

Athletic Medical Clearance Information, Forms, & Registration

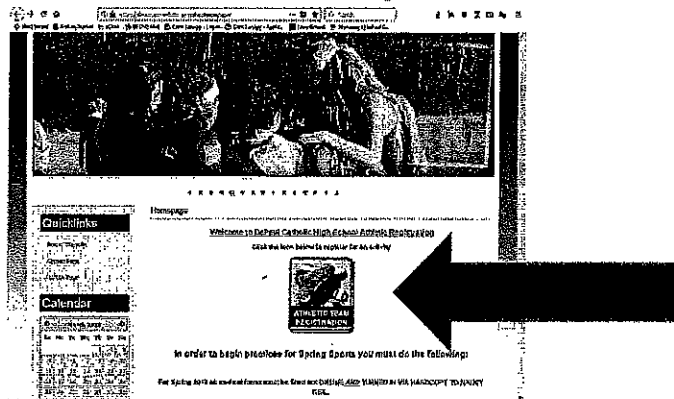
1. HARD COPIES

- a. **YOU SHOULD HAVE THESE ITEMS COMPLETED BEFORE BEGINNING YOUR ONLINE REGISTRATION:**
 - i. **All paperwork needs to be handed to Ms. Hall (Coach Kelsey)**
- b. **PHYSICALS** are good for ONE CALENDAR YEAR. If you have a copy of your physical you will need to upload it online. If you already played a previous sport, we do not need another copy of your physical. We just need the date of your last physical.
 - i. If you do not have a copy of your physical, ask the school nurse (Naomi Tybyurski) and she will make a copy for you.
- c. Fill out the attached **Health History**. **This form MUST include the DePaul permission to play at the bottom.**
 - i. You must include the date of your child's physical at the top
 - ii. Your signature at the bottom cannot be dated more than 90 days prior to the season (you need to hand in a new Health History for every sport you play).
 - iii. This form will need to be handed to Ms. Hall as a **HARD COPY**
- d. Fill out the attached **SPORTS EMERGENCY FORM**
 - i. This form will need to be handed to Ms. Hall as a **HARD COPY.**
- e. Make copies of the front and back of your **INSURANCE CARDS.** Please write on the copies- the insurance subscriber's date of birth.
 - i. They will need to be handed to Ms. Hall as a **HARD COPY.**
 - ii. You will also need to upload the front and back (in separate areas) online. You can take two photos, one of the front and one of the back, with your phone for easy uploading.
- f. If you are a 9th grade, 11th grade, or transfer student, you must complete the **IMPACT TEST**. Directions are attached.
 - i. Please take a picture, or print, your receipt and upload it to the online registration

2. ONLINE REGISTRATION

- a. The online registration process should not take long. Please review FAQs for registration before you begin. Once you begin this process you **CANNOT SAVE** your work and go back. Please complete it all in one sitting.
- b. **ONLINE REGISTRATION PROCESS**
 - i. Begin by emailing Ms. Hall (hallk@dpchs.org) to retrieve your Student ID. In the email, please give your current grade and your full name.

- ii. Go to: <https://depaulcatholics-ar.schooltoday.com/>
- iii. Click on Athletic Team Registration Button



You will be taken to a page that looks like the one below.

Creating a Family Account = This is the button you select if **no one** in your family has ever used this system to register for a sport at DePaul.

Family Account Login= this is the button you select if you or someone in your family has used this system to register for a sport at DePaul.

First Time Users - Register & Create an Account

Note: If you previously created an account and want to ***add a sibling or new student***, login to your family account. **DO NOT** create a separate account.

Create Family Account

1. Enter your information
2. Remember your username and password
3. Wait for the confirmation email and click the link to verify your account
4. Login to your family account
5. On the Registration History tab, click the blue '**Register**' link
6. Click '**Register New Student**' and answer the registration form

Family Account Login for Returning Users

Family Account Login

Guidelines for returning users:

To register the same student:

1. Login to your family account.
2. Click "**Register**" link (blue paper and pencil icon) and choose the "**name of student**" from its dropdown.
3. On the next page, choose the "**name of the student**" from the student name dropdown.
Note: The form will auto-populate the answers based from your previously submitted registration. Please review and edit the answers such as Grades and others if needed.
4. Choose the activity/sport then continue and submit the registration.

