

2009-2010 MSHSL SPORTS QUALIFYING PHYSICAL HISTORY FORM

DATE OF EXAM _____

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F
 Address: _____
 Home Telephone: _____ - _____ - _____
 School: _____ Grade: _____ Sports: _____

History

Circle Y for Yes or N for No Circle Question Number (1. etc) of questions for which the answer is unknown.

- | | |
|--|-------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports? | Y / N |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | Y / N |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | Y / N |
| List: _____ | |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | Y / N |
| 5. Have you ever passed out or nearly passed out DURING exercise? | Y / N |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | Y / N |
| 7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | Y / N |
| 8. Does your heart race or skip beats during exercise? | Y / N |
| 9. Has a doctor ever told you that you have? (circle): High blood pressure A heart murmur High cholesterol A heart infection Rheumatic fever | |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram, stress test) | Y / N |
| 11. Has anyone in your family died suddenly and unexpectedly for no apparent reason? | Y / N |
| 12. Does anyone in your family have a heart problem? | Y / N |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | Y / N |
| 14. Has anyone in your family less than 50 years old had unexplained drowning while swimming or an unexplained car accident? | Y / N |
| 15. Does anyone in your family have Marfan syndrome? | Y / N |
| 16. Have you ever spent the night in a hospital? | Y / N |
| 17. Have you ever had surgery? | Y / N |
| 18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? | Y / N |
| 19. Have you had any broken or fractured bones, or dislocated joints? | Y / N |
| 20. Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? | Y / N |
| If yes, circle below:
Head Neck Shoulder Chest Upper Arm Elbow Forearm Hand/Fingers Upper Back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes | |
| 21. Have you ever had a stress fracture? | Y / N |
| 22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | Y / N |
| 23. Do you regularly use a brace or assistive device? | Y / N |
| 24. Has a doctor ever told you that you have asthma or allergies? | Y / N |
| 25. Do you cough, wheeze, chest tightness, or have difficulty breathing during or after exercise? | Y / N |
| 26. Is there anyone in your family who has asthma? | Y / N |
| 27. Have you ever used an inhaler or taken asthma medicine? | Y / N |
| 28. Do you develop a rash or hives when you exercise? | Y / N |
| 29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | Y / N |
| 30. Have you had infectious mononucleosis (mono) within the last month? | Y / N |
| 31. Do you have any rashes, pressure sores, or other skin problems? | Y / N |
| 32. Have you had a herpes skin infection? | Y / N |
| 33. Have you ever had a head injury or concussion? | Y / N |
| 34. Have you been hit in the head and been confused or lost your memory? | Y / N |
| 35. Have you ever had a seizure? | Y / N |
| 36. Do you have headaches with exercise? | Y / N |
| 37. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | Y / N |
| 38. Have you ever been unable to move your arms or legs after being hit or falling? | Y / N |
| 39. When exercising in the heat, do you have severe muscle cramps or become ill? | Y / N |
| 40. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | Y / N |
| 41. Have you had any problems with your eyes or vision? | Y / N |
| 42. Do you wear glasses or contact lenses? | Y / N |
| 43. Do you wear protective eyewear, such as goggles or a face shield? | Y / N |
| 44. Are you happy with your weight? | Y / N |
| 45. Are you trying to gain or lose weight? | Y / N |
| 46. Has anyone recommended you change your weight or eating habits? | Y / N |
| 47. Do you limit or carefully control what you eat? | Y / N |
| 48. Do you get tired more quickly than your friends do during exercise? | Y / N |
| 49. Do you have any concerns that you would like to discuss with a doctor? | Y / N |
| FEMALES ONLY | |
| 50. Have you ever had a menstrual period? | Y / N |
| 51. How old were you when you had your first menstrual period? _____ | |
| 52. How many menstrual periods have you had in the last year? _____ | |

Notes: _____

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Legal Guardian Signature _____ Student-Athlete Signature _____ Date _____

2009-2010 MSHSL SPORTS QUALIFYING PHYSICAL EXAMINATION FORM

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F

Follow-Up Questions About More Sensitive Issues:

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
9. Question "Risk Behaviors" like guns, seatbelts, unprotected sex, domestic violence, drugs, and others.

