BROGDEN MIDDLE SCHOOL

MEDICAL ELIGIBILITY

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**Athlete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sport: (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your student-athlete must be ***“medically eligible”*** to participate in athletics at Brogden Middle School. Compliance is a simple process of completing and updating the six forms listed below on an annual basis. 1. **Medical History Form** - The Medical History Form should be completed by the parent/guardian of the student-athlete and be available for review by the physician when the physical exam is performed. 2. **Physical Examination Form** - The Physical Examination Form must be completed by a Licensed Physician, Nurse Practitioner, or Physician’s Assistant.

3. **Assumption of Risk/Medical Treatment Release Form**- This form simply states that participation in athletics may result in injury and should injury occur you have given your permission for treatment to be provided. 4**. HIPAA** - The HIPAA Form allows us to share information, should an injury or condition occur, with people like doctors and coaches.

5. **Student-Athlete Critical Contact Information Form** - The Critical Contact Information Form contains important information necessary for emergency or urgent care to be provided for your student-athlete in the parent/guardians absence. 6. **Concussion: Student-Athlete Form Concussion: Parent Form** are both in compliance with the Gfeller-Waller Concussion Awareness Law.

\_\_\_\_\_ 1. North Carolina High School Athletic Association Sport Participation

Examination Form which is also referred to as the **Medical History Form**

\_\_\_\_\_ 2. **Physical Examination Form** (This form must be completed, and the

student- athlete cleared, by a Licensed Physician, Nurse Practitioner, or

Physician’s Assistant)

\_\_\_\_\_ 3. Durham Public Schools **Assumption of Risk/**

**Medical Treatment Release Form**

\_\_\_\_\_ 4. Authorization for Release of Protected Health Information which is also

referred to as **HIPAA**

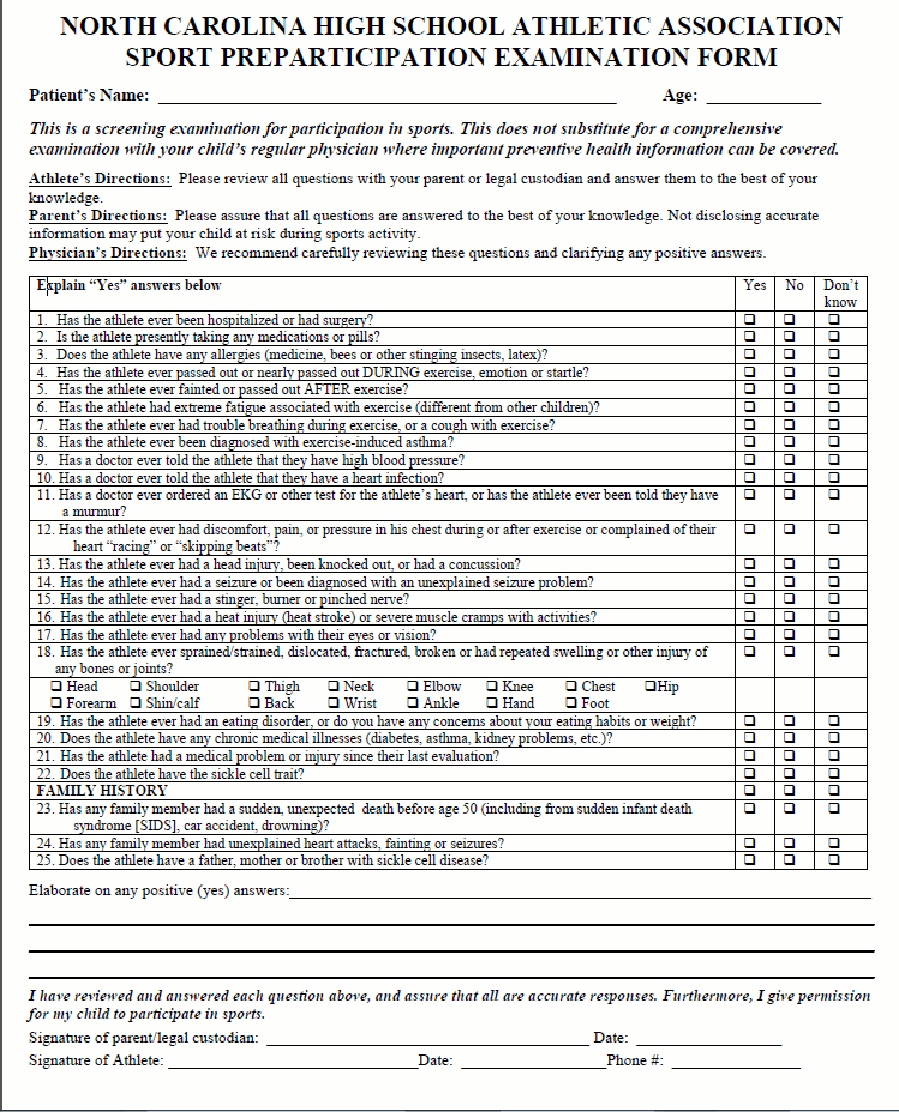
\_\_\_\_\_ 5. Student –Athlete **Critical Contact Information Form**