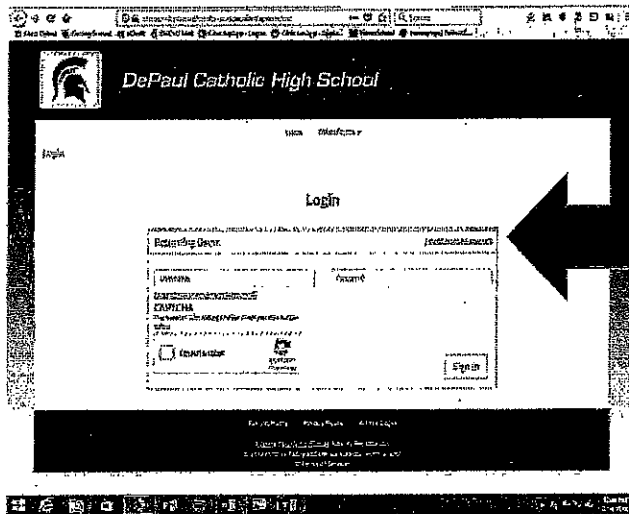
To add a new student in your family account:

1. Login to your family account.
2. Click "**Register**" link (blue paper and pencil icon) and choose "**Register a New Student**" from its drop down.
Note: Fill out the form as a new registration.
3. Choose the activity/sport then continue and submit the registration.

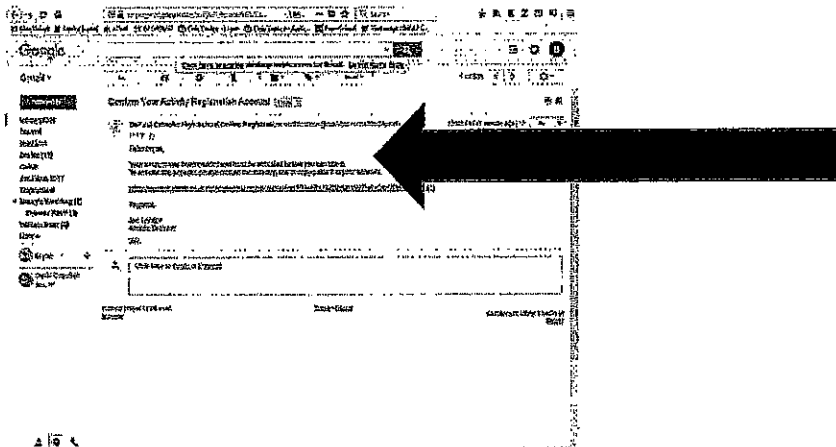
Creating A Family Account

This is for parents and athletes who have NEVER logged into the system before. If you had a sibling who registered online, you will need to follow the instructions for adding a student to a family account.

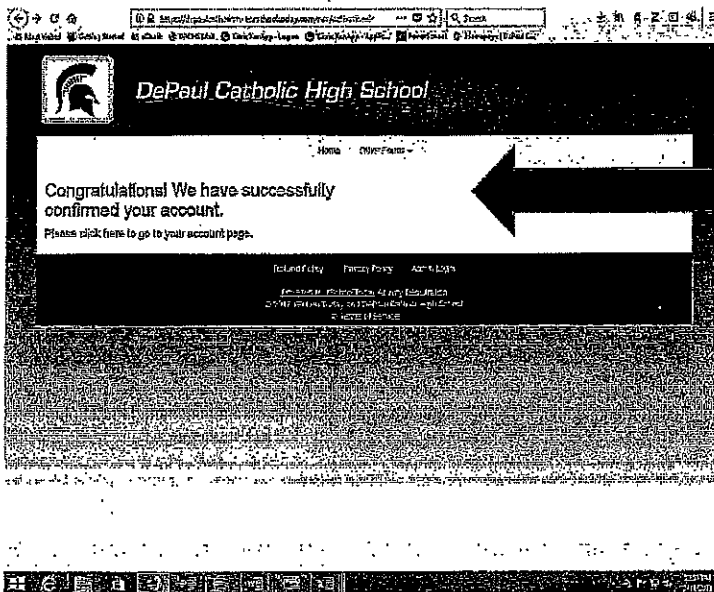
- Click on "Create A Family Account" button.
- Click on "I don't have an account"