Notes About Follow-Up Questions:

MEDICAL EXAM

Height _____ Weight _____ BMI (optional) _____ % Body fat (optional) _____ Arm Span _____
 Pulse _____ BP _____ / _____ (_____ / _____)
 Vision: R 20/ _____ L 20/ _____ Corrected: Y / N Contacts: Y / N Hearing: R _____ L _____ (Audiogram or confrontation)

Exam	Normal	Abnormal Notes	Initials*
Appearance	Y / N		
HEENT	Y / N		
Eyes	Y / N		
Fundoscopic	Y / N		
Pupils	Equal / Unequal		
Ears/Nose	Y / N		
Hearing	Y / N		
Throat	Y / N		
Dental	Y / N		
Lymph Nodes	Y / N		
Thyroid	Y / N		
Heart	Y / N		
Murmurs	Y / N		
Pulses	Y / N		
Lungs	Y / N		
Abdomen	Y / N		
Genitourinary (Male)	Y / N		
Hernia	Y / N		
Tanner Staging (optional)	I II III IV V		
Skin	Y / N		
Musculoskeletal			
Neck	Y / N		
Back	Y / N		
Shoulder/Arm	Y / N		
Elbow/Forearm	Y / N		
Wrist/Hand/Fingers	Y / N		
Hip/Thigh	Y / N		
Knee	Y / N		
Leg/Ankle	Y / N		
Foot/Toes	Y / N		
Duck Walk	Y / N		

* Required Only if Multiple Examiners

Notes: _____

Assessment:

Immunizations: Up-to-Date

Health maintenance:

Plan:

- Cleared for sports without restriction Restricted participation (see Clearance Form)
 Immunize if needed (Required by age 12: DTaP series plus tD with Pertusis, 4 HIB, 2MMR, 3 HBV, 4 IPV, 2 varicella)
 Consider Flu Shot (Asthma, winter athletes)
 Lifestyle, health, and safety counseling
 Discussed dental care and mouthguard use
 Discussed Lead and TB exposure – (Testing indicated / not indicated)

Attending Physician Signature: _____ Date: _____

2009-2010 MSHSL SPORTS QUALIFYING PHYSICAL EXAMINATION CLEARANCE FORM

Minnesota State High School League

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F
 Address: _____
 Home Telephone: _____ - _____ - _____
 School: _____ Grade: _____ Sports: _____

I certify that the above student has been medically evaluated and is deemed to be physically fit to: (Check One Box)

(1) Participate in all school interscholastic activities without restrictions.

(2) Participate in any activity not crossed out below.

Sport classification based on contact

Collision Contact Sports	Limited Contact Sports	Non-contact Sports
Basketball Diving Ice Hockey Wrestling Boys' Lacrosse Football Soccer	Baseball Field Events High Jump Pole Vault Gymnastics Softball Cheerleading Adapted Floor Hockey Nordic Skiing Alpine Skiing Girls' Lacrosse Volleyball	Badminton Field Events Discus Shot Put Tennis Dance Team Golf Cross Country Running Swimming Track

Sport classification based on intensity and strenuousness

High Intensity High-to-Moderate Dynamic High-to-Moderate Static	High Intensity High-to-Moderate Dynamic Low Static	High Intensity Low Dynamic High-to-Moderate Static	Low Intensity Low Dynamic Low Static
Alpine Skiing Cross Country Running Distance Track Events Football Ice Hockey Nordic Skiing Sprint Track Events Wrestling	Badminton Baseball Dance Team Lacrosse (Boys and Girls) Soccer Softball Swimming Tennis Volleyball	Cheerleading Diving Field Events Gymnastics	Golf

(3) Requires further evaluation before a final recommendation can be made.