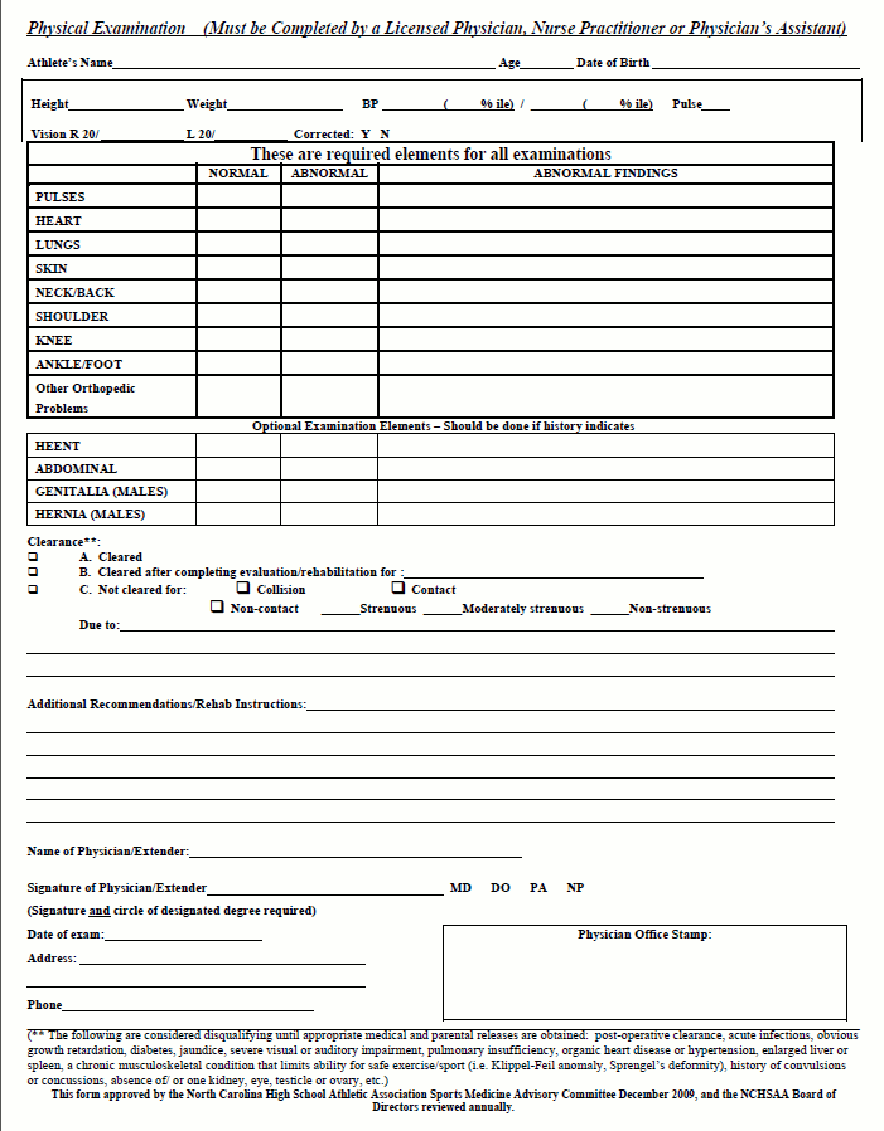
\_\_\_\_\_ 6. **Concussion: Student-Athlete Form/Parent Legal Custodian Form**

