PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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trait or sickle cell disease? Formales Only Choose not to provide written information on Question 19 but will cannot be provided written information on Question 19 but will cannot be provided with a medical profes. When was your last concussion? How severe was each one? (Explain below) How much time do you usually have from the start of one period to the start of another? How much time do you usually have from the start of one period to the start of another? How much time do you usually have from the start of one period to the start of another? How many periods have you had in the last year? How many periods have you had in the last year? How many periods have you had in the last year? I choose not to provide written information on Question 20 by Males Only 20. Are you missing any paired organs? I choose not to provide written information on Question 20 by what was the longest time between periods in the last year? Are you currently taking any prescription or non-prescription Qover-the-counter) medication or pills or using an inhaler? Qo you have any testicular swelling or masses? Are you currently taking any prescription or non-prescription Qover-the-counter) medication or pills or using an inhaler? Qo you have any testicular swelling or masses? Are you currently taking any prescription or non-prescription Qover-the-counter) medication or pills or using an inhaler? Qo you have any current skin problems (for example, itehing, rashes, acne, warts, fungus, or blisters)? Have you ever been dilzzy during or after exercise? Qu you have any current skin problems (for example, itehing, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Qu you have any current skin problems (for example, itehing, rashes, acne, warts, fungus, or blisters)? Have you ever become ill from exercising in the heat? Qu you have any current skin problems (for example, itehing, rashes, acne, warts, fungus, or blisters)? EXPLAIN 'YES' ANSWERS IN				П		•			and with on these	ad for aid	rlo 0011		
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Are you missing any paired organs? Are you under a doctor's care? Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever been dizzy during or after exercise? Do you have any currently taking any prescription or non-prescription (over-the-counter) medicate, and the state of my standard the info about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared the state of this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared the state of the state of the state of the state of my standard the info about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared the state of the state of my standard the info about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared the state of the state of my standard the info about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared the state of the state of my standard the info about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared to this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared to the state of the state of my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By compared to the school assumes any temporal properties of my for such ECG this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Suddent the state of my student for additional cardiac screening on the UIL Sudden Suddent the state of my student for additional cardiac screening on the UIL Sudden Suddent the state o	legs or feet?	-			1	- 1	e longest time	e betwee	n periods in the		on on Quar	tion 20) but w
Are you under a doctor's care? Are you currently taking any prescription or non-prescription Do you have any testicular swelling or masses? An electrocardiogram (ECG) is not required. I have read and understand the info about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete this box, I choose to obtain an ECG for my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete the Suddent of my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete the Suddent of my student for additional cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete the Suddent of my student for additional cardiac screening understand it is the responsibility of my family to schedule and pay for such ECG this box, I choose to obtain an ECG for my student for additional cardiac screening understand the info above full from screening on the UIL Sudden Cardiac Arrest Awareness Form. By complete the S		pinched nerve?							-	discuss w	ith a medica	al prof	essiona
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·	assistant, chiropractor, or nurse practition	er is required before any pa	rticipa	tion in U	JIL practices	s, games o	r matches. TH	HS FOR	M MUST BE ON			an	
	or School Use Only: This Medical History Form was reviewe	ed by: Printed Name				D	ate	Sio	nature				

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name		Sex	Age	Date of Birth	ı	
Height Weight	% Body fat (optiona	ıl)	Pulse	BP	brachial bloo	d pressure while sitting
Vision: R 20/ L 20/	Corrected	: 🗆 Y 🗖	l N	Pupils:	□ Equal	☐ Unequal
As a minimum requirement, this Physical Examination Form must be completed prior to junior high participation and again prior to first and third years of high school participation. It must be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * Local district policy may require an annual physical exam.						
	NORMAL		ABNORMAL FI	INDINGS		INITIALS*
MEDICAL						
Appearance (TI)	 					
Eyes/Ears/Nose/Throat	 					
Lymph Nodes	 					
Heart-Auscultation of the heart in the supine position.						
Heart-Auscultation of the heart in						
the standing position.						
Heart-Lower extremity pulses	+ + + + + + + + + + + + + + + + + + + +				-	
Pulses	+ + + + + + + + + + + + + + + + + + + +					
Lungs						
Abdomen						
Genitalia (males only) if indicated						
Skin						
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)						
Ji y, consuly						
Neck						
Back						
Shoulder/Arm						
Elbow/Forearm						
Wrist/Hand						
Hip/Thigh						
Knee						
Leg/Ankle						
Foot						
*station-based examination only						
•						
CLEARANCE						
□ Cleared						
☐ Cleared after completing evaluation	on/rehabilitation for:					
□ Not cleared for:		F	Reason:			
Recommendations:						
The following information must be fil	led in and signed by	either a Physi	ician, a Physician	Assistant lic	ensed by a Si	tate Board of
Physician Assistant Examiners, a Reg	pistered Nurse recogn	nized as an Ac	dvanced Practice	Nurse by the	Board of Nu	rse Examiners
or a Doctor of Chiropractic. Examin				•		
		•	•		-	
Name (print/type)						
Address:						
Phone Number:						
Signature:						

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

'25 – '26 ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

An ECG screen (sometimes also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screen may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

As per HB 76 of the 86th Texas Legislature a parent can elect to have their child receive an ECG. Cypress Fairbanks currently has an ECG program and will provide a free ECG the first year a student elects to receive one. Any sequential ECG's will be at the expense of the parents or guardian of the student and done outside of the school. We also ask that if you do an ECG out of the school district, that you share any abnormal results with the school district to ensure the safe participation in athletics of your child.