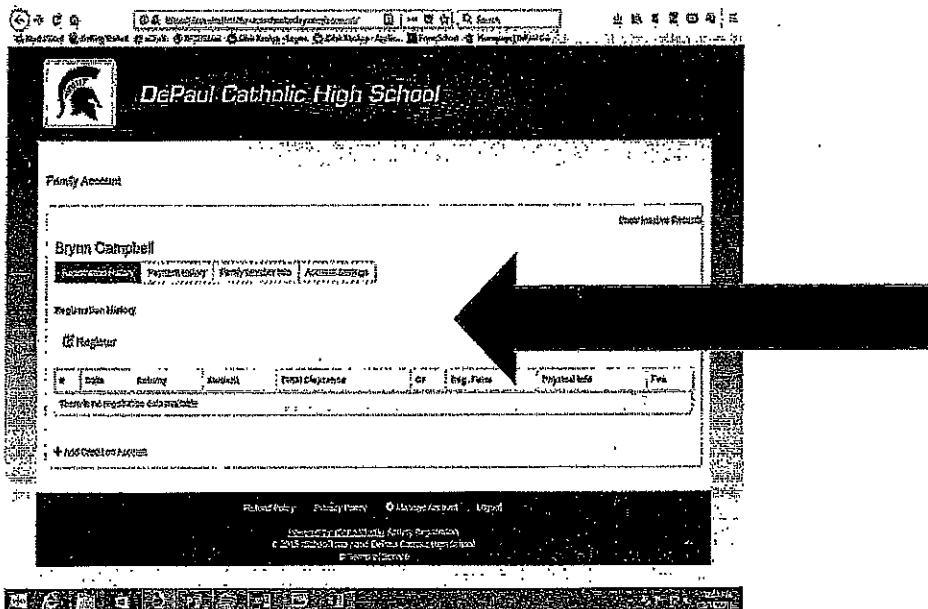
-
- Create a new account.
 - You will include the parent/guardian name.
 - Create a username and password.
- RSchool must confirm that your email is active. You will receive an email to confirm your account. The email will look like the one below:



-
- Click on the blue link in the email.

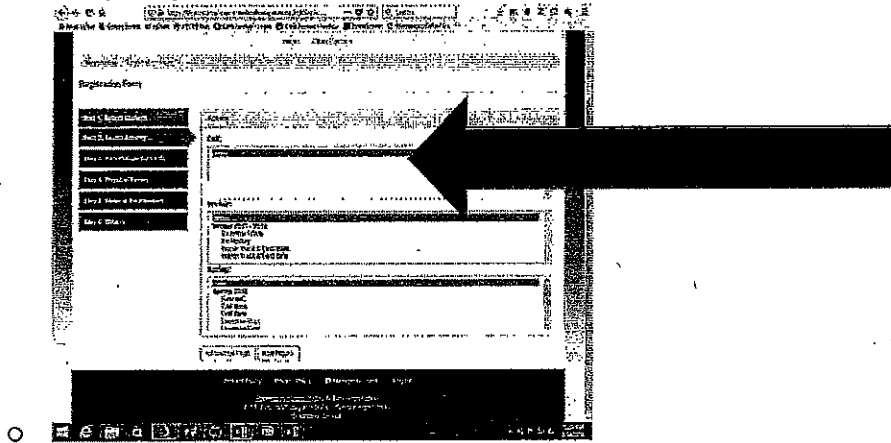


- Click on "Click here" to go to your account page.

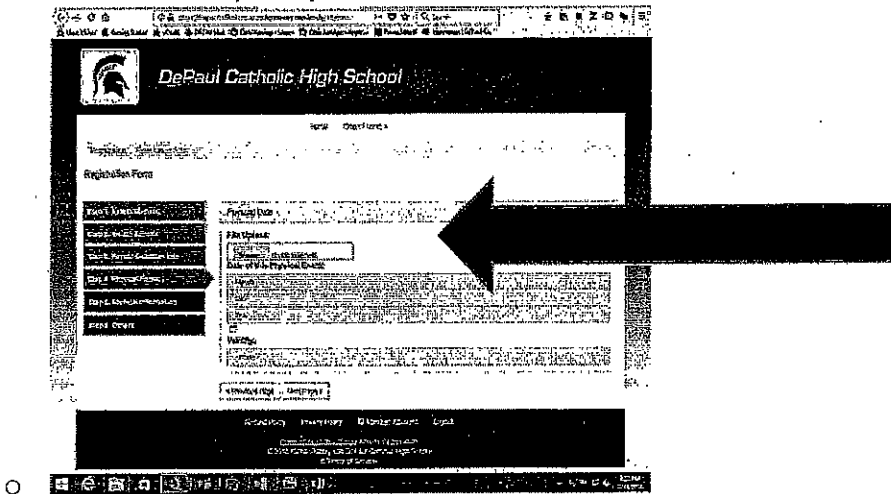


- Click on "Register"
- Fill out ALL of the information.

