

Thompson Middle School Athlete's Checklist

Student Name: _____ Grade: _____ School Year: ~~2019-2020~~ ²⁰²⁰⁻²⁰²¹

Coach or A.D. will check off:

_____ Parent/Student-Athlete Agreement

(Yellow paper: Signed by Parent/Guardian and Student-Athlete)

_____ R.I.P.C.O.A Assumption of Risk Form

(Blue paper: Signed by Parent/Guardian, Student-Athlete and Notarized)

_____ T.M.S Medical Coverage Form

(Purple paper: Filled out and signed by Parent/Guardian)

_____ Current Pre-Participation Physical Evaluation

(Golden forms: Filled out by Parent/Guardian and Physician. Physicals are good for 1 year)

Academically Eligible per NSD Policy YES _____ NO _____

It is the responsibility of the parent/guardian of each potential athlete to have all the necessary information, examinations, and paperwork completed prior to the first day of tryouts/practice. The student-athlete will not be able to participate unless you have turned in all of the above documentation fully completed. If you have any questions please contact Mr. Lewia prior to the start of the season at 847-1493.

We look forward to your participation!

+
COVID
SCREENING
CONSENT

PRINCIPALS' COMMITTEE ON ATHLETICS GRADES 6 -8

Acknowledgement, Authorization and Assumption of Risk Form

Academic Year 2019-2020

The undersigned, being an adult student athlete or parent/legal guardian of the undersigned minor prospective student athlete, hereby acknowledge that said student seeks to participate in a student sports program sponsored the Principals' Committee on Athletics Grades 6 – 8 . The undersigned specifically assert that said student athlete will comply with the rules and regulations governing athletics participation of the Principals' Committee on Athletics Grades 6 – 8; the undersigned hereby authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency and disciplinary record of the undersigned student to Principals' Committee on Athletics Grades 6 – 8 for the purpose of enforcing the rules and regulations of the athletics program; that they are aware that the athletic participation requires physical fitness; that the student possesses such fitness; and that some risk is involved in sports participation. **For sports involving helmets, we acknowledge the following WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.**

Now, therefore, pursuant to Rhode Island General Laws 7-6-9, as amended, the undersigned, in consideration of participation in a Principals' Committee on Athletics Grades 6 – 8 sports program, herein grant to its officers, directors, trustees, agents (to include but not limited to the local School Committee or its parochial or private equivalent), servants and employees, a waiver of liability as regards to participation in the sports program sponsored by the Principals' Committee on Athletics Grades 6 – 8.

The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sponsored by Principals' Committee on Athletics Grade 6 – 8.

Thompson

School (Print)

Name of Parent/Guardian (Print)

Newport

City or Town (Print)

Signature of Parent/Guardian

Name of Student (Print)

Date of Signature

Signature of Student

<NOTARY SEAL>

Age of Student /Student's DOB /Current Grade

Signature of Notary Public / Commission Expires

This form must be completed by all students intending to participate in any Principals' Committee on Athletics Grades 6 – 8 sport. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the school principal or principal's designee for storage in the school. Failure to submit a duly executed form will cause the athlete to be declared ineligible. Only one form for each participant is necessary for the duration of one's eligibility in sports programs sponsored by the Principals' Committee on Athletics Grades 6 – 8.

FRANK E. THOMPSON MIDDLE SCHOOL
ATHLETIC DEPARTMENT MEDICAL COVERAGE

STUDENT'S NAME: _____

GRADE ENTERING: _____

TELEPHONE NUMBER: _____

BIRTH DATE: _____

DEAR PARENT/GUARDIAN:

THE POLICY OF THOMPSON MIDDLE SCHOOL CONCERNING ANY MEDICAL EXPENSES ARISING FROM INJURIES SUSTAINED WHILE PARTICIPATING IN ATHLETIC SPORTS IS AS FOLLOWS:

1. Blue Cross, or any similar coverage which you have, must be used whenever it can be applied.
2. A parent or guardian can purchase school athletic insurance.
3. Any injuries sustained while participating in the athletic program must be reported to the coach within 24 hours.
4. Any visit to a doctor, dentist, etc., must be reported to the Athletic Director immediately.