Additional recommendations for the school or parents: _____

(4) Not cleared for: All Sports Specific Sports _____

Reason: _____

I have examined the above named student and completed the Sports Qualifying Physical Exam as required by the Minnesota State High School League. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents.

Attending Physician Signature: _____ Date of Exam: _____

Print Physician Name: _____

Address: _____

Office Telephone: _____ - _____ - _____

COPY THIS CLEARANCE FORM FOR THE STUDENT TO RETURN TO THE SCHOOL AND KEEP THE ENTIRE 3-PAGE FORM IN THE STUDENT'S MEDICAL RECORD.

Valid for 3 years from above date with a normal Annual Health Questionnaire. [Year 2 Normal] [Year 3 Normal]

IMMUNIZATIONS [Consider tD or tdap (age 12) ; MMR (2 required); hep B (3 required); varicella (2 required or history of disease); poliomyelitis; influenza]

Up-to-date (see attached school documentation) Not up-to-date / Specify _____

IMMUNIZATIONS GIVEN TODAY: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Emergency Contact: _____ Relationship _____

Telephone: (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____

Personal Physician _____ Office Telephone _____ - _____ - _____

2009-2010 MSHSL ATHLETIC ELIGIBILITY STATEMENT

Statement to be signed by the participant from a MSHSL member school and by the participant's parent or guardian

- I have read, understand, and acknowledge receiving the 2009-2010 Athletic Eligibility Brochure, which contains only a summary of the eligibility rules of the Minnesota State High School League. I understand that a copy of the Official Handbook of the MSHSL is on file with the senior high school athletic director and or principal and that I may review it, in its entirety, if I so choose. The Official Handbook and MSHSL bylaws are also posted on the MSHSL Web site: www.mshsl.org in the Resources/Publications/Eligibility section for my review.
- I understand that once I sign the eligibility statement all eligibility rules apply:
 - Twelve (12) months of the year;
 - Whether I am currently participating or not;
 - Continuously from the first signing of the statement through the completion of my high school eligibility.
- I further understand that a member school of the MSHSL must adhere to all of the rules and regulations that pertain to the League athletic activities a school may sponsor and that local rules may be more stringent, and penalties more severe, than MSHSL rules.

STUDENT CODE OF RESPONSIBILITIES

- As a student participating in my school's interscholastic activities, I understand and accept the following responsibilities:
 - I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
 - I will be fully responsible for my own actions and the consequences of my actions.
 - I will respect the property of others.
 - I will respect and obey the rules of my school and the laws of my community, state and country.
 - I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.

A student whose character or conduct violates the Student Code of Responsibilities or is suspended or expelled is not in good standing and is ineligible for a period of time as determined by the principal. While a student not in good standing, a student may not serve any penalty for MSHSL bylaw violations.

- *Informed Consent:* By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Herpes and Hepatitis B and others. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN MSHSL-SPONSORED ACTIVITY WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**
- I consent to the athletic trainer or coach treating injuries and authorize them to discuss those injuries with and release any applicable medical information or records relating to those injuries to coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.
- I further understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.
- By signing this we acknowledge that we have read the information contained in the Athletic Eligibility Brochure and Statement.

The student/parent authorizes the release of documents and other pertinent information by the school in order to determine student eligibility. In addition, the student/parent understands and agrees that public information shall include names and pictures of students participating in or attending extra-curricular activities, school events, and High School League activities or events.

Student's Signature

Birth Date

Grade in School

Date

Parent's or Guardian's Signature

Date



CENTENNIAL SCHOOL DISTRICT #12
INSURANCE WAIVER THEREOF

2009-10 SCHOOL YEAR

As parent/guardian of _____, I have adequate insurance and agree to
"Hold Harmless" Centennial School District #12 and its agent due to an accident or injury during the
school day and any school approved event.

Name of Insurer/Group

Date

Parent/Guardian Signature

In the event of an injury:

All notices of injury must be turned into the school nurse the day of the accident or the next day school is in session. Students must see a doctor within thirty (30) days or the insurance for that injury is void. It is imperative that all coaches, students and parents note these procedures.