- Select the Sport your child will be registering for.



- Include ALL parent/guardian information. This is what will be available to coaches in the event of an off-campus emergency.
- If you have a hard copy of your physical, you will upload that here.
 - Please email Nancy Keil (keiln@dpchs.org) with the date of your physical if it is NOT stated on your uploaded form.



- On the next page, you will be asked to fill in all of your doctor, dentist, and hospital preferences along with uploading your insurance cards. PLEASE COMPLETE ALL OF THIS INFORMATION. Again, this is what will be used in the event of an off-campus emergency.
- Medical Insurance Information
 - On this same page you will be asked to include all of your medical insurance info. It is important to include the **Company Name and Policy Holder**.

- You should have **TWO SEPARATE PHOTOS** of your insurance card – one of the front, one of the back. They should be uploaded into the two spaces provided.
- Also, you will be giving the insurance subscriber's date of birth – for example, my husband holds the insurance for my house – I would include his date of birth – 10/12/1987.

The image shows a screenshot of a medical form with a large black arrow pointing to the 'Subscriber Date of Birth' field. The form contains several sections:

- Company Name:** A text input field.
- Policy #:** A text input field.
- Subscriber Name:** A text input field.
- Subscriber Date of Birth:** A text input field, which is the target of the black arrow.
- Subscriber Sex:** A dropdown menu with options for 'M' and 'F'.
- Subscriber Address:** A text input field.
- Subscriber City:** A text input field.
- Subscriber State:** A dropdown menu.
- Subscriber Zip:** A text input field.
- Subscriber Phone:** A text input field.
- Subscriber Email:** A text input field.
- Medication & Purpose:** A table with columns for 'Medication' and 'Purpose'.

- **Medication**

- Please list all medications and dosages here.
- **This information is confidential, but extremely important in the event of an emergency.**

- **Medical Contact**

- We understand that this may seem repetitive. However, it all goes into different spots on the medical app. Please list the people you would like notified in case of a medical emergency. Phone numbers are **NECESSARY**.

- You are now entering the FINAL page!!!!
- If your child requires any of these additional forms, you may download them here.

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Info
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Others

Downloadable Forms

Download the 2017 - 2018 Physical Form [HERE](#).

Download the Health History Form [HERE](#).

Download the Allergy - Epi Pen Form [HERE](#).

Download the Asthma Action Plan [HERE](#).

- If your child is in 9th grade, 11th grade, or a transfer, they should have taken the Impact test before beginning the online process. They can upload the receipt here, or download the instructions.

The Impact Organization - Testing Instruction

Download the The Impact Organization - Testing Instruction [HERE](#).

You may upload your Test Receipt here:

No file selected

- Here you will download the Pre-Season Packet and Opioid Use and Misuse Educational Fact Sheet. Please review them, check all boxes, and electronically sign.

Pre-Season Packet - Acknowledgement Form

Download the Pre-Season Packet - Acknowledgement Form [HERE](#).

Download a copy of Use and Misuse of Opioid Drug Fact Sheet [HERE](#).

1. I/We have read and understand Informed Consent.

2. I/We have read, understood and agree to the Team Uniform & Equipment Policy.

3. I/We have read, understood and agree to the Steroid Testing Policy.

4. I/We have read and understand the Return to Play Policy.

5. I/We have read and understand the Department of Education and NJSIAA Sports-Related Concussion and Head Injury Fact Sheet.

6. I, the parent, along with my son/daughter whose signature appears below, acknowledge that I have read and understand an information as stated on the Opioid Use and Misuse Educational Fact Sheet

7. I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet

Parent's Electronic Signature: *

• Brynn Campbell

Student's Electronic Signature: *

• David Campbell

- Permission to participate and participate in athletics.
 - Please check all boxes and electronically sign.

All paperwork must be completed and turned in prior to, the start of tryouts/practice.