MEDICAL INSURANCE STATEMENT

Please indicate YES or NO to the following statement:

We carry our own medical insurance coverage, which covers any injury our child may receive during his/her involvement in the interscholastic sports program through the Newport School Department.

_____ YES _____ NO

Medical insurance, to be paid by the parent/legal guardian of the minor prospective student athlete, is available through the Newport School Department website. On the web access NPS Home Page then choose Thompson as the school, click on forms, download insurance form.

Please check one of the following:

- _____ We will purchase said medical insurance.
_____ We do not desire to purchase said medical insurance.

YOUR SIGNATURE INDICATES YOUR PERMISSION FOR YOUR CHILD TO PARTICIPATE IN OUR ATHLETIC PROGRAM UNDER THE POLICY STATED ABOVE AND THAT HE/SHE WILL ABIDE BY THE RULES GOVERNING THE RI JUNIOR HIGH/MIDDLE SCHOOL INTERSCHOLASTIC LEAGUE AND THE THOMPSON ATHLETIC PROGRAM.

Signature of Parent/Guardian

Date



**RHODE ISLAND
INTERSCHOLASTIC LEAGUE**

**PRE-PARTICIPATION
PHYSICAL EVALUATION**

To be completed by athlete and parent:

Date: _____

Student-Athlete's Name: _____
Last First Middle

Address: _____
Street

_____ *City/State* _____ *Zip* Phone (401) _____

School: _____ Grade: _____

Date of Birth: _____ Age _____ Sex _____

Emergency Contact Person: _____

Emergency Phone: () _____

Family Doctor: _____

Address: _____
Street

_____ *City/State* _____ *Zip*

Phone: () _____

Pre-participation History and Physical Exam

HISTORY

General

	Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___
2. Do you have an ongoing or chronic illness? _____	___	___
3. Have you ever been hospitalized overnight?	___	___
4. Have you ever had surgery?	___	___
5. Are you currently taking any prescription or non-prescription (over the counter) medications or pills?	___	___
a. prescription _____	___	___
b. non-prescription _____ <i>(over the counter)</i>	___	___
6. Do you have any allergies (for example: to pollen, medicine, or stinging insects)? If yes, which one(s)? _____	___	___
7. Do you have any dental prosthetic devices (i.e., bridges, crowns)?	___	___
8. Have you had any problems with your eyes or vision? _____	___	___
9. Do you wear glasses, contacts, or protective eyewear? _____	___	___
10. Do you have any current skin problems? _____	___	___
11. Have you ever fainted or become ill from exercising in the heat?	___	___
12. If you smoke, how many packs per day? _____	___	___
13. Do you have only one of a normally paired organ (i.e. kidney, lung, eye, testicle)? If yes, which one(s)? _____	___	___

Heart

	Yes	No
1. Have you ever passed out during or after exercise?	___	___
2. Have you ever been dizzy after exercise?	___	___
3. Have you ever had chest pain during or after exercise?	___	___
4. Have you ever had racing of your heart or skipped heartbeats?	___	___
5. Have you ever been told you have a heart murmur?	___	___
6. Has any family member or relative died of heart problems or of sudden death before age 50?	___	___
7. Have you had a viral infection (for example: mononucleosis) within the last year? If yes, what? _____	___	___
8. Has a physical ever denied or restricted your participation in sports for any heart problems?	___	___

Lung

	Yes	No
1. Do you cough, wheeze, or have trouble breathing during or after activity?	___	___
2. Do you have asthma?	___	___
3. Do you use an inhaler?	___	___

