

# Athletic Participation Packet

## Parkway South High School

The following groups must follow the procedures outlined below:

- |                  |                    |                                   |
|------------------|--------------------|-----------------------------------|
| 1. Football      | 8. Softball        | 15. Track                         |
| 2. Soccer        | 9. Tennis          | 16. Marching Band/<br>Color Guard |
| 3. Cross Country | 10. Basketball     | 17. Dance/Poms                    |
| 4. Swimming      | 11. Wrestling      | 18. Cheerleading                  |
| 5. Golf          | 12. Baseball       | 19. Winter Guard                  |
| 6. Field Hockey  | 13. Water Polo     |                                   |
| 7. Volleyball    | 14. Girls Lacrosse |                                   |

General instructions for completing all necessary forms are listed below.

**A two-year physical must be dated July 1, 2022 or later in order to be valid for the 2023-2024 school year**

**A one-year physical must be dated July 1, 2023 or later in order to be valid for the 2023-2024 school year**

Go to your school's Privit website: [PRIVIT](#).

### MSHSAA MEDICAL ELIGIBILITY FORM – VALID FOR 2 YEARS

1. Register/create an account with a parent's name here OR if you already have an account, simply log into your account and proceed to Step 2 if you need to add an athlete, or Step 3 if your athlete is already showing in the parental account.
2. Add athlete(s) to your account by selecting Add Member, then join appropriate teams for 2023-2024 for each student you are adding.
3. Complete all relevant athlete information and forms. These forms must be updated each school year.
  - Emergency Info
  - Code of Conduct
  - Consent to Treat
  - Electronic Use Policy
  - Eligibility Presentation
  - Inherent Risk of Injury
  - MSHSAA Concussion Materials
  - Parent Permission
  - Pre-Participation History Form
  - Transportation
  - Waiver of Liability
4. Apply parent and student-athlete electronic signatures to each required form.
5. Print Physical and Health History forms from Privit website and take to the doctor for annual physical exam.
6. Upload new physician-signed physical form or restore valid physical already attached to account.

Please make sure physical has doctor's signature, date and they have checked the appropriate clearance box. Once the required information has been completed and e-signatures have been applied to the necessary forms, the signed document will become available automatically for the appropriate staff member for review and approval. A staff member at the school will update the Clearance Status, the status is not automatically updated. If you click **Sign** next to **Signed Documents**, there should be all green check marks next to all signatures on all forms listed.

If you need assistance with Privit, please contact the Help Center at 1-844-234-4357.

We have found that it is easiest to upload the physical as a scan. It also provides the clearest readable copy. If you do not have access to an actual scanner, there are several free apps (in both Apple and Android) that can be used with your phone to create a better copy of the physical. Examples are: CamScanner for Android and Scanbot for Apple phones. **NOTE: these apps are not mandatory** – they are optional and only suggestions. There are other apps that would work just as well, and you still have the option of simply using your phone's camera. Please make sure the entire page is in the camera frame documenting your physical.

## STEP 1: REGISTER AN ACCOUNT IN THE PARENT'S NAME

**As a parent/guardian, you will register an account**, then add your athlete to the account and complete only their information. Start creating your account by selecting [PRIVIT](#) and following the steps below.

1. From the landing page, click **Register**.
2. Please register with your name as a parent, your email address, and create a password of your choice. When you are finished, click **Sign Up**. If you have multiple family members or if you have already registered yourself, you do not need to register again.

## STEP 2: ADD ATHLETE(S) TO YOUR ACCOUNT

1. On the Home page click the **Add Member** button on the left side of the page. (This allows you to add your student/athlete to your account. You can add as many additional family members as necessary.)
2. Click **Add Member** on the left side of the page.
3. Enter your athlete's first name and last name if different), date of birth and gender.
4. **Ignore Enable Login** and then click **Add Member**. You will now see your athlete's listed on the home page.

## STEP 3: COMPLETE THE PERSONAL DETAILS SECTION FOR THE ATHLETE

1. Click on your **Athlete's Name**. Then begin completing the **Personal Details** by clicking the **Start** button to the right of **Personal Details**.
2. Complete each section of the Personal Details section to 100% and click **Save and Exit**.

**IMPORTANT:** In order for the **Personal Details** to be 100% complete you will need to answer all mandatory questions, marked with a red asterisk \*

## STEP 4: COMPLETE THE PRE-PARTICIPATION HISTORY SECTIONS FOR THE ATHLETE

1. Click **Start** to the right of the form. Complete all the fields with a red asterisk \*
2. Once all fields are completed, click **Submit**.
3. This form also requires an athlete's signature. See Step 9 for instructions on applying an athlete's electronic signature to forms.

