

Athletic Participation Forms Checklist

HISTORY FOR HIS
☐ Completed prior to seeing doctor
☐ Signed by athlete and parent/guardian
□ One copy to doctor
☐ One copy to George White Middle School nurse
The Athlete with Special Needs: Supplemental History Form
Only for students with active 504 or IEP plans
□ Completed prior to seeing doctor
☐ Signed by athlete and parent/guardian
□ One copy to doctor
 One copy to George White Middle School nurse
☐ Or this form does not apply to my child
Physical Examination Form
☐ Completed and signed by medical professional
□ One Copy to doctor
☐ One Copy to George White Middle School nurse
Clearance Form
Completed and signed by medical professional
 Completed Cardiac Assessment Professional Development Module
□ One Copy to doctor
☐ One Copy to George White Middle School
Sudden Cardiac Death In Young Athletes Form
Brochure read by parent
Print out Sudden Cardiac Death in Young Athletes Sign Off sheet
$\ \ \square$ Sudden Cardiac Death in Young Athletes Sign Off signed by parent
☐ One Copy to George White Middle School
Concussion Fact Sheet
Read and signed by parent
 One Copy to George White Middle School