Musculo-Skeletal

	Yes	No
1. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee brace, special neck roll, foot orthotics, retainer on your teeth)?	___	___
2. Have you ever had a sprain, strain, or swelling after injury which prevented you from participation? _____	___	___
3. Have you broken or fractured any bones or dislocated any joints? _____	___	___

Head

Yes No

- 1. Have you had a head injury or a concussion? ___ ___
- 2. Have you ever been knocked out, become unconscious, or lost your memory? ___ ___
- 3. Have you ever had a seizure? ___ ___
- 4. Have you ever had a stinger, burner, or numbness in your arms, hands, legs or feet?
If yes, which one(s)? _____ ___ ___

Nutrition

Yes No

- 1. Do you skip meals during the day? ___ ___
- 2. Do you use laxatives, diuretics, or stimulants to control your weight?
If yes, which one(s)? _____ ___ ___
- 3. Do you feel disgusted, depressed, or guilty about your eating? ___ ___
- 4. Do you self-induce vomiting after eating? ___ ___
- 5. Do you restrict certain types of foods?
If yes, which one(s)? _____ ___ ___
- 6. Have you ever taken nutritional supplements?
If yes, which one(s)? _____ ___ ___
- 7. Do you have a food allergy?
If yes, which one(s)? _____ ___ ___
- 8. Do you want to weigh more or less than you do now? ___ ___

FEMALES ONLY

- 1. When was your last menstrual period? _____
- 2. How often do your periods occur? _____
- 3. Have you ever gone 4 months without getting a period? _____

Parental Permission and Authorization for Treatment

We hereby give our consent for _____ to represent his/her school in interscholastic athletics. If in the event of injury or accident either en route to the event, at the event, or en route back from the event, we also give our consent for the school to obtain any and all medical care that is deemed reasonably necessary for the welfare of the student. We realize that all reasonable efforts will be made to contact us if the above does occur.

We further state that we have completed that part of this form which requires us to list all previous injuries or conditions that are known to us and that the form is completed correct and true.

Name of Primary Medical Insurance: _____

Policy Number: _____ Expiration Date: _____

Parent or Guardian (PRINT): _____

Signature of Parent or Guardian: _____

Date: _____

NAME: _____

PHYSICAL EXAMINATION

SPORT(s): _____

Age: _____

Date of Exam: _____

Height _____ Weight _____

Pulse _____ BP _____, _____, _____

Vision R _____ L _____ Corrected: Y N

	Normal	Explanation
Medical		
General		
Skin		
HEENT		
Lymph Nodes		
Heart		
Lungs		
Abdomen		
Genitalia (males only)		
Pulses		
Musculo-Skeletal		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Calf		
Ankle/Foot		
Neurologic		

Immunizations

1. When was your last tetanus shot? _____
2. When was the date of your measles immunization? _____

Identified Problems:

1. _____
2. _____
3. _____

Review by Physician:

- _____ No Athletic Participation
- _____ Limited Participation, e.g., _____
- _____ Clearance Withheld Until: _____
- _____ Full Unlimited Participation

Athlete requesting clearance in the following sport(s): _____

Cleared: Yes// No//

Recommendations _____

Name of Physician, NP, or PA _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO

rev. 02/00 (Physician's signature required if examination performed by nurse practitioner or physician's assistant)

NEWPORT PUBLIC SCHOOLS

COVID-19 Screening Consent Form and Waiver

Date:

This consent provides Newport Public Schools (“NPS”) with your permission to perform a COVID-19 screening procedure based on NPS’s need to maintain a safe environment for employees, students, and other essential persons with whom you may come into contact.

All students, staff, and teachers are being offered testing through this program until the end of the 2020/2021 school year free of charge. This consent will apply for all testing sessions going forward through the end of the 2020/2021 school year. At any time, you may decline to participate.