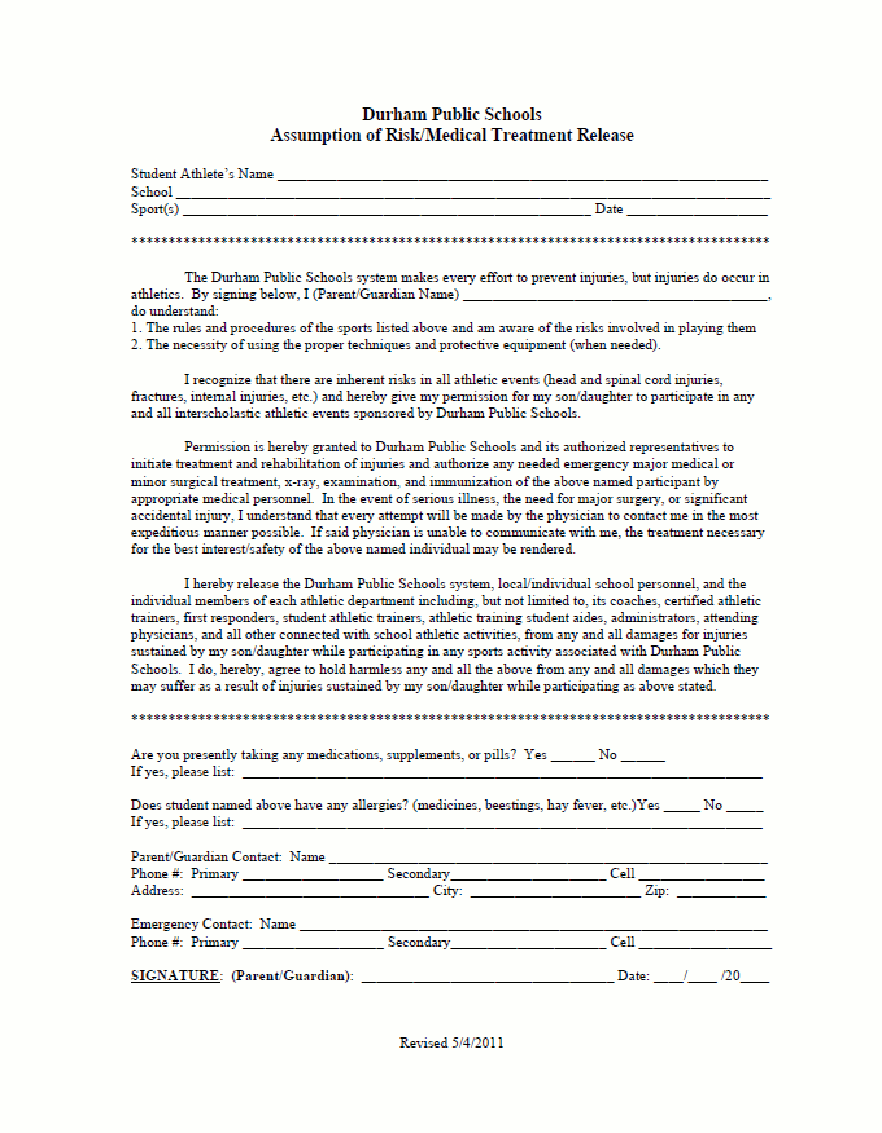
Safety of our student-athletes by avoiding preventable injury or condition while they participate in athletics is a goal of the utmost importance. A student-athlete being ***“medically eligible”***, by having completed and updated the five forms listed above, is critical in helping us achieve this goal while enabling us to provide a high standard of care in the event that an injury or condition were to occur.

