SFCA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
For Use By Seeds of Faith Christian Academy Athletes

INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any school in the student's first sport in a school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete Sections of the CIPPE Form. Upon completion of Sections by the parent/guardian, and Section 3 by an Authorized Medical Examiner, those Sections must be turned in to the Principal, or the Athletic Director. The CIPPE shall be performed no earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Age_____ Grade ___

Current Physical Address_____

Current Home Phone # ( ) _____ Parent/Guardian Current Cellular Phone # ( )_____

EMERGENCY INFORMATION

Primary Emergency Contact Person's Name_____ Relationship _____

Address _____ Emergency Contact Telephone # ( ) _____

Secondary Emergency Contact Person's Name _____Relationship _____

Address _____ Emergency Contact Telephone # ( ) _____

Medical Insurance Carrier _____ Policy Number _____

Address_____ Telephone # ( )_____

Family Physician's Name_____ , MD or DO (circle one)

Address_____ Telephone # ( )_____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware

_____

_____

Student's Prescription Medications

_____

_____

Medications the student needs to have with him/her in traveling to games_____

_____

_____

(please turn page over)

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on_____

who turned _____ on his/her last birthday, a student of Seeds of Faith Christian Academy to participate in Practices,

Inter-School Practices, Scrimmages, and/or Contests during the 20_____- 20_____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Signature of Parent or Guardian

Basketball (Winter) _____

Flag Football (Fall) _____

Track & Field (Spring) _____

Volleyball-Girls (Fall) _____

B. Understanding of SFCA eligibility rules: I hereby acknowledge that I am familiar with the requirements of SFCA concerning the eligibility of students to participate in Inter-School Practices, Scrimmages, and/or Contests. Such requirements, which are listed in the SFCA Athletic Handbook, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature _____ Date____/____/_____

C. Permission to use name, likeness, and athletic information: I consent to SFCA's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the school, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date____/____/_____

D. Permission to administer emergency medical care: I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature _____ Date____/____/_____

E. **Understanding of risk of concussion and head injury:** I hereby acknowledge that I am familiar with the nature and risk of concussion and head injury while participating in interscholastic Sports, including the risks associated with continuing to compete after a concussion or head injury. Information relevant to concussion and high school sports is available on the PIAA website at www.piaa.org/piaa-for/sports-med .

Parent's/Guardian's Signature _____ Date____/____/_____

F. **SFCA Athletic Handbook**: I hereby certify that I have read the Seeds of Faith Christian Academy Student Athletic Handbook and I agree to the rules stated in that handbook. (available on website)

Parent's/Guardian's Signature _____ Date____/____/_____

Student Signature _____ Date____/____/_____

SECTION 3: SFCA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner performing the herein named student's comprehensive initial pre-participation physical evaluation and turned in to the Principal, or the Principal's designee, of Seeds of Faith Christian Academy.

Student's Name _____ Age _____ Grade _____

Enrolled in Seeds of Faith Christian Academy Sport(s) ____ _____

Height_____ Weight_____ % Body Fat (optional) _____ Pulse_____ BP_____/_____ (/_____ , _____/_____)

Vision R 20/_____ L 20/_____ Corrected YES NO (circle one) Pupils: Equal_____ Unequal_____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

	YES	NO
1. Does the student have an ongoing medical condition (like asthma or diabetes)?	☐	☐
2. Has student ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis that caused you to miss a practice or Contest?	☐	☐
3. Has student had any broken or fractured bones or dislocated joints? If yes, explain below:	☐	☐
4. Has the Student ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, explain below	☐	☐
5. Does student cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	☐	☐
6. Has student ever used an inhaler or taken asthma medicine?	☐	☐
7. Has student ever had a head injury or concussion?	☐	☐
8. Has the student ever had a seizure?	☐	☐
9. Does the student have epilepsy?	☐	☐

Explain "Yes" answers here or provide other information you believe should be disclosed:

(Please turn page over)

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the Seeds of Faith Christian Academy Comprehensive Initial Pre-Participation Physical Evaluation form:

☐ **CLEARED** ☐ **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

☐ **NOT CLEARED** for the following types of sports (please check those that apply):

☐ COLLISION ☐ CONTACT ☐ NON-CONTACT ☐ STRENUOUS ☐ MODERATELY STRENUOUS ☐ NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s)

Authorized Medical Examiner's Name (print/type) _____ License # _____

Address _____ Phone ( ) _____

Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date___/____/___