

FOXBOROUGH HIGH SCHOOL MARCHING BAND PARTICIPATION FORM

STUDENT INFORMATION

STUDENT NAME: _____ DATE OF LAST PHYSICAL: _____
GRADE: _____ ADDRESS: _____ BIRTH DATE: _____ STUDENT ID #: _____
GENDER: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ HOME #: _____ WORK #: _____ CELL #: _____
NAME: _____ RELATIONSHIP: _____ HOME #: _____ WORK #: _____ CELL #: _____
HEALTH INSURANCE CO: _____ POLICY # _____ ID # _____
PRIMARY CARE PHYSICIAN: _____ PHONE #: _____
SPORTS/ORTHOPEDIC PHYSICIAN: _____ PHONE #: _____

MEDICAL HISTORY:

Athletics incurs inherent risks related to the sport or activity your son/daughter participates in. Foxborough High School will take every precaution for the safety of its students, but will not accept responsibility for injuries sustained in an extracurricular athletic activity. Coaches, band leaders, athletic trainers and employees will act prudently to prevent and minimize athletic injuries. An accurate and updated medical history **must** be completed for participation in Foxborough High School Extracurricular Athletic Activities. All information will be held in strict confidence.

Please circle YES or NO to the following questions:

1. Have you had an injury or illness?	YES	NO	If YES, Explain _____
2. Have you been hospitalized overnight?	YES	NO	If YES, Explain _____
3. Have you ever had surgery?	YES	NO	If YES, Explain _____
4. Are you currently taking any prescription medications?	YES	NO	If YES, Explain _____
5. Have you passed out during or after exercise?	YES	NO	If YES, Explain _____
6. Have you ever been told you have asthma?	YES	NO	If YES, Explain _____
Is it exercise induced?	YES	NO	
Do you use an inhaler?	YES	NO	If YES, Explain _____
7. Do you have any allergies?(environmental, food, medicine)	YES	NO	If YES, Explain _____
Do you have an Epi-Pen?	YES	NO	If YES, Explain _____
8. Do you have a heart murmur?	YES	NO	If YES, Explain _____
9. Do you have history of a heart condition?	YES	NO	If YES, Explain _____
10. Do you/family have history of high blood pressure?	YES	NO	If YES, Explain _____
11. Have you ever had a seizure?	YES	NO	If YES, Explain _____
12. Do you have frequent headaches?	YES	NO	If YES, Explain _____
13. Have you ever had nerve damage?	YES	NO	If YES, Explain _____
14. Have you ever fractured a bone?	YES	NO	If YES, Explain _____
15. Have you ever sprained/strained a ligament/muscle?	YES	NO	If YES, Explain _____
16. Have you ever had any other pain/injury?	YES	NO	If YES, Explain _____
17. Do you wear anything protective/corrective?	YES	NO	If YES, Explain _____
18. Do you wear contacts/glasses?	YES	NO	If YES, Explain _____
19. Have you been diagnosed with an eating disorder?	YES	NO	If YES, Explain _____
20. Do you want to weigh more/less than current weight?	YES	NO	If YES, Explain _____

Females Only:

1. Do you frequently miss your period?	YES	NO	If YES, Explain _____
2. If yes, what was the longest time without it?			Explain _____

HEAD INJURY/CONCUSSION REPORTING

1. Have you ever experienced a traumatic head injury?	YES	NO	IF YES, When? Dates (month/year) _____
2. Have you ever received medical attention for a head injury?	YES	NO	IF YES, When? Dates (month/year) _____
If yes, please describe the circumstances: _____			
3. Were you diagnosed with a concussion?	YES	NO	IF YES, When? Dates (month/year) _____
If yes, duration of symptoms (such as headache, fatigue, difficulty concentrating) for most recent concussion: _____			

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***IMPORTANT MEDICAL REMINDERS FOR ALL MARCHING BAND MEMBERS:

1. Have a copy of a current physical examination (VALID FOR 13 MONTHS) on file with the FHS nurse prior to participating. Your physical CAN EXPIRE during the season so it is necessary to submit a new physical following each physical exam.
2. If a band member is injured and is seen by a medical professional, a note of clearance must be brought to the nurse regarding status of participation in an extracurricular athletic activity. Before a return to participation, the athletic trainer must clear the student of functional participation in conjunction with clearance by the medical doctor.

CONSENT TO TREAT:

I understand that my child may be injured while participating in extracurricular athletics at Foxborough High School. I authorize the school to obtain through the band leader, athletic trainer, nurse, coach or available physician, any emergency care that may become necessary while participating in or traveling under the Foxborough High School Athletic Extracurricular Activity Program. Any updates to our emergency contact information or medical history will be brought to the attention of the Music Department and nurse immediately.

Sign

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

***Annual Concussion Training:

In accordance with the Massachusetts State law 105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletic Activities **annual training is required of all parent/guardians and student** prior to participation in extracurricular activities. Parents/Guardians and student must watch the following video prior to participation:

Parent/guardian: <https://www.cdc.gov/headsup/youthsports/training/index.html>

Student: <https://headsup.cdc.gov/>

More information can be found at:

http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet-a.pdf

***Signatures below attest both parent/guardian and the student-athlete have read and understand the information provided on the CDC's Heads-Up Concussion Training website and the information provided by the MA Department of Public Health.. I attest that the information provided on this entire form is true and accurate. Furthermore, I agree to follow all rules and regulations in the Foxborough High School Handbook and follow and adhere to all Massachusetts State laws and regulations.

Sign

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Sign

STUDENT-MARCHING BAND SIGNATURE: _____ DATE: _____

FOXBOROUGH PUBLIC SCHOOLS MARCHING BAND PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

This is a legal document which, if signed, will have the effect of rendering you and your child unable to bring any type of action against the Town of Foxborough, the Foxborough School Committee, or any of its agents, because of any harm you or your minor child may suffer as a result of his/her participation in a voluntary program of the Foxborough Public Schools.

I, _____, parent/guardian of _____, a minor, do hereby consent to his/her participation in the voluntary extracurricular athletic program, and hereby forever RELEASE, discharge, and covenant to hold harmless the Town of Foxborough and its elected and appointed officials, committees (including but not limited to the Foxborough School Committee), officers, agents, employees, insurers, attorneys, servants, affiliates, and their successors and assigns, from any and all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now, or hereafter have as the parent of said minor, and also all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority, resulting from his/her participation in this voluntary program.

I acknowledge that I enter into this Agreement after having had ample opportunity to consult with counsel, and I do so knowingly and voluntarily, with complete understanding of the terms and the conditions of the Agreement.

Sign

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____