

2020-2021

DIAA ATHLETIC PHYSICAL AND CONSENT FORMS

Upon publication of this packet, these forms **MUST** be utilized when completing required DIAA forms for the 2020-21 athletic season. Each year, the DIAA will utilize this cover letter to update providers on any important changes and important dates.

The DIAA Sports Medicine Advisory Committee recommends that the required forms be completed by the student athlete's primary care provider (medical home) to ensure continuity of medical care. These forms must be completed **after April 1st 2020 based on a physical performed by the signing physician within one year of the date of signature.**

Please check the [DIAA website](#) for updates regarding COVID-19 and management of student athletes. As information is changing rapidly, DIAA, in collaboration with Division of Public Health (DPH) will post updates as needed to the website.

Key Changes for 2020-2021:

- This packet has been updated based upon new guidelines by the American Academy of Pediatrics Pre-Participation Evaluation (PPE) 5th Edition.
- There is now a checkbox on page 2 for immunizations that should be checked indicating that immunizations are attached when appropriate.
- Students who have not had a DIAA PPE such as students entering middle school, students who are first time participants in athletics, and out-of-state transfers, **ARE** required to have a PPE prior to athletic participation. All students entering sixth and ninth grade **ARE** required to have a PPE prior to athletic participation. Therefore, parents and guardians must complete and submit pages 2, 3 and 5, including a physician's examination (page 4), prior to any participation.
- Due to the COVID-19 pandemic and concerns regarding access, returning student-athletes that had a valid 2019-2020 pre-participation physical may not be required to have a PPE until the end of the fall season and prior to starting the winter season. This means a physical that was good for the 2019-2020 season will be good for the start of the 2020-2021 season. These students should complete page 2 and the supplemental forms referenced in the next bullet unless a re-examination is required.
- **However**, a Supplemental Form [a new History Form * (page 3) and medical card * (page 5)], **MUST** be completed for all athletes, and based on review of the forms, the school's qualified healthcare provider (QHP) will determine if a physical and evaluation by the student's primary care provider is required prior to participation. For returning athletes, when completing the history form, please make sure to only answer "yes" if there are **new issues** since you were last cleared for participation/ last year's valid PPE.
- Given the delay in publication of these forms, it is okay to submit the 2019-2020 packet (if signed by the physician before publication of the 2020-2021 forms) but the student athlete must submit an updated History Form (page 3) to be reviewed by the school's QHP.
- All student-athletes will be screened for COVID-19 with a symptom checklist and temperature check daily prior to participation. If positive, athlete will be sent home by the school. The student-athlete will then need to be evaluated and cleared with a negative PCR test.

Delaware Interscholastic Athletic Association Pre-Participation Physical Evaluation/Consent Form

The DIAA pre-participation physical evaluation and consent form consists of seven pages. Pages two, three and five require a parent's signature while pages six and seven are references for the parent and student athlete to keep. Page four requires the exam date and physician's signature and page five requires the clearance to participate date and physician's signature. **The student must be cleared to participate on or after April 1 based on a physical examination conducted within 12 months of the signature. The clearance is valid through June 30 of the following school year unless a re-examination is required.**

Name of Athlete: _____ School: _____
 Grade: _____ Age: _____ Gender: _____ Date of Birth: _____ Phone: _____
 Parent/Guardian Name: (Please Print): _____

For the physicals of 9th graders or new school enterers, please check here indicating immunization form attached:

PARENT/GUARDIAN/STUDENT CONSENTS

_____ has my permission to participate in all interscholastic sports **NOT** checked below?
 (Name of Athlete)

NOTE- If you check any sport below the athlete will NOT be permitted to participate in that sport.

___ Baseball	___ Basketball	___ Cheerleading	___ Cross Country	___ Crew
___ Field Hockey	___ Football	___ Golf	___ Ice Hockey	___ Lacrosse (B)
___ Lacrosse (G)	___ Soccer	___ Softball	___ Squash	___ Swimming
___ Tennis	___ Track	___ Volleyball	___ Wrestling	

- My permission extends to all interscholastic activities whether conducted on or off school premises. I have read and discussed the **Parent/Player Concussion Information Document; Sudden Cardiac Arrest Awareness Sheet** and I will retain those pages for my reference. I have also discussed with him/her and we understand that physical injury, including paralysis, coma or death *and exposure to COVID-19* can occur as a result of participation in interscholastic athletics. I waive any claim for injury, illness, or damage incurred by said participant while participating in the activities NOT checked above.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

- To enable DIAA and its full and associate member schools to determine whether herein named student is eligible to participate in interscholastic athletics, I hereby consent to the release of any and all portions of school record files, beginning with the sixth grade, of the herein named student, including but not limited to, birth and age records, name and residence of student's parent(s), guardian(s) or Relative Care Giver, residence of student, health records, academic work completed, grades received and attendance records.

Parent Signature: _____ **Date:** _____

- I further consent to DIAA and its full and associate member schools use of the herein named student's name, likeness, and athletically related information in reports of interscholastic practices, scrimmages or contests, promotional literature of the association, and other materials and releases related to interscholastic athletics.

Parent Signature: _____ **Date:** _____

- By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the schools to perform a pre-participation examination on my child and to provide treatment for any injury received while participating in or training for athletics for his/her school. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation, with coaches, medical staff, Delaware Interscholastic Athletic Association, and other school personnel as deemed necessary. Such information may be used for injury surveillance purposes.

Parent Signature: _____ **Date:** _____

- By this signature, I agree to notify the physician and school of any health changes during the school year that could impact participation in interscholastic athletics.

Parent Signature: _____ **Date:** _____