

# SOMERSET MIDDLE SCHOOL ATHLETIC REQUIREMENTS

In order to be eligible (try out, practice, play) in the interscholastic sports programs at Somerset Middle School, the following must be completed and submitted:

The following forms are to be submitted to the nurse to be eligible:

- 1. Athletic Health Questionnaire:** *Parents/Guardians be sure to complete in full and sign the signature line.*
- 2. Physical Form:** *If you do not have a current physical on file, have your Physician complete and sign the Physical Examination form (see note below).*
- 3. Indemnity Form:** *Complete both sides of the permission/emergency form, including both student and parent/guardian signatures on front.*
- 4. Concussion In Sports Course:** Student must complete the on line NFHS concussion in sports course. This course is free and available online at:  
<http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=concussion> After completing the course, print the certificate and submit a copy of the certificate to the nurse.
- 5. Concussion In Sports Course:** A parent/guardian must complete the on line NFHS concussion in sports course. This course is free and available online at:  
<http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=concussion> After completing the course, print the certificate and submit a copy of the certificate to the nurse.
- 6. Sportsmanship Course:** Student must complete the online NFHS sportsmanship course. This course is free and available on line at:  
<http://nfhslearn.com/courses?utf8=%E2%9C%93&searchText=sportsmanship> After completing the course, print the certificate and submit a copy of the certificate to the nurse.

\*\*\*All of the above must be submitted to Nurse Lawrence at Somerset Middle School, 1141 Brayton Ave., Somerset MA. Paperwork received after the submission dates will not guarantee clearance for pre-season start dates. The school nurse reserves the right to require a specific medical clearance from a specialist (orthopedist, neurologist, cardiologist, etc.) based on the updated health history.

## Submission Dates

For Fall Sports: August 12, 2016

For Winter Sports: October 28, 2016

For Spring Sports: March 3, 2017

NOTE: The physical exam will cover the student for 13 months from the exam date. A student's eligibility will terminate once a physical has reached the 13 month limit. (MIAA Handbook, part 56.1) For legal reasons, official paperwork from a physician's office may not be altered or falsified by a student and /or parent/guardian. This includes but is not limited to dates, signatures, or content. Falsifying a student's medical record is criminal in nature and will not be tolerated. Infractions will affect the student's participation in his/her sport. Faxed copies of physical exams or medical clearance must be faxed directly from the examining physician's office, not by a parent/guardian, in compliance with MA DPH guidelines. Please fax to SMS at 508-324-3145, attention Nurse Lawrence. If you have any questions please contact Nurse Lawrence at 508-324-3140 or email [tammi.lawrence@somersetps.com](mailto:tammi.lawrence@somersetps.com).

**SOMERSET PUBLIC SCHOOLS  
ATHLETIC HEALTH QUESTIONNAIRE**

**Student's Name:** \_\_\_\_\_

**Grade** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Sport Participating**

**In** \_\_\_\_\_ **Date** \_\_\_\_\_

Have you ever been hospitalized?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you ever had surgery?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Are you presently taking any medication?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Do you have any allergies? (medicine, food, insects, etc.)

no \_\_\_ yes \_\_\_ explain \_\_\_\_\_

Have you ever fainted or felt dizzy or during or after exercise?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you ever had chest pain during or after exercise?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you ever had high blood pressure?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you ever been told that you have a heart murmur?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you ever had racing of the heart or skipped heartbeats?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Has anyone in your family died suddenly of heart problems before the age of 50?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you ever had a head injury?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you ever been diagnosed with a concussion?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you ever had a seizure?

no \_\_\_ yes \_\_\_ explain \_\_\_\_\_

Do you have trouble breathing or do you cough after activity?  
explain \_\_\_\_\_

no \_\_\_ yes \_\_\_

Do you use any special equipment (pads, braces, neck rolls, mouth or eye guards)?  
explain \_\_\_\_\_

no \_\_\_ yes \_\_\_

Have you had any problems with your eyes or vision?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you had any dental repairs?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Have you had any bone or spine injuries or disease?

no \_\_\_

yes \_\_\_ explain \_\_\_\_\_

Do you wear glasses, contacts, or protective eyewear?

no \_\_\_ yes \_\_\_

explain \_\_\_\_\_

Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of the following bones or joints? no \_\_\_ yes \_\_\_ date \_\_\_\_\_

\_\_\_ head \_\_\_ shoulder \_\_\_ thigh \_\_\_ neck \_\_\_ knee \_\_\_ chest \_\_\_ hip

\_\_\_ forearm \_\_\_ shin/calf \_\_\_ back \_\_\_ wrist \_\_\_ hand \_\_\_ foot \_\_\_ other

If yes, explain.