**CENTENNIAL SENIOR HIGH SCHOOL
ATHLETIC/ACTIVITIES FEE SCHEDULE
2009-10**

The following requirements **must be met prior** to participating in Senior High School athletics for the Centennial School District:

1. You **must** submit a **current** physical (within three years) as well as a **signed Parent Permit** form.
2. Pay the **athletic fee** as per attached application.
3. You must sign the **insurance waiver**.
4. **Minnesota State High School Rules and Regulations** are followed.

RULES REGARDING FEES

1. The fee must be paid **prior** to the participant's first practice.
2. A family fee of **\$800 maximum** shall apply for all students in grades **9-12**. Ski lift tickets are not applicable to the family maximum.
3. Students receiving free lunch shall not be charged a fee. Students receiving reduced lunch will pay a reduced fee. A copy of a lunch verification letter must accompany this packet to receive this benefit.
4. **No refunds** will be allowed for any reason after one-half of the regular scheduled contests have been completed.
5. A student may withdraw and receive a full refund during the **first calendar week** of their participation.
6. After a student's first week of participation, a refund may be allowed if the student's withdrawal is the result of illness or injury. The illness or injury must have a prognosis as lasting the duration of the season.
7. The Activities Director must approve **all** refunds.

HIGH SCHOOL ACTIVITIES

Knowledge Bowl	\$150.00
Math Team	\$125.00
Mock Trial	\$125.00
Speech Team	\$115.00

DRAMA FEES

Musical	\$120.00
One Act	\$105.00
Spring Play	\$120.00

HIGH SCHOOL ACTIVITIES

FAMILY NAME _____ STUDENT NAME _____

TELEPHONE NUMBER _____ GRADE _____

FALL SPORTS

Adapted Soccer	\$115.00
Cheerleading	\$120.00
B/G Cross Country (7-12)	\$215.00
Football	\$270.00
Soccer B/G	\$215.00
Swimming/Diving (7-12)	\$250.00
Tennis* (Girls) (7-12)	\$200.00
Volleyball	\$235.00

WINTER SPORTS

Adapted Floor Hockey	\$150.00
B/G Basketball	\$305.00
Cheerleading	\$120.00
Dance Team	\$290.00
Gymnastics	\$270.00
Hockey B/G	\$355.00
Skiing B/G (7-12) Lift Fee Plus	\$120.00
Wrestling	\$270.00

SPRING SPORTS

Adapted Softball	\$100.00
Baseball	\$235.00
Golf B/G (7-12)	\$235.00
Lacrosse, Boys	TBD**
Lacrosse, Girls	TBD**
Softball	\$235.00
Tennis* (Boys) (7-12)	\$200.00
Track B/G	\$235.00

Intramural program available to those students (7th and 8th graders) who **do not make the JV or Varsity program.*

***Does not apply to family maximum.*



2009-2010

ATHLETIC ELIGIBILITY BROCHURE

Students: Your participation in high school activities is dependent on your eligibility. PROTECT that eligibility by reviewing with your parent(s)/guardian(s) this summary of Minnesota State High School League rules which govern your participation. Complete regulations are found in the MSHSL Official Handbook which is available at each member high school and which is also posted on the MSHSL Web site: www.mshsl.org. Please keep this brochure for reference, and if there is a question about any rule interpretation, **CONTACT YOUR SCHOOL PRINCIPAL OR ATHLETIC/ACTIVITIES DIRECTOR.**

I understand that once I sign the eligibility statement all eligibility rules apply:

- Twelve (12) months of the year;
- Whether I am currently participating or not;
- Continuously from the first signing of the statement.

Parents/Guardians: REVIEW the following rules with your son or daughter. Your role in stressing the value of following these rules cannot be overstated.

