



Pre-Participation Sports Screening FAQs

What are they?

Pre-participation Sports Screenings are required for athletes prior to participating in sports. NCHSAA athletes are required to complete and provide documentation of a passed pre participation every 365 days that is to be kept on file at the school to be permitted to participate in sports.

Benefits of participating in pre-participation screenings at the school include low cost and convenience of not driving your child elsewhere. However, you are welcome to go to your family doctor to complete this screening. If your child has monitored medical conditions, it is recommended that they are seen by their family physician for screenings.

What if we had our pre participation screening done in the last few months?

We understand that many athletes choose mid-year to play a sport or missed the screenings last year and may have waited until a different date for these. However there is no reason your child cannot go to 2 physicals in 1 year and get them on track with school pre participation screening from here on out. Your child is not required to go through pre participation screenings at the school, but its encouraged.

Who can provide them?

The NCHSAA allows only Licensed Physicians, Physician Assistants, and Nurse Practitioners to complete these forms. Forms completed by any other providers will be turned away.

What do we need to do prior to pre participation screenings?

-A completed Health History form provided by the NCHSAA

and

-Consent form are required to be completed prior to your child's start of the screening.

If these are not complete, your child will not be permitted to continue. These screenings are performed with the greatest concern for your child's health and if they are not complete, we can not assume we have enough information to clear your child.

Also if your child has a cardiac or other clearance that has been provided to your child over the years, please provide a copy of this at the screening as well so that there are no unnecessary referrals. Verbal confirmation isn't acceptable.

Where can we find pre participation forms?

Your child has been given the opportunity at school to take home the Health History and Consent form prior to screenings day to be completed. The school front office has these available as well. If your child has not brought them home, they can be found on the NCHSAA web site under "Health and Safety"

If you are attending the pre participation screening with your child, you can complete these on the day of screenings at the school.

Does it cost anything?

Pardee Sports Medicine proudly offers this once a year service at no charge

What if my child misses Pre-Participation Screening at the school?

If your child misses the pre participation screenings, then you can either go to your primary care provider using your insurance provider, or call Pardee sports Medicine and arrange for a low cost pre participation screen. The number is 828-693-5234

What if my child is not cleared, or a concern is raised at their pre participation screening?

If there are any concerns or lack of clearance, the athletic trainer will contact you to discuss concerns or let you know that they were not cleared, why, and that they need to follow-up with a specific provider. It is very important that there is accurate contact information on your Consent form for this to occur.

Should parents come to Pre participation?

Yes, you should if you can, however it is not required. We promote a parents presence at all medical checkups for your child. This may also help clarify any questions that come up during pre participation screening.

Can we have other physical forms signed?

Our physicians are only present to perform sports physicals for High School and Middle Schools. Please do not expect more than this at the pre-participation physicals at the schools.

Where are the Pre Participating Screens held?

This year the free screening are held at the Mission Pardee Health Campus on Hwy 25 on the Henderson-Buncombe County line just north of Fletcher.NC. Each school has a designated time. Check with your child's school to determine that time.

Pre Participation Screenings not a substitute for an in physician office physical

The pre participations screening are just that, a screening. It should not be used as a substitute for a physician guided physical. Each child is strongly encouraged to have a personal family physician that they see on a regular basis. If you do not have a physician, Padree/UNC Health Care has a extensive list of highly qualified physicians that we would be happy to assist you in establishing a physician-patient relationship.

**THIS SECTION MUST BE COMPLETED PRIOR TO YOUR CHILD PARTICIPATING IN SPORTS
PARENT CONSENT FOR EXAMINATION AND TREATMENT**

Athlete's Name: _____ Age: _____ Grade: _____ SS#: _____

School Name: _____

Parent/Guardian Name: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Business Phone: _____

Insurance: _____

Emergency Contact Person: _____ Phone: _____

Family Physician: _____

PRE-SCREENING PHYSICAL

I hereby give my informed consent for the participating physician(s) to perform a pre-participation screening physical examination on my child. I realize that this screening is only an examination; it does not take the place of a complete examination. During a screening examination, the physician is not responsible for any ongoing medical care or treatment of any injuries that occur on the day of the exam or subsequently. My child has **no known serious medical conditions** that would prevent him/her from participating in sports that I am aware of. I agree to follow up with my local physician if anything preventing participation is found by this screening. I understand that my child will be prescreened to provide the medical personnel with base line data in the event of a head injury and return to play criteria.

EMERGENCY TREATMENT

In the event of a medical emergency, every attempt to notify the parent or guardian will be made. However, if you cannot be reached, we ask that you grant permission for your child to be treated for a medical emergency by a licensed physician or other persons trained in emergency care. In the event that I cannot be reached, I grant permission to the school to provide emergency medical treatment to my son or daughter by medical personnel on site.

TRAUMATIC BRAIN INJURY

I understand and give my permission for my child to take a computer test of single questions in order to provide base line data for a doctor to review in the unlikely event that a head injury might occur while participating in a sports activity. This computer test will become a part of your child's medical information and will not be shared with anyone except the child's parents and the medical team. It will allow better decision making in your child's health and return to sport.

PRACTICE, TRAINING ROOM, GAME & INJURY CLINIC TREATMENT CONSENT

Local, licensed medical personnel will be serving as our team physicians and athletic trainers. We ask that you sign and give permission to these physicians, physician extender and athletic trainers to treat your son/daughter for any sports related injury. I understand that no elective surgical procedure will be performed on my child without my further involvement and written consent. Furthermore, I understand that I can decide to have my child treated elsewhere.

HIPAA/FERPA RELEASE

The above named student-athlete has opted his/her rights under the US Department of Health and Human Resources guidelines. By signing this release, the student-athlete allows sharing of medical information between the Sports Medicine Staff (team physicians and medical staff, athletic trainers, and student assistants), the school athletic staff (Athletic Director and Coaches), school administration and his/her medical provider(s). In the event of an emergency situation, information may be shared with emergency medical personnel. Every reasonable effort will be made to protect this information. It is understood that once this medical information is disclosed, it is no longer protected under the HIPAA/FERPA guidelines.

MRSA FACT SHEET FOR ATHLETES

I have received and understand the MRSA fact sheet that was supplied to me.

Parent/Guardian Name – Please Print

Parent/Guardian Signature

Date