## STEP 5: COMPLETE THE REMAINING FORMS FOR THE ATHLETE

1. Click **Start** to the right of the form. Complete all the fields with a red asterisk \*. When you have finished answering this form, click **Submit**.
2. A message will appear if you want to review or sign the document. Click the blue **Sign** button and you will be taken to a page to create an electronic parent signature. Select the blue **Create New Signature** tab.
3. With your cursor on a computer or with your finger from a tablet/mobile device, create your signature or initials then click the blue **Save** tab. You will see your signature displayed. Select the grey **Done** tab underneath. Once complete, you will then be on your account management page. Select **Home** near the top left of the screen.
4. Once you have created a parent e-signature, you will not be required to repeat this process. You will be able to apply this parent e-signature anywhere a parent e-signature is required.
5. Some of the forms also require an athlete's signature. See Step 9 below for instructions on applying an athlete's electronic signature to forms.

## STEP 6: JOINING A TEAM

1. After completing the forms, you must join a team. To join a team, click **Update** Joined Teams, and check the box next to the appropriate team(s) and click **Done** at the bottom of the page when finished. **PLEASE BE SURE YOUR STUDENT IS JOINING A TEAM FOR THE 2023-2024 SCHOOL YEAR.**

## STEP 7: PRINTING PHYSICAL AND HISTORY FORM

1. If you have not done so already, a copy of the physical form can be downloaded at the bottom of the Pre-Participation History Form. Simply click on the **blue icon** to the right of the form on the home screen, scroll to the bottom of the form, and click the blue word "**here**". The physical form should download in a new tab or window.
2. Click on **Print Documents** from your athlete's home page. **Only** Download and Print the **Pre-Participation History Form** from the Print Documents page.
3. When the **Physical Form** has been signed by the doctor, please see Step 8 to upload the form into your athlete's profile.

## STEP 8: UPLOADING FORMS

**IMPORTANT NOTE:** *If your current two-year physical is dated July 1, 2022 or later, and that document is not showing active in your student's profile, please go into your managed documents section, select ARCHIVED documents, and restore your signed physical exam form. Any 2-year physical dated after July 1, 2022 is valid for the 2023-2024 school year. Any one-year physical dated after July 1, 2023 is valid for the 2023-2024 school year. If your one-year physical is dated before July 1, 2022, you will need to upload a new physical for the upcoming school year.*

For those needing to upload a new physical, you will need to either scan the document into your computer or take a photo of the document with your tablet or smartphone. If you are using a smartphone or tablet to upload, please open the internet browser and type in the school's Privit website. Then login to your account.

1. Click **Manage Documents** from the athlete's home screen. Next, click **Upload Document** near the top right.
2. Click **Browse** to select the scanned or take a phone of the document. (If you are accessing this page from a **mobile device**, you should be prompted to take a picture of your document or select a photo of the document from the photo album.)
3. From the drop down next to **Document Type**, select the name of the document type you are uploading. (Also there is an optional ability to add a comment to provide additional information to identify your document.)
4. Click **Upload**.
5. You should be directed back to the athlete's **Manage Documents** page. You should see the uploaded document and any other documents that have been submitted.

## STEP 9: ATHLETE SIGNATURES

1. From your athlete's home screen, click the blue font **Student/Athlete click here to sign** and you will be taken to a page to create an electronic athlete signature. Select the blue **Create New Signature** button.
2. With your curser on a computer or with your finger from a tablet/mobile device, create your athlete signature or initials. Check the box that you attest and then click the blue **Save** tab. You will see your athlete signature displayed. Select the grey **Done** tab underneath.
3. Once complete, you will click the blue font **Student/Athlete click here to sign** again. Once you have created an athlete e-signature, you will not be required to repeat this process. You will be able to apply this athlete e-signature anywhere an athlete e-signature is required.

When the required e-signatures have been applied to the necessary forms, the signed document will become available for the appropriate staff member for review and approval. A staff member at the school will update the **Clearance Status**. If you click **Sign** next to Signed Documents, there should be **all green check marks** next to all signatures on all forms listed.

## MSHSAA Preparticipation Physical Forms/Procedure

### **Medical History Form (Step 1): Issued to Student/Parent(s)/Guardian, Completed by Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.**

**Note:** If the student is under 18 years old, the Medical History questions are to be completed with assistance from parent(s)/guardian(s).

