

Athlete's Name

Grade

Date of Birth

Age

Circle your sport:

Fall Sports

Winter Sports

Spring Sports

Basketball-Girls (Gr 7-8)

Basketball-Boys (Gr 7-12)

Baseball (Gr 9-12)

Cheerleaders (Gr 7-12)

Basketball-Girls (Gr 9-12)

Lacrosse-Girls (Gr 9-12)

Cross Country-Girls (Gr 7-12)

Rifle-Boys/Girls (Gr 9-12)

Softball-Girls (Gr 7-12)

Cross Country-Boys (Gr 7-12)

Swimming-Boys/Girls (Gr 9-12)

Tennis-Boys (Gr 9-12)

Football (Gr 7-12)

Track-Indoor-Boys/Girls (Gr 9-12)

Track-Boys (Gr 7-12)

Golf-Boys (Gr 9-12)

Wrestling-Boys (Gr 7-12)

Track-Girls (Gr 7-12)

Golf-Girls (Gr 9-12)

Volleyball-Boys (Gr 7-12)

Soccer-Boys (Gr 7-12)

Volleyball-Girls (Gr 7-8)

Soccer-Girls (Gr 7-12)

Tennis-Girls (Gr 9-12)

Volleyball-Girls (Gr 9-12)

Circle all grades (in any school district) in which you participated in this sport:

7 8 9 10 11 12

Circle all grades you completed in the Butler School District

9 10 11

Have you repeated any grade beginning with Grade 7? _____

School District in which the student resides _____

Butler Area School District
Student Injury Information
(Please print)

Sport _____ Grade _____

Athlete's Last Name _____ Athlete's First Name _____ Telephone _____

Birthdate _____ Name of Parents/Guardians _____

_____ Father's Work Telephone _____ Mother's Work Telephone _____

Athlete's Address _____

Nearest Neighbor/Relative to Contact _____ Telephone _____

Family Doctor _____ Telephone _____

Despite all our efforts, accidents do happen occasionally in athletics as elsewhere. The school is not legally liable for medical or hospital expenses resulting from athletic injuries incurred in interscholastic sports, but we certainly want to do our part to obtain the best possible protection for our young people.

Because the school insurance does not cover all expenses, the best available insurance for the amount of money involved is a combination of school insurance and your own personal family insurance. Our school insurance covers a wide range of accidents in all sports except varsity football. In order for our athletes to be insured as well as possible, we require each participant to purchase the above mentioned school insurance or provide us with a waiver form which explains that you have him/her adequately insured with your own personal family insurance. This applies to all athletic teams with the exception of varsity football.

We solicit your help in the smooth functioning of our athletic program. If you have any questions, please call the school. If you understand the program and are willing to have your child participate, please check the appropriate blank (X).

_____ This is to acknowledge that my child has purchased the school insurance.

_____ This is to acknowledge that my child is adequately covered by our own personal insurance against injuries sustained in interscholastic athletics.

In case of illness or injury, I/We give my/our consent to the hospital or physician to perform or administer emergency care and treatment of my/our son/daughter _____.
I understand that this consent would only be used in emergency situation.

SIGNATURE OF PARENT/GUARDIAN

If you are in a managed health program, who is your PCP? _____

Athlete's Name	Date
Sport	Birthdate

Please answer all questions:

1. **Has Had**

A. Rheumatic Fever of Scarlet Fever	Yes	_____	No	_____
B. Seizure or Convulsive Disorder	Yes	_____	No	_____
C. Anemia (including sickle cell anemia)	Yes	_____	No	_____
D. Mononucleosis or Hepatitis	Yes	_____	No	_____
E. Asthma	Yes	_____	No	_____
a. Trouble breathing when running or playing hard?	Yes	_____	No	_____
b. Trouble breathing or chest tightness at night?	Yes	_____	No	_____
c. Wheezing sound in chest?	Yes	_____	No	_____
d. Missed school related to breathing/coughing?	Yes	_____	No	_____
e. Hay fever with stuffy nose, sneezing, itching eyes?	Yes	_____	No	_____
f. Family history of allergies or asthma?	Yes	_____	No	_____
F. Diabetes	Yes	_____	No	_____
G. High Blood Pressure	Yes	_____	No	_____
H. Kidney Disease	Yes	_____	No	_____
I. Retinal Detachment or Eye Disorder	Yes	_____	No	_____
J. Absence of a Paired Organ (Kidney, etc.)	Yes	_____	No	_____
K. Concussion (If yes, how many times _____)	Yes	_____	No	_____
L. Thyroid Disease	Yes	_____	No	_____
M. Gastrointestinal Disease	Yes	_____	No	_____

2. Any history of fainting related to exercise? Yes _____ No _____
3. Any known allergies? Yes _____ No _____
 Allergy Medication _____

