | ☐ |
| Have you ever passed out during or after exercise? | ☐ | ☐ |
| Have you ever had chest pain during or after exercise? | ☐ | ☐ |
| Do you get tired more quickly than your friends do during exercise? | ☐ | ☐ |
| Have you ever had racing of your heart or skipped heartbeats? | ☐ | ☐ |
| Have you had high blood pressure or high cholesterol? | ☐ | ☐ |
| Have you ever been told you have a heart murmur? | ☐ | ☐ |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | ☐ | ☐ |
| Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? | ☐ | ☐ |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | ☐ | ☐ |
| Has a physician ever denied or restricted your participation in activities for any heart problems? | ☐ | ☐ |
| 4. Have you ever had a head injury or concussion? | ☐ | ☐ |
| Have you ever been knocked out, become unconscious, or lost your memory? | ☐ | ☐ |
| If yes, how many times? __________ | | |
| When was your last concussion? __________ | | |
| How severe was each one? (Explain below) | | |
| Have you ever had a seizure? | ☐ | ☐ |
| *Do you have frequent or severe headaches?* | ☐ | ☐ |
| Have you ever had numbness or tingling in your arms, hands, legs or feet? | ☐ | ☐ |
| Have you ever had a stinger, burner, or pinched nerve? | ☐ | ☐ |
| 5. Are you missing any paired organs? | ☐ | ☐ |
| 6. Are you under a doctor's care? | ☐ | ☐ |
| 7. Are you currently taking any prescription or non-prescription *(over-the-counter) medication or pills or using an inhaler?* | ☐ | ☐ |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | ☐ | ☐ |
| 9. Have you ever been dizzy during or after exercise? | ☐ | ☐ |
| 10. Do you have any current skin problems (for example, itching, *rashes, acne, warts, fungus, or blisters)?* | ☐ | ☐ |
| 11. Have you ever become ill from exercising in the heat? | ☐ | ☐ |
| 12. Have you had any problems with your eyes or vision? | ☐ | ☐ |
| 13. Have you ever gotten unexpectedly short of breath with exercise? | ☐ | ☐ |
| Do you have asthma? | ☐ | ☐ |
| Do you have seasonal allergies that require medical treatment? | ☐ | ☐ |
| 14. Do you use any *special protective* or *corrective equipment* or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | ☐ | ☐ |
| 15. Have you ever had a sprain, strain, or swelling after injury? | ☐ | ☐ |
| Have you broken or fractured any bones or dislocated any joints? | ☐ | ☐ |
| Have you had *any other problems with pain or swelling in* muscles, tendons, bones, or joints? | ☐ | ☐ |

If yes, check appropriate box and explain below:

| | | |
|---|---|---|
| ☐ Head | ☐ Elbow | ☐ Hip |
| ☐ Neck | ☐ Forearm | ☐ Thigh |
| ☐ Back | ☐ Wrist | ☐ Knee |
| ☐ Chest | ☐ Hand | ☐ Shin/Calf |
| ☐ Shoulder | ☐ Finger | ☐ Ankle |
| ☐ Upper Arm | ☐ Foot | |

| | Yes | No |
|---|---|---|
| 16. Do you want to weigh more or less than you do now? | ☐ | ☐ |
| 17. Do you feel stressed out? | ☐ | ☐ |
| 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | ☐ | ☐ |

*Females Only*

19. When was your first menstrual period? ____________
When was your most recent menstrual period? ____________
How much time do you usually have from the start of one period to the start of another? ____________
How many periods have you had in the last year? ____________
What was the longest time between periods in the last year? ____________

*Males Only*

20. Do you have two testicles? ____________
21. Do you have any testicular swelling or masses? ____________

☐ An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

*It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.*

*If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.*

*If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.*

*I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL*

*Student Signature:* ______________________ *Parent/Guardian Signature:* ______________________ Date: ____________

*Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches.* THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

*For School Use Only:*

*This Medical History Form was reviewed by:* Printed Name ______________________ Date ____________ Signature ______________________

## PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name ______________________________ Sex ______ Age ______ Date of Birth ____________________

Height ______ Weight ______ % Body fat (optional) ______ Pulse ______ BP ___/___ (___/___, ___/___)
brachial blood pressure while sitting

Vision: R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this Physical Examination Form must be completed prior to junior high participation and again prior to first and third years of high school participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * *Local district policy may require an annual physical exam.*

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|---|---|---|---|
| **MEDICAL** | | | |
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart-Auscultation of the heart in the supine position. | | | |
| Heart-Auscultation of the heart in the standing position. | | | |
| Heart-Lower extremity pulses | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (males only) | | | |
| Skin | | | |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | | |
| **MUSCULOSKELETAL** | | | |
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot | | | |
| | | | |

*station-based examination only

### CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: ______________________________

☐ Not cleared for: ____________________ Reason: ____________________

Recommendations: ______________________________

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) ______________________ Date of Examination: ______________

Address: ______________________________

Phone Number: ______________________________

Signature: ______________________________

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.