

Indiana High School Athletic Association, Inc.

2020-21 HEALTH HISTORY UPDATE  
QUESTIONNAIRE  
And  
CONSENT & RELEASE CERTIFICATE



HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: \_\_\_\_\_

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student's sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student's parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative ('Yes'), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Last IHSAA Pre-Participation Physical Examination \_\_\_\_\_

Since the last pre-participation physical examination, has your son/daughter:

- |  |                |
|--|----------------|
| 1. Been medically advised not to participate in a sport?                                 | Yes ___ No ___ |
| 2. Been diagnosed with COVID-19?   | Yes ___ No ___ |
| 3. Sustained a concussion, been unconscious or lost memory from a blow to the head?      | Yes ___ No ___ |
| 4. Fainted or "blacked out?"   | Yes ___ No ___ |
| 5. Experienced chest pains, shortness of breath, "racing heart" or had any heart issues? | Yes ___ No ___ |
| 6. Had a history of unusual fatigue or unusual tiredness?                                | Yes ___ No ___ |
| 7. Been hospitalized or had surgery?   | Yes ___ No ___ |

Undersigned, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student's participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

Date: \_\_\_\_\_ Parent/Guardian/Emancipated Student  \_\_\_\_\_

Printed \_\_\_\_\_

CONSENT & RELEASE CERTIFICATE

**I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE**

- A. I have read the IHSAA Eligibility Rules and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, illness and even death, is a possible result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)**

Date: \_\_\_\_\_ Student Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

**II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE**

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports *not marked out*:  
**Boys Sports:** Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.  
**Girls Sports:** Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.  
**Unified Sports:** Unified Flag Football, Unified Track & Field
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, illness and even death, is a possible result of such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space**:
  - The student has adequate family insurance coverage.       The student does not have insurance.
  - The student has football insurance through school.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with custody must sign)**

Date: \_\_\_\_\_ Parent/Guardian/Emancipated Student Signature(X) \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian/Emancipated Student Signature(X) \_\_\_\_\_

Printed: \_\_\_\_\_

ATHLETIC CONSENTS AND AUTHORIZATION FORMS DATE: \_\_\_\_\_

This document contains (1) a consent for Community Health Network, Inc. (Community) to initiate and provide medical treatment to your student athlete in the event of an injury or illness; (2) a HIPAA Authorization Form; (3) an acknowledgement of receipt of Community's Notice of Privacy Practices; (4) an Emergency Medical and Contact Information form. It is very important that you read and complete all of these sections and forms thoroughly and sign all sections/forms separately. If the student athlete is 18 years old or older, he or she must sign for him/herself. Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in exclusion of your child from athletic programs.

CONSENT FOR TREATMENT

I consent to Community initiating any medical or first aid treatment for \_\_\_\_\_ (name of student athlete) in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, Community may initiate the treatment that Community and its personnel believe to be in the best interest of the above-named student athlete. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

<i>Signature of Parent/Guardian</i> _____ <i>Printed:</i> _____ <i>Relationship to student:</i> _____
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HIPAA AUTHORIZATION

I hereby authorize Community and its personnel and/or agents, to disclose the protected health information (PHI) of \_\_\_\_\_ (student's name) (Student) as follows: The PHI of the Student that may be disclosed under this Authorization includes the records of physical examinations performed by Community to determine the Student's eligibility to participate in classroom or other school sponsored activities; records of the evaluation; records and reports regarding the diagnosis and treatment of injuries which the Student incurred while engaged in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The Student's PHI may be disclosed to (1) the school principal or assistant principal, athletic director, coaches, teachers, school nurses or other members of the school's administrative staff or their designees, and (2) emergency medical personnel, hospitals or any other health care professional or provider who evaluates, diagnoses or treats an injury, illness or other condition incurred by the Student while participating in a school sponsored activity, as necessary to:

- Evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic or intramural sports programs, physical education classes or other classroom activities;
- Document the sports medicine services provided by Community and evaluate program outcomes;
- Resolve grievances; and
- Evaluate treatment alternatives.

I understand that Community has requested this Authorization to disclose PHI so that the school, together with Community, can make certain decisions about the Student's health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA). I also understand that the Student's participation in certain school sponsored activities is conditioned upon my signing this Authorization. I understand that I may revoke this Authorization in writing at any time prior to its expiration date, except to the extent that action has been taken by Community in reliance on this Authorization, by sending a written revocation to the athletic trainer or his/her designee. I understand that the PHI released may be subject to re-disclosure by any recipient and no longer protected by federal and/or state privacy laws. **Expiration of Authorization:** 1 year from date signed.

<i>Signature of Parent/Guardian:</i> _____ <i>Printed:</i> _____ <i>Relationship to student:</i> _____
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**NOTE: IF STUDENT IS 18 YEARS OR OLDER, HE/SHE MUST SIGN THIS AUTHORIZATION. IF YOUNGER THAN 18, A PARENT OR GUARDIAN MUST SIGN FOR THIS AUTHORIZATION TO BE EFFECTIVE. A STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN CERTAIN SCHOOL SPONSORED ACTIVITIES (INCLUDING BUT NOT LIMITED TO SPORTS PROGRAMS) IF THIS AUTHORIZATION IS NOT SIGNED OR IF IT IS REVOKED.**

NOTICE OF PRIVACY PRACTICES

Community has prepared a detailed NOTICE OF PRIVACY PRACTICES (NPP) to help you better understand its policies in regard to the student's personal health information. You have the right to receive the NPP prior to signing this consent. The current NPP will be posted in the school's health clinic and in the athletic training room, on Community's website, and copies are available upon request by asking the staff of the school health clinic or the athletic trainer.

<i>Signature of Parent/Guardian:</i> _____ <i>Printed:</i> _____ <i>Relationship to student:</i> _____
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PARENTAL WAIVER, CONSENT AND RELEASE FORM

The undersigned, in my capacity as parent and/or legal guardian of \_\_\_\_\_, hereby provides consent for my child to participate in \_\_\_\_\_.

I understand participation in this event/activity is inherently dangerous and that injury and illness (including communicable diseases such as Influenza, MRSA, Coronavirus, etc.) are possible.

I agree that I and my child will comply with the stated and customary terms and conditions for participation in regard to protection against injury and infectious disease, both to my child and to others. If I observe any unusual or significant hazard during my child's participation, I will remove my child from participation and bring such to the immediate attention of an official. If I have reason to believe that my child may have become infectious, I will remove my child from participation until said risk has passed.

I agree to waive claims against WSC for any and all liability for injury or illness sustained by my child or any other person as a result of my child's participation in \_\_\_\_\_, whether caused by the negligence of WSC or otherwise, and agree to hold harmless and indemnify WSC from said liability.

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian (Signature) Date

This resource document was created to describe effective loss control techniques widely accepted as public entity best practices. The suggestions, recommendations or directions provided are not intended to be legal advice. Any action taken as a result of the information contained on this sheet should be done with the advice of legal counsel.