

MEMO TO: PARENTS OF STUDENT ATHLETES (YEAR 2008-2009)

FROM: BOILING SPRINGS FAMILY MEDICINE, P.A. (TEAM PHYSICANS)

SUBJECT: PRE-PARTICIPATION MEDICAL EXAMINATIONS (PME) FOR ATHLETES

PLEASE READ CAREFULLY THE INFORMATION THAT FOLLOWS. IT IS IMPORTANT THAT YOU UNDERSTAND THE CONDITIONS THAT APPLY TO THIS PME. YOUR SIGNATURE INDICATING UNDERSTANDING AND APPROVAL IS NECESSARY BEFORE THE PME CAN BE GIVEN TO YOUR STUDENT ATHLETE.

1. AT THE REQUEST OF YOUR STUDENT ATHLETES SCHOOL/ ORGANIZATION. BOILING SPRINGS FAMILY MEDICINE HAS ORGANIZED THE PME TO BE GIVEN ON May 2, 2008 IN THE CAFETERIA OF BOILING SPRINGS HIGH SCHOOL. SEE BACK FOR TIMES. **COST IS \$15.00 MAKE CHECKS OUT TO BOILING SPRINGS FAMILY MEDICINE.**

2. YOUR STUDENT ATHLETE WHO PLAYS ON A HIGH SCHOOL OR JUNIOR HIGH SCHOOL TEAMS HAS THE OPPORTUNITY TO RECEIVE A PME THAT IS REQUIRED FOR SPORTS PARTICIPATION.

3. SEVERAL DIFFERENT PHYSICIANS AND OR MEDICAL PERSONNEL SOMETIMES WORKING AS A GROUP WILL CHECK YOUR STUDENT. TOTAL PRIVACY OR TOTAL CONFIDENTIALITY MAY NOT ALWAYS BE POSSIBLE IN GROUP SITUATIONS.

4. STUDENTS WITH KNOWN OR DISCOVERED MEDICAL PROBLEMS SUCH AS DIABETES, HIGH BLOOD PRESSURE, ASTHMA, OR ONE KIDNEY, ONE EYE, WILL BE CHECKED BUT MAY REQUIRE OBTAINING MEDICAL CLEARANCE THROUGH A FAMILY PHYSICAN OR SPECIALIST.

5. YOU WILL BE NOTIFIED OF ANY ABNORMALITIES THAT MIGHT BE DETECTED DURING THE PME. YOU WILL BE RESPONSIBLE FOR HAVING SUCH ABNORMALITIES CHECKED FURTHER BY THE STUDENTS ATHLETES REGUALR PHYSICIAN AND PROVIDE THE SCHOOLS TRAINER WITH DOCUMENTATION BEFORE YOUR CHILD CAN PARTICIPATE IN SPORTS.

6. OBTAINING A PME IN THIS SETTING IS NOT MANDATORY FOR PARTICIPATION IN ATHLETIC. HOWEVER OBTAINING THE PROPER MECICAL FORM FROM THE SCHOOL IS NECESSARY. IT CAN BE COMPLETED BY ANY SOUTH CAROLINA LICENSED PHYSICAN. YOU MAY PREFER TO HAVE YOUR REGULAR PHYSICIAN TO COMPLETE THIS FORM.ESPECIALLY IF YOU KNOW OF PROBLEMS. THIS PME IS DESIGNED TO SCREEN FOR SPORTS RELATED PROBLEMS AND CANNOT BE USED FOR ANY OTHER PURPOSE.

7. **A PACKET OF FORMS IS ATTACHED TO THIS PERMISSION SLIP, THE PME WILL NOT BE DONE IF ANY FORMS HAVE NOT BEEN FILLED OUT AND SIGNED BY A PARENT OR GUARDIAN. THE FORMS ARE MEDICAL HISTORY, AWARENESS OF RISK, EMERGENCY INFORMATION, MEDICAL CONSENT FOR TREATMENT, INSURANCE INFORMATION, AUTHORITIZATION TO RELEASE MEDICAL INFORMATION, HELMENT WARNING FOR FOOTBALL.**

8. IMMUNIZATION SHOTS WILL NOT BE PROVIDED AT THIS PME.

9. THE STUDENT ATHLETE MUST WEAR A T-SHIRT AND SHORTS TO RECEIVE A PME

I HAVE READ, AND I UNDERSTAND THAT BOILING SPRINGS FAMILY MECICINE'S PME FOR STUDENT ATHLETES IS VOLUNTARY, AND I HAVE READ THE ABOVE INFORMATION AND HAVE COMPLETED THE FORMS ACCURATELY TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SCHOOL

NAME OF STUDENT ATHLETE _____

PHYSICALS ON MAY 2, 2008

COACHES, PLEASE BE ADVISED YOUR ATHLETES MUST COME AT THE START TIME FOR THEIR PHYSICALS. WE ARE UNABLE TO MAKE EXCEPTIONS IF WE WANT THE PHYSICALS TO RUN SMOOTHLY

4:00 FOOTBALL- RISING 10TH AND ABOVE

4:30 RISING 9TH GRADE FOOTBALL PLAYERS

**5:00 BOYS AND GIRLS TENNIS AND SOFTBALL

**5:30 VOLLEYBALL AND BASEBALL AND SWIMMING

**6:00 CHEERLEADERS/WRESTLING/
GUARD

** 6:15 BOYS AND GIRLS BASKETBALL AND Girls Golf

** 6:45 BOYS AND GIRLS SOCCER

** 7:15 TRACK AND CROSS COUNTY/ ROTC