This test has been approved by the FDA, however, this test alone may not be sufficient to detect or rule out the possibility that you have been exposed to or are infected with COVID-19. You should carefully monitor your own symptoms and, notwithstanding the results of any testing, you must stay home and consult with your physician if you experience symptoms of COVID-19. You have the right to discuss the proposed testing with your physician, to learn about the purpose, potential risks and benefits of any testing. Because of the ongoing public-health crisis, it may be necessary to share the results of your test with public health authorities. By signing below, you consent to the disclosure of such information as requested, recommended or required by federal, state, and local public health authorities.

The school administrator at the school will have access to the results of the BinaxNOW COVID-19 test. If you have any questions on the program you may reach out to the school.

In order for you to participate in this testing program, your permission is needed. Sign below and return this form back to the school if you would like to participate. By signing below, you are indicating that you voluntarily consent to this procedure for the detection of COVID-19. Additionally, you agree to release and waive any claim that might arise against NPS and its designated medical providers and staff members for any risks, side effects, or complications resulting from the testing.

Please note that student athletes will be tested regularly throughout the season.

If you are POSITIVE, you will be required to isolate in accordance with RIDOH & NPS guidelines.

Child’s Name: _____

Child’s School: _____

Child’s Grade Level: _____

Parent/Guardian’s Phone Number: _____

Parent/Guardian’s Email: _____

Parent/Guardian’s Signature: _____

Staff Member Signature: _____

Staff Member Email: _____

ESCUELAS PÚBLICAS DE NEWPORT

Formulario de consentimiento y exención de detección de COVID-19

Fecha:

Este consentimiento proporciona a las Escuelas Públicas de Newport ("NPS") su permiso para realizar un procedimiento de detección de COVID-19 basado en la necesidad de NPS de mantener un entorno seguro para los empleados, estudiantes y otras personas esenciales con las que pueda entrar en contacto.

A todos los estudiantes, personal y maestros se les ofrecen exámenes a través de este programa hasta el final del año escolar 2020/2021 de forma gratuita. Este consentimiento se aplicará a todas las sesiones de evaluación hasta el final del año escolar 2020/2021. En cualquier momento, puede negarse a participar.

Esta prueba ha sido aprobada por la FDA; sin embargo, esta prueba por sí sola puede no ser suficiente para detectar o descartar la posibilidad de que usted haya estado expuesto o esté infectado con COVID-19. Debe controlar cuidadosamente sus propios síntomas y, a pesar de los resultados de cualquier prueba, debe quedarse en casa y consultar con su médico si experimenta síntomas de COVID-19. Tiene derecho a discutir la prueba propuesta con su médico, para conocer el propósito, los riesgos potenciales y los beneficios de cualquier prueba. Debido a la actual crisis de salud pública, puede ser necesario compartir los resultados de su prueba con las autoridades de salud pública. Al firmar a continuación, usted acepta la divulgación de dicha información según lo soliciten, recomienden o exijan las autoridades de salud pública federales, estatales y locales.

El administrador escolar de la escuela tendrá acceso a los resultados de la prueba BinaxNOW COVID-19. Si tiene alguna pregunta sobre el programa, puede comunicarse con la escuela.

Para que pueda participar en este programa de pruebas, se necesita su permiso. Firme a continuación y devuelva este formulario a la escuela si desea participar. Al firmar a continuación, está indicando que acepta voluntariamente este procedimiento para la detección de COVID-19. Además, acepta liberar y renunciar a cualquier reclamo que pueda surgir contra NPS y sus proveedores médicos designados y miembros del personal por cualquier riesgo, efecto secundario o complicación que resulte de las pruebas.

Tenga en cuenta que los estudiantes atletas serán evaluados regularmente durante la temporada.

Si es POSITIVO, se le pedirá que se aísle de acuerdo con las pautas de RIDOH y NPS.

El nombre del niño: _____

Escuela del niño: _____

Nivel de grado del niño: _____

Número de teléfono del padre / tutor: _____

Correo electrónico del padre / tutor: _____

Firma del padre / tutor: _____

Firma del miembro del personal: _____

Correo electrónico del miembro del personal: _____