\_\_\_\_\_

Have you had any other medical problems (asthma, mononucleosis, hepatitis, diabetes, rheumatic fever, etc.)

no\_\_\_ yes\_\_\_

If yes, explain. \_\_\_\_\_

Date of last tetanus shot and where received

\_\_\_\_\_

*I hereby certify that the above information provided is accurate and true to the best of my knowledge. **Signature of***

**Parent/Guardian** \_\_\_\_\_

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**SOMERSET PUBLIC SCHOOLS  
PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Gr. \_\_\_\_\_ DOB \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

\*\*\*\*\*

Date of Physical _____	<u>Normal</u>	<u>Abnormal Findings</u>
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**Cardiopulmonary:**

Heart	_____	_____
Pulses	_____	_____
Lungs	_____	_____

**Skin:**

_____	_____	_____
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**Abdominal:**

_____	_____	_____
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**Genitalia:**

_____	_____	_____
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**Musculoskeletal:**

Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back (incl. scoliosis)	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

**Neuro:**

_____	_____	_____
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**Other:**

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**Medications:** Y N Name of meds., dosage, and frequency \_\_\_\_\_

**Allergies:** Y N If yes, please describe \_\_\_\_\_

**Immunizations/Boosters:** (give exact dates)  
 Td \_\_\_\_\_ MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**Screenings:** Urine Check (Protein) \_\_\_\_\_

**Significant findings:** \_\_\_\_\_

**Significant illness or injuries:** \_\_\_\_\_

**Medication or treatment orders to be carried out at school:** \_\_\_\_\_  
 \_\_\_\_\_

**Sports Clearance:** A.) Cleared \_\_\_\_ B.) Not cleared \_\_\_\_ C.) Cleared after \_\_\_\_\_

Name of Physician (print clearly) \_\_\_\_\_

\_\_\_\_\_  
 Signature of Physician Date of Signature

**SOMERSET PUBLIC SCHOOLS ATHLETICS**  
**PARENTAL CONSENT, RELEASE FROM LIABILITY**  
**AND INDEMNITY AGREEMENT**

We the undersigned parent(s) or guardian(s) of \_\_\_\_\_  
a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever **RELEASE**,  
acquit, discharge, and covenant to hold harmless the Town of Somerset, a municipal corporation of the State of  
Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and  
all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on  
account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or  
property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also  
all claims or right of action for damages which said minor has or hereafter may acquire, either before or after  
he/she has reached his/her majority resulting or to result from his/her participation in the Somerset Public  
Schools' Physical Education Department's athletic programs: **FURTHERMORE**, we/I hereby agree to protect the  
Town of Somerset and its successors, departments, officers, employees, servants and agents against any claim  
for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said  
minor in connection with his/her participation in the Somerset Public Schools' Physical Education Department's  
voluntary athletic programs, and to **INDEMNIFY**, reimburse or make good to the Town of Somerset or its  
successors, departments, officers, employees, servants and agents any loss or damage or costs, including  
attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's  
intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs.

School \_\_\_\_\_ Sport \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Parent(s) or Guardian(s)      Date      Relationship

**Signature of Student**

**This form may not be altered**

\_\_\_\_\_  
Student's Last Name      First Name      Middle Initial

\_\_\_\_\_  
Home Address      Zip Code

\_\_\_\_\_  
Telephone No.      Mo.      Day      Year      Date of Birth      Grade      Homeroom

A copy of birth certificate may be required

**IN CASE OF EMERGENCY CALL**

\_\_\_\_\_  
**Name      Tel. No.      Relationship**

\_\_\_\_\_  
**Name      Tel. No.      Relationship**

\_\_\_\_\_  
**Family Health Insurance Plan      Policy No.**

Do you wish to subscribe to Student Accident Insurance       YES       NO