Checklist for Student Eligibility (If you cannot check all 11 items, see your athletic/activities director or principal)

- | | |
|---|---|
| <input type="checkbox"/> 1. Making academic progress toward graduation. | <input type="checkbox"/> 8. Have not and will not compete in non-school events in my sport after reporting for the school team. |
| <input type="checkbox"/> 2. Will not have turned 20 before the start of the season in which I participate. | <input type="checkbox"/> 9. Have not and will not use or possess tobacco or alcoholic beverages, use, consume, have in possession, buy, sell or give away any other controlled substance, including steroids. |
| <input type="checkbox"/> 3. Physical exam within the last three (3) years on file with the school. | <input type="checkbox"/> 10. Have not and will not violate the racial/religious/sexual harassment/violence/and hazing bylaws of the MSHSL. |
| <input type="checkbox"/> 4. Have not transferred schools. | <input type="checkbox"/> 11. I agree to fully cooperate in any investigation honestly and truthfully. |
| <input type="checkbox"/> 5. Will not play more than four (4) seasons in any sport in grades 9-12. | |
| <input type="checkbox"/> 6. Have not dropped out of school or repeated a grade while in high school. | |
| <input type="checkbox"/> 7. Have not accepted cash in any amount or merchandise valued at more than \$100 for participating in a sport. | |

INFORMED CONSENT: By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Hepatitis B, herpes and others. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

20. *MOOD-ALTERING CHEMICALS

A. Bylaw

Twelve (12) months of the year, a student shall not at any time, regardless of the quantity: (1) use or consume, have in possession a beverage containing alcohol; (2) use or consume, have in possession tobacco; or, (3) use or consume, have in possession, buy, sell, or give away any other controlled substance or drug paraphernalia.

1. The bylaw applies continuously from the first signing of the student Eligibility Brochure.
2. It is not a violation for a student to be in possession of a controlled substance specifically prescribed for the student's own use by her/his doctor.

B. Penalty:

1. **First Violation:** After confirmation of the first violation, the student shall lose eligibility for the next two (2) consecutive interscholastic contests or two (2) weeks of a season in which the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program.
2. **Second Violation:** After confirmation of the second violation, the student shall lose eligibility for the next six (6) consecutive interscholastic contests in which the student is a participant or three (3) weeks, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program.
3. **Third and Subsequent Violations:** After confirmation of the third or subsequent violations, the student shall lose eligibility for the next twelve (12) consecutive interscholastic contests in which the student is a participant or four (4) weeks, whichever is greater. If after the third or subsequent violations, the student has been assessed to be chemically dependent and the student on her/his own volition becomes a participant in a chemical dependency program or treatment program, then the student may be certified for reinstatement in MSHSL activities after a minimum period of six (6) weeks. Such certification must be issued by the director or a counselor of a chemical dependency treatment center.
4. **Consecutive Penalties:** Penalties shall be consecutive beginning with the student's first participation in a League activity and continuing through the student's high school career.
5. **Denial Disqualification:** A student shall be disqualified from all inter-scholastic athletics for nine (9) additional weeks beyond the student's original period of ineligibility when the student denies violation of the rule, is allowed to participate and then is subsequently found guilty of the violation.

*A complete copy of the 2009-2010 State High School League Eligibility Brochure can be found on the Minnesota State High School League website (<http://www.mshsl.org/mshsl/publications/code/forms/2009-10AthEligInfo.pdf>). A hard copy may be obtained from the Activities Dept. or the Cashers Office at Centennial High School, White Building.



CENTENNIAL ATHLETIC DEPARTMENT
Athletic training and injury information

TO: Parents and Guardians of Centennial Athletes

FROM: Lisa Partyka ATC Athletic Trainer – Centennial High School
ATHLETIC TRAINING ROOM PHONE NUMBER (763) 792-5147

This letter includes my contact information, as well as procedures to follow in the event that your son/daughter becomes injured during their participation in athletics at Centennial Schools.

Attached to this is an *Emergency Information Card* that each athlete needs to have filled out before they are able to participate in athletics in Centennial School District. Please fill out the card completely. The information you provide will allow us to act quickly and efficiently in the event of an emergency. The school needs an updated copy of this form each year. On the back of the form you will find the *Athletic Trainer Consent to Treat Form* giving me consent to treat your child in the event they become injured. This also allows me to be able to share information with the necessary people, such as coaches, doctors, and other allied health professionals. Please feel free to call me with any questions about this information.