By signing below, I am either electing or declining an ECG screen provided by the Cypress-Fairbanks Independent School District for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (i.e., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for CFISD activities, at the parent's expense. By my signature below, I hereby release and forever discharge, and waive, any and all claims against the Cypress-Fairbanks Independent School District, its employees, trustees, consultants and contractors that relate to the student's election regarding and/or participation in the ECG screening project, and authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in addition to other medical documentation on file in with the school district, and in accordance with the Family Educational Privacy Rights Act and the Health Insurance Portability and Accountability Act of 1996.

I DO hereby consent to participation in the ECG screen on behalf or that of my minor child. I DECLINE participation in the ECG screen on behalf or that of my minor child.						
Child's Name Prin	ted		Date		-8	
			\mathbf{X}			◀ SIC
Parent/Guardian Na	ame Printed		Parent/Guardia	n Signature	9.	
PARENT E-MAIL	ADDRESS					
INFORMATION						
STUDENTID#:_		N A	AME			
AGE:	GENDER: MA	ALEFEMAL	EBIF	RTHDATE:/	<u> </u>	
GRADE:	HT:	WT:				
CIRCLE HIGH SCHOOL ATTENDING 2025-2026:						
Cy-Creek	Cy-Fair	Cy-Falls	Cy-Lakes	Cy-Park	Cy-Ranch	
Cy-Ridge	Cy-Springs	Cy-Woods	Jersey Village	Langham Creek	Bridgeland	

This section to be completed by Athletic Trainer DATE ECG COMPLETED



Cypress-Fairbanks Independent School District

□ without District transportation

Parent Permission for School-Sponsored Activity

□ with District transportation

	Cypress Creek High S	chool	•
Student Name	Campus	Grade	
	()	()	
Parent/Guardian	Primary Phone	Secondary Phone	
	(()	
Secondary Emergency Contact	Primary Phone	Secondary Phone	
ACTIVITY: Football Games, Marc	ching Band Rehearsals/Pe	rformances, UIL and N	on-UIL Events.
PARENT ACKNOWLEDGMENT: In order of required below. Student safety is a high costs associated with a student injury, us completing and returning this form, you and acknowledge that you are responsible activity, except as stated above. Student (unless the campus principal or designed has completed any additionally required damages that occur to students riding in lift the above student needs immediate consent to care. PRESCRIPTION MEDICATION ADMINS school day will be transported/admini	priority; however, under state law nless the injury results from a sch are authorizing your student to pole for any medical or other costs is are required to use District-prove has specifically authorized a study written permissions). The District vehicles that are not provided by are and treatment as a result of instance of the provided by the field trip sponsor in the provided by the field trip sponsor	withe school district is not respond employee's negligent operaticipate in the school-spond associated with a student injuried transportation if it is product to arrive or depart separt shall not be liable or respondent to the District. Signify or illness, I authorize CFI is administered by the sections administered by the sections.	ponsible for medical or other cration of a District vehicle. By sored activity described above any that may occur during the ovided as indicated above ately and the parent/guardian sible for any action, injuries or SD employees to deliver or hool nurse during a regular
Parent/Legal Guardian Signature	Date		
•••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •
Complete this section ONLY if your cleaved beyond the regular school day, please below. The field trip sponsor will proviewent. In accordance with CFISD Board the student), and students may not train	list the medication(s) you authode instructions for parents/gual policy FFAC (LOCAL), medication	orize CFISD staff members to rdians to drop-off required on must be supplied in the c	o administer in the table medication(s) before the original container (labeled for
Medication Name	Dose	Route	Time
	/ /20		
Parent/Legal Guardian Signature	//20 Date		Revised 1/2020



Fine Arts Field Trip High School

tudent Name	Campus		Grade
	Please provide a copy of the stude	ent's current insurance ca	rd.
Name of Insurance Comp	any	Identification Number	
		Group Number	
-	gency, CFISD employees should be k list any medical conditions or regul	_ ,	ild's medical conditions to
□ Asthma □ Diabetes	□ Seizure Disorder □ List Sev	ere Food Allergies	
□ Daily and Emergency M	ledications:		
☐ Other Information:			
			<u>-3g</u>
	District Provided Non-prescription ven for the administration of the fory designated school employees. Condition	ollowing district provided	
nedications to my child b	ven for the administration of the for y designated school employees. C	ollowing district provided ircle Yes or No in lastcolu	ımn.
nedications to my child b	ven for the administration of the for the second employees. C	ollowing district provided ircle Yes or No in lastcold Brand Name	Circle Yes or No
Symptom Allergic Reaction	ven for the administration of the for y designated school employees. C Medication Diphenhydramine	ollowing district provided ircle Yes or No in last column Brand Name Benadryl	Circle Yes or No Yes or No

Parent/Legal Guardian Signature

Medication Log (For CFISD Use Only)

Date:	Time	Signs & Symptoms	Medication Dispensed	Initials
(Month/Day)				
/				
/				
/				
/				
/				
/				

PARENT/STUDENT UIL MARCHING BAND ACKNOWLEDGEMENT FORM

Updated 2025

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exceptions:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day. For any calendar week consisting of less than five school days a marching band may rehearse one additional hour beyond eight hours for each non-school day, provided the school week limitation of eight hours is not exceeded.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at: www.uiltexas.org/music/marching-band

"We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations."

SIGN HERE	Parent Signature	_Date
SIGN HERE	Student Signature	_Date

This form is to be kept on file by the local school district.