**Note:** The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination (PPE) shall keep this Medical History form in the patient's files for their records.

**This Medical History form is NOT returned to the school.**

MEDICAL HISTORY				
Name:		Date of Birth:		
Sex assigned at birth (F, M or intersex):		How do you identify your gender? (F, M or other):		
List past and current medical conditions:				
Have you ever had surgery? If yes, list all past surgical procedures:				
Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):				
Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):				
PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bothered by any of the following problems (Circle response).				
	Not at All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge:	0	1	2	3
Not being able to stop or control worrying:	0	1	2	3
Little interest or pleasure in doing things:	0	1	2	3
Feeling down, depressed or hopeless:	0	1	2	3
A sum of $\geq 3$ is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.				

(Medical History Continued – Next Page)

Explain “Yes” answers at the end of this form. Circle questions if you don’t know the answer.

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF "YES," EXPLAIN ANSWERS HERE

--

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Student:
Signature of Parent(s) or Guardian:
Date:

**Preparticipation Physical Examination Form (PPE) (Step 2): Issued to Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.**

**Note:** This PPE form is the recommended PPE form intended for guiding the healthcare professional (MD/DO/ARNP/PA/DC) with the completion of a Preparticipation physical evaluation.

**Note:** The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination shall keep this PPE form in the patient's files for their records. **This PPE form is NOT returned to the school.**

**PRE-PARTICIPATION PHYSICAL EXAMINATION**

Name:		Date of Birth:	
<b>EXAMINATION</b>			
Height:		Weight:	
BP:        /        (        /        )	Pulse:	Vision: R 20/        L 20/        Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance • Marfa stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency)			
Eyes, ears, nose and throat • Pupils equal • Hearing			
Lymph Nodes			
Heart* • Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver)			
Lungs			
Abdomen			
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) or tinea corporis			
Neurological			
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand and fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional • Double-leg squat test, single-leg squat test and box drop or step drop test			
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.			
<b>Physician Reminders:</b> Consider additional questions on more-sensitive issues. <ul style="list-style-type: none"> <li>• Do you feel stressed out or under a lot of pressure?</li> <li>• Do you ever feel sad, hopeless, depressed or anxious?</li> <li>• Do you feel safe at your home or residence?</li> <li>• Have you ever tried cigarettes, chewing tobacco, snuff or dip?</li> <li>• During the past 30 days, did you use chewing tobacco, snuff or dip?</li> <li>• Do you drink alcohol or use any other drugs?</li> <li>• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?</li> <li>• Have you ever taken any supplements to help you gain or lose weight or improve your performance?</li> <li>• Do you wear a seat belt, use a helmet and use condoms?</li> </ul>			



## **MSHSAA Medical Eligibility Form**



**Issued to Student/Parent(s)/Guardian, Taken to/Completed by Healthcare Professional (MD/DO/ARNP/PA/DC), Copy Retained by Healthcare Professional, Returned to School Administration.**

**Note:** This Medical Eligibility form is the form to be used by a healthcare professional (MD/DO/ARNP/PA/DC) for granting a medical release for a student to participate in All Sports – Spirit – Marching Band after the completion of a preparticipation physical evaluation.

**Note:** The health care professional (MD/DO/ARNP/PA/DC) must complete this form, retain a copy in the patient's files for their records and issue this form to the student/parent.

**This Medical Eligibility form MUST be returned to the school.**

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex assigned at birth (F,M, intersex) \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

☐ **Medically eligible for all Sports-Spirit-Marching Band without restrictions for two (2) years.**

☐ **Medically eligible for all Sports-Spirit-Marching Band without restriction for two (2) years with recommendations for further evaluation or treatment of:** \_\_\_\_\_

☐ **Medically eligible for all Sports-Spirit-Marching Band without restriction for less than two (2) years. Specify reasons and duration of approval:** \_\_\_\_\_

☐ **Medically eligible for certain Sports-Spirit-Marching Band:** \_\_\_\_\_

☐ **NOT medically eligible for Sports-Spirit-Marching Band**

☐ **NOT medically eligible pending further evaluation:** \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. Unless otherwise indicated, the student does not present apparent clinical contraindications to practice and participate in the sport(s) or activities as outlined above. 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. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student (and parents/guardians).

Name of health care professional (Print/Type) \_\_\_\_\_

Signature of Healthcare Professional (MD/DO/PA/ARNP/DC): \_\_\_\_\_

Clinic Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Examination \_\_\_\_\_

Student's Physician \_\_\_\_\_ Student's Dentist \_\_\_\_\_