The Centennial athletic training room hours are:

Fall	2:45 – 5:30
Winter	2:45 – 5:30
Spring	2:45 – 4
And during all home events	

If you should have a question regarding an illness or injury during those hours, please feel free to give me a call and we can discuss things at that time. If you need to reach me during the day, I work at the Institute for Athletic Medicine (IAM) physical therapy clinic located in Brooklyn Park. The phone number for that clinic is **(763) 425-5461**. This is also where you can get in touch with me during the summer.

If it is after my school office hours and you have a question about an injury, you can call the **IAM Hotline at (952) 920-8850**. This is staffed 24 hours a day by a certified and registered athletic trainer who can give you information and answer questions regarding injuries. This is a free service provided by IAM.

If your son or daughter is injured and is treated by a doctor at any facility, they **MUST** bring a written note from the doctor explaining the injury and when the athlete can return to play in a practice or game. This is in accordance with the **Minnesota State High School League rule (Bylaw 107.00), which states, “After major surgery, or serious illness or injury, the attending physician must certify in writing the student’s readiness for participation.”** This is for the student’s protection as well as to keep everyone informed as to the student’s readiness to return to participation. **If you forget to get a note, you can have one faxed to me at (763)792-5039 ATTN: Athletic Trainer**

As mentioned before, the Institute for Athletic Medicine provides the athletic training room coverage for Centennial. IAM is a service of Fairview Health Services and North Memorial Health Care. There are three Institute for Athletic Medicine clinics that provide physical therapy services near the Centennial school district:

Institute for Athletic Medicine – Lino Lakes
7455 Village Dr.
Lino Lakes, MN 55014
(651) 717-3480

Institute for Athletic Medicine – Blaine
National Sports Center – Schwann Center
1750 105th Ave. NE
Blaine, MN 55449
(763) 780-0356

Institute for Athletic Medicine – Hugo
14663 Mercantile Drive
Hugo, MN 55038
651-466-1950

A wide range of health plans are accepted and self-referrals are welcome as well. Check with your insurance carrier about coverage.

Please feel free to contact me with any questions or concerns regarding your child’s injury and care.

Lisa Partyka ATC

CENTENNIAL HIGH SCHOOL SPORTS EMERGENCY INFORMATION CARD

NAME _____ AGE _____

DATE OF BIRTH ___/___/___ HOME PHONE (___) _____

CIRCLE ONE: MALE or FEMALE GRADE _____

SPORT/S _____

MOTHER'S NAME _____ WORK PHONE (___) _____

FATHER'S NAME _____ WORK PHONE (___) _____

EMERGENCY CONTACT (if parents are unavailable) _____

RELATIONSHIP _____ PHONE NUMBER (___) _____

PRIMARY PHYSICIAN _____ PHONE (___) _____

INSURANCE COMPANY _____

HOSPITAL PREFERENCE _____ ALLERGIES _____

ANY MEDICAL ISSUES OR CONCERNS _____

Please read and sign below

ATHLETIC TRAINER AUTHORIZATION

Centennial High School staffs a certified and registered athletic trainer through the Fairview Health Services Institute for Athletic Medicine for the purpose of educating student-athletes and preventing and treating injuries to student-athletes while participating in school-related athletic events and programs.

I consent to the athletic trainer treating injuries and discussing any injuries or medical conditions with coaches, school staff, and other qualified health care providers as deemed necessary within their scope of practice.

I understand that in the case of injury or illness requiring transportation to a health care facility, every attempt will be made to contact me, but that, if necessary, the student-athlete will be transported via ambulance to the nearest or designated hospital.

I acknowledge that I have received a copy of Fairview's Notice of Privacy Practices.

I have read this form and understand its contents at this date and time.

PARENT OR LEGAL GUARDIAN

DATE