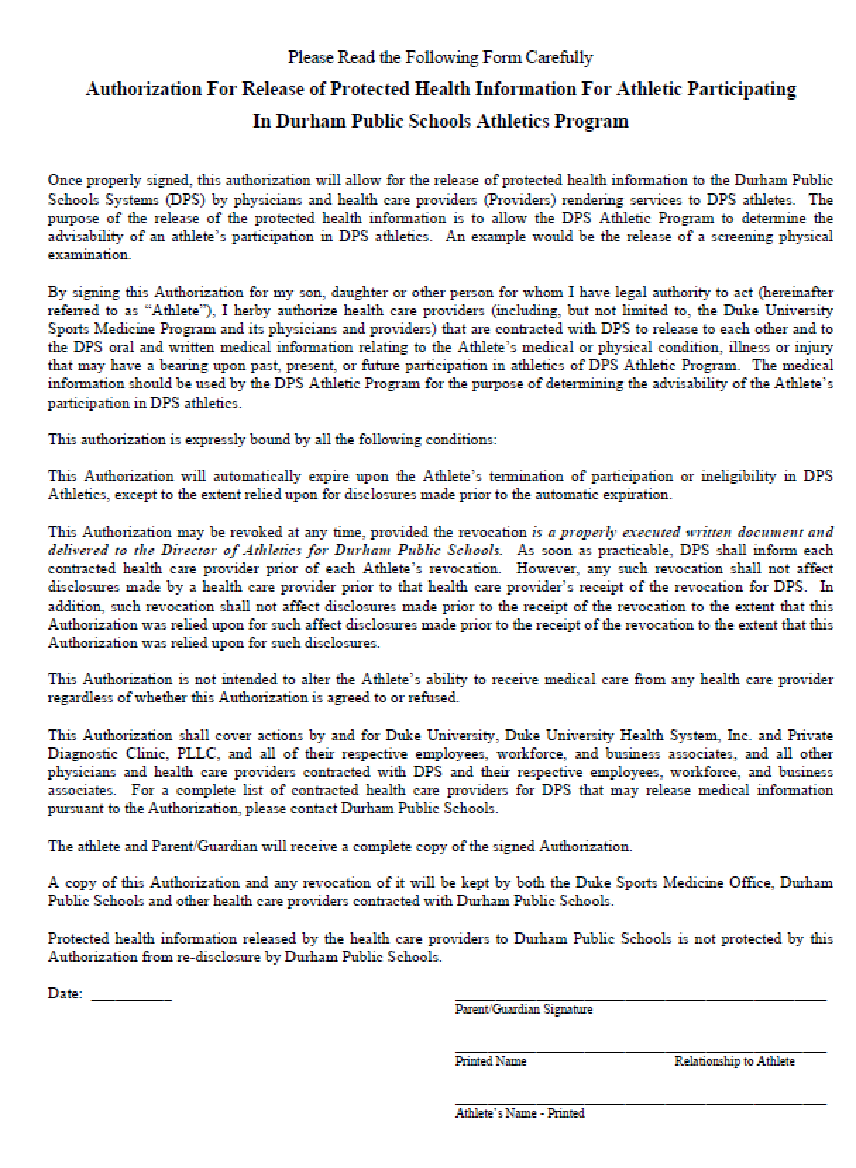
**Athletic Director: Sean Nickson**

**Email:** [**Sean.nickson2@dpsnc.net**](mailto:Sean.nickson2@dpsnc.net) **Phone Number: (919) 560-3906**





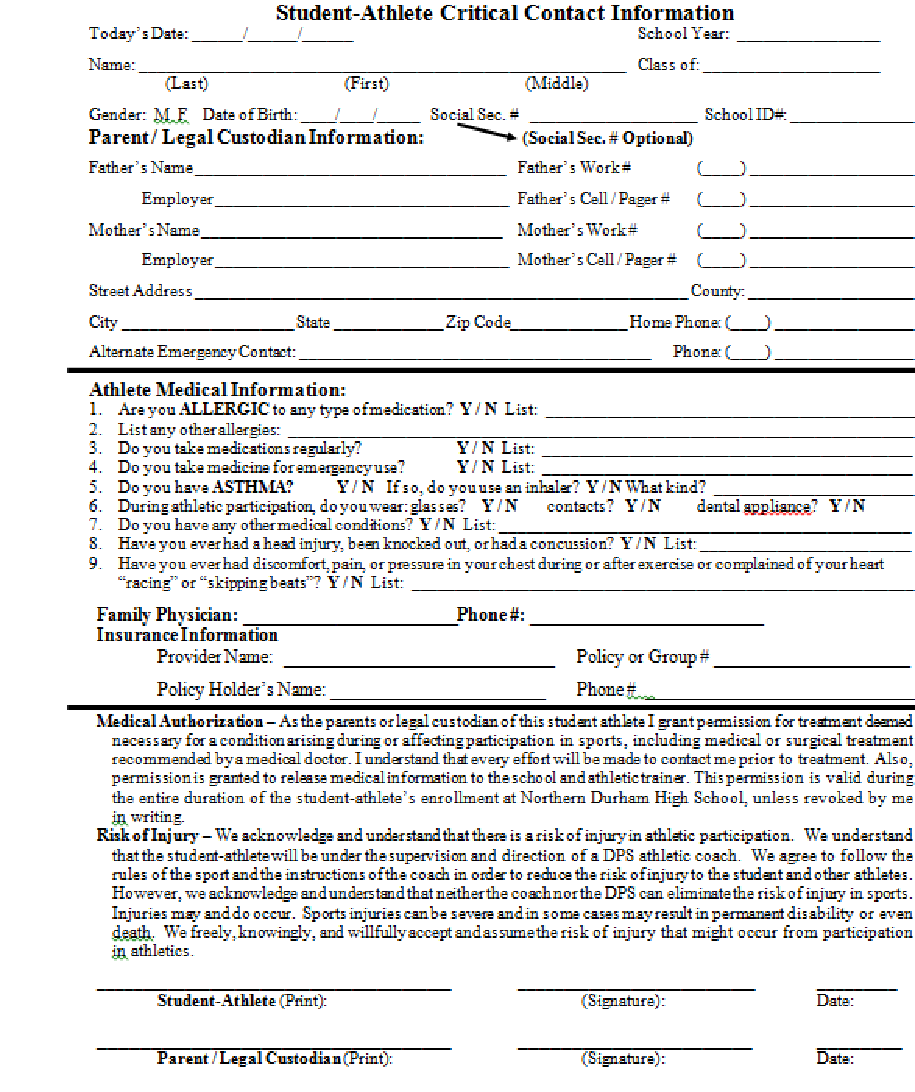




\*\*This Authorization (and any revocation) must be signed by a parent, guardian, or other person acting in loco parents who has the authority to act on the Athlete’s behalf. By signing this form, you as the parent/guardian or party acting in loco parents warrant that you have the legal authority to act on the Athlete’s behalf.

\*\*The signature may be only the Athlete if the Athlete is over 18 years of age or legally emancipated person.

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