4. Take any medication now? Yes _____ No _____
 Name of Medication _____

5. Under a physician's care now? Yes _____ No _____
6. Had an illness lasting more than a week? Yes _____ No _____
7. Has been in hospital (except tonsillectomy)? Yes _____ No _____
8. Has had surgery? Yes _____ No _____
9. Has had tetanus immunization? (Date _____) Yes _____ No _____
10. Wears glasses or contact lenses? Yes _____ No _____
11. Last menstrual period (Date _____) Yes _____ No _____
12. Has had emotional problems requiring medical care? Yes _____ No _____
13. Has had low back pain? Yes _____ No _____
14. Has had an injury of a muscle, bone, joint, ligament, or tendon? Yes _____ No _____
15. Has had any serious injury or illness since participating in this sport last year? Yes _____ No _____

Please explain any "yes" answers to above questions.

Signature of Parent/Guardian	Date
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Medical Examiner's Certificate

Pursuant to Article V., Health, Section 1, preparticipation physical evaluation necessary before a pupil begins practice, or the PIAA by-laws. I have performed a preparticipation physical evaluation of _____, a pupil Butler Area School District and find the said pupil to be physical fit to commence practice and participate in athletic contests with members of school teams in the sport and during the sports season as indicated by the date of the preparticipation physical evaluation or certification and my signature.

Sport	Date of PPE or Cert.	Medical Examiner's Signature
Baseball	_____	_____, MD, DO, PAC, CRNP, SNP
Basketball-Boys	_____	_____, MD, DO, PAC, CRNP, SNP
Basketball-Girls	_____	_____, MD, DO, PAC, CRNP, SNP
Cheerleaders	_____	_____, MD, DO, PAC, CRNP, SNP
Cross Country-Boys	_____	_____, MD, DO, PAC, CRNP, SNP
Cross Country-Girls	_____	_____, MD, DO, PAC, CRNP, SNP
Football	_____	_____, MD, DO, PAC, CRNP, SNP
Golf	_____	_____, MD, DO, PAC, CRNP, SNP
Lacrosse	_____	_____, MD, DO, PAC, CRNP, SNP
Rifle	_____	_____, MD, DO, PAC, CRNP, SNP
Soccer-Girls	_____	_____, MD, DO, PAC, CRNP, SNP
Soccer-Boys	_____	_____, MD, DO, PAC, CRNP, SNP
Softball	_____	_____, MD, DO, PAC, CRNP, SNP
Swimming	_____	_____, MD, DO, PAC, CRNP, SNP
Tennis-Boys	_____	_____, MD, DO, PAC, CRNP, SNP
Tennis-Girls	_____	_____, MD, DO, PAC, CRNP, SNP
Track-Boys	_____	_____, MD, DO, PAC, CRNP, SNP
Track-Girls	_____	_____, MD, DO, PAC, CRNP, SNP
Track-Indoor	_____	_____, MD, DO, PAC, CRNP, SNP
Volleyball-Boys	_____	_____, MD, DO, PAC, CRNP, SNP
Volleyball-Girls	_____	_____, MD, DO, PAC, CRNP, SNP
Wrestling	_____	_____, MD, DO, PAC, CRNP, SNP

(WRESTLING-CIRCLE APPROPRIATE WEIGHT CLASS)

Senior High School

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	275 lbs				

Junior High School

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

Medical Examiner's Signature _____

ARTICLE V HEALTH

Section 1. Preparticipation Physical Evaluation Necessary Before Student Begins, Practice

No student shall be eligible to represent a member school in any interscholastic athletic contest unless the student has participated in a preparticipation physical evaluation performed by a licensed physician of medicine or osteopathic medicine, a physician assistant certified, a certified registered nurse practitioner, or a school nurse practitioner before the student's first sports season's first practice day of that school year, and the licensed physician of medicine or osteopathic medicine, physician assistant certified, certified registered nurse practitioner, or school nurse practitioner has signed either the PIAA Medical Examiner's Certificate or the PA Governor's Council on Physical Fitness and Sports Preparticipation Sports Physical Evaluation form. Before each subsequent sports season's first practice day of the same school year, the student shall be reevaluated or certified by a licensed physician of medicine or osteopathic medicine, a physician assistant certified, a certified registered nurse practitioner, or a school nurse practitioner that the student's condition is satisfactory before the student commences practice for the intended sport, and the licensed physician of medicine or osteopathic medicine, physician assistant certified, certified registered nurse practitioner, or school nurse practitioner shall sign either the PIAA Medical Examiner's Certificate or the PA Governor's Council on Physical Fitness and Sports Recertification for Sports Participation form.

The preparticipation physical evaluation for fall sports shall not be performed earlier than June 1. The evaluation, reevaluation or certification for all other sports shall not be performed earlier than six weeks prior to the first practice day for each applicable sport. The reevaluation or certification for all other subsequent sports should not be performed until after completing of the immediately preceding sport (s).