

FCPS MIDDLE SCHOOL SPORTS ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year _____

PART I- ATHLETIC PARTICIPATION (To be filled in and signed by the student)

Male _____
Female _____

PRINT CLEARLY

Name _____ Student ID# _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any FCPS middle school interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be currently enrolled in not fewer than five subjects, or their equivalent.
- As determined by the principal, eligible to participate in the middle school after-school program and middle school athletic program.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by FCPS and your school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations.** Meeting the intent and spirit of these standards will prevent you, your team, school, and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any school or FCPS athletic program, publication or video.

EACH SCHOOL MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

→Student Signature: _____ Date: _____

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

| STUDENT INFORMATION | | | | | |
|---|---------|------------------------|--------------------|--|-------------|
| Last: | First: | Middle: | Date of Birth: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Grade: |
| School Name: | ID No.: | Teacher or Counselor : | | Bus # (AM): | Bus # (PM): |
| <input type="checkbox"/> Student has medical alert information on file. See page 2 for details. | | | Student Cell _____ | | |

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

| | | | | |
|---|---------|--|-----------|-----------|
| Enrolling Parent | Last: | First: | Middle: | Telephone |
| | | | | Home: |
| | Number: | Street: | Apt. #: | Work: |
| | City: | | State: | Zip: |
| | | | | Cell: |
| Relationship: | | <input checked="" type="checkbox"/> Resides with | Language: | E-mail: |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self | | | | |

| | | | | |
|---------------------|---------|---------------------------------------|-----------|-----------|
| Other Parent | Last: | First: | Middle: | Telephone |
| | | | | Home: |
| | Number: | Street: | Apt. #: | Work: |
| | City: | | State: | Zip: |
| | | | | Cell: |
| Relationship: | | <input type="checkbox"/> Resides with | Language: | E-mail: |
| | | | | |

| | | | | |
|---------------------|---------|---------------------------------------|-----------|-----------|
| Other Parent | Last: | First: | Middle: | Telephone |
| | | | | Home: |
| | Number: | Street: | Apt. #: | Work: |
| | City: | | State: | Zip: |
| | | | | Cell: |
| Relationship: | | <input type="checkbox"/> Resides with | Language: | E-mail: |
| | | | | |

| | | | | |
|---------------------|---------|---------------------------------------|-----------|-----------|
| Other Parent | Last: | First: | Middle: | Telephone |
| | | | | Home: |
| | Number: | Street: | Apt. #: | Work: |
| | City: | | State: | Zip: |
| | | | | Cell: |
| Relationship: | | <input type="checkbox"/> Resides with | Language: | E-mail: |
| | | | | |

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

| Name of Person | Relationship | Language | Telephone |
|----------------|--------------|----------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

* Please remember to sign page 2.



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

| STUDENT INFORMATION | | | | | |
|--|--------|---|-----------------------|--|-------------|
| Last: | First: | Middle: | Date of Birth: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Grade: |
| School Name: | | ID No.: | Teacher or Counselor: | | Bus # (AM): |
| Siblings attending the same school (complete if applicable). Name(s): _____ Name(s): _____ | | Primary Internet access in the home for this student is <input type="checkbox"/> Cellular <input type="checkbox"/> Broadband <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Declined Do you have a device for this student to use that meets their educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined | | | |

| CURRENT HEALTH CONDITIONS | |
|---|--|
| <p>Below check any current health condition(s) that EMS or an emergency room physician should know about health of your student. Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.</p> | |
| <input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____ <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____ _____ _____ _____ | <input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____ <input type="checkbox"/> respiratory (be specific) _____ <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____ _____ _____ |
| <p>List all medications and dosages your child receives on a continual basis:</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

| MEDICAL ALERT INFORMATION ON FILE |
|---|
| <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>This space reserved for system printing of Health Information</p> </div> |

| PHYSICIAN INFORMATION | |
|---|--|
| <p>My child's medical care is provided by: _____ (name of doctor, clinic, or HMO) _____ (telephone)</p> | |
| <p>Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>If yes, medical coverage is provided by: _____ (health insurance company, assistance program, HMO, etc.) _____ (telephone)</p> | |

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____