- I/we understand the risk factors of high school athletics.
- I/we give permission for the DePaul Catholic High School coaching staff to seek emergency medical care and for the Athletic Trainer (under direction of School Physician) to provide medical treatment for my son/daughter, in case of injury or illness which is incurred while participating in interscholastic athletic activities.
- In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

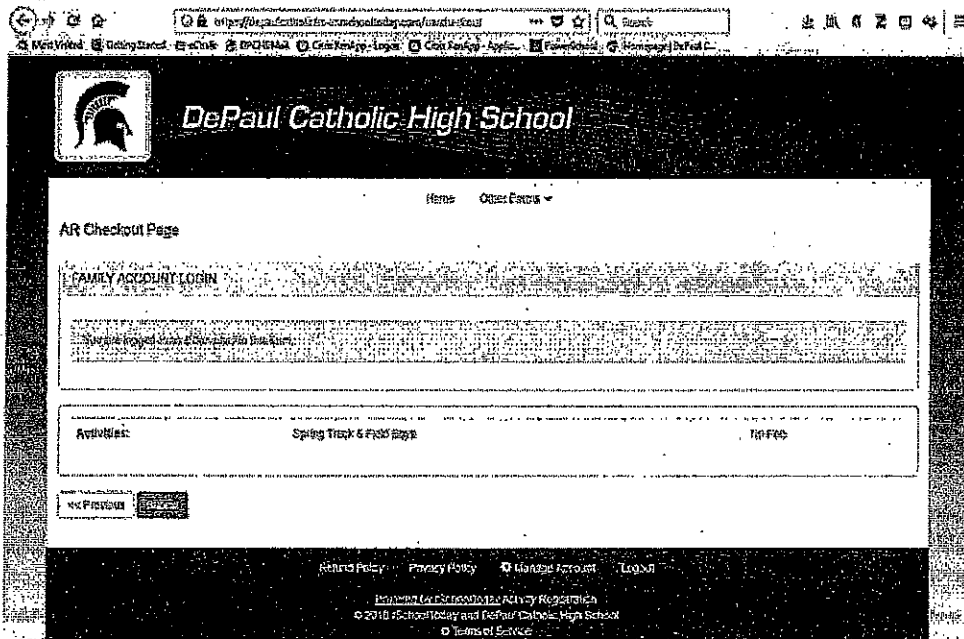
Parent's Electronic Signature: *

Bryan Campbell

Student/Athlete's Electronic Signature: *

David Campbell

- Once you click "Next", you will be taken to a page that shows what activities you have registered for. It looks like this:

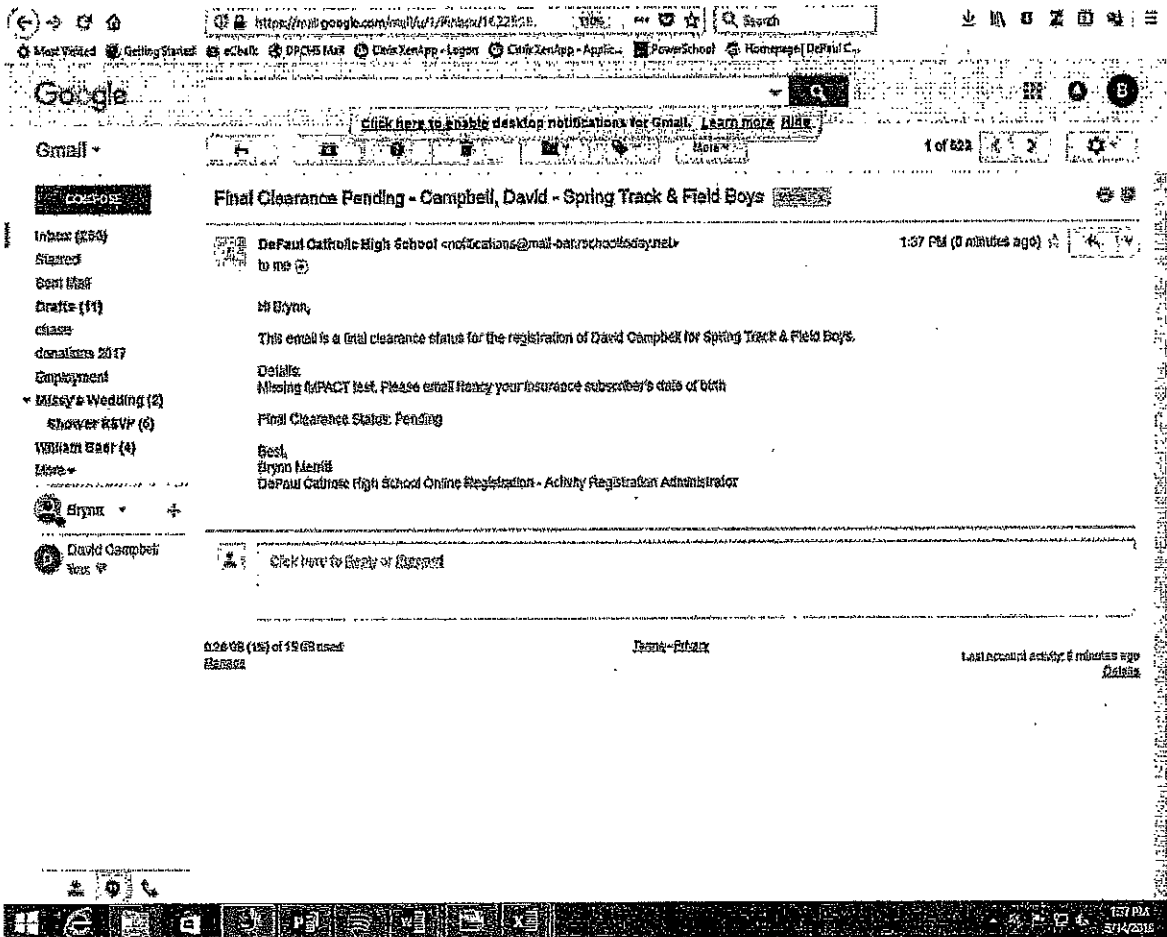


- Click "submit" at the bottom.
- You should receive a "Thank you" message.

- At this point, Nancy will receive notification that you have submitted your online registration. **THIS DOES NOT MEAN YOU ARE CLEARED TO PARTICIPATE.**
- You will still need to hand in hard copies of the following:
 - Emergency Form
 - Health History
 - Copies of Front and Back of your insurance cards
- Once Nancy reviews your online registration, and receives your hard copies, she can clear you. Clearances will come in the form of an email.

Pending:

- If you are missing something from your registration, you will receive a PENDING email (to the email address that you registered your account to). The email will list exactly what actions need to be taken. It will look like this.



Approved:

- If you receive an email that says APPROVED and looks like the one below, you are medically cleared to begin practice.

Final Clearance Approved - Campbell, David - Spring Track & Field Boys

DePaul Catholic High School <notifications@mail-cath.hschoolsday.nab> 1:58 PM (3 minutes ago)

to me

Hi Brynn,

This email is a final clearance status for the registration of David Campbell for Spring Track & Field Boys.

Details:

Final Clearance Status: Approved

Best,
Brynn Adams
DePaul Catholic High School Online Registration - Activity Registration Administrator

0.26 GB (11) of 15 GB used
02/27/2016 1:58 PM

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Date of Exam _____ Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (testis), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALE ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

Parent/Guardian Signature and Consent

I hereby give my consent for my son/daughter to participate in the above athletic event sponsored by DePaul Catholic High School. I realize that such an activity involves the potential for injury which is inherent in all sports. I acknowledge that even the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries may occur. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge that I have read and understand this warning. I release DePaul Catholic High School and its employees and agents from any liability when participating in the sport or traveling with the team. I certify that the information provided herein is accurate to the best of my knowledge as of the date of these signatures.

Signature, Parent/Guardian _____ Date _____ Signature, Student _____ Date _____

DE PAUL SPORTS EMERGENCY FORM

PLEASE ATTACH A COPY OF CURRENT INSURANCE CARDS (FRONT & BACK)

This form must be completed prior to the start of each sport season.

GRADE _____ SPORT _____ DATE OF BIRTH _____

STUDENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WHERE PARENTS CAN BE REACHED DURING AFTER SCHOOL ACTIVITIES

MOTHER NAME: _____ TEL: _____

FATHER NAME: _____ TEL: _____

IF A PARENT CANNOT BE REACHED, PLEASE LIST TWO (2) MEDICAL CONTACTS.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TEL: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TEL: _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN INDICATED BELOW AND TO FOLLOW HIS INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE SCHOOL MAY MAKE WHATEVER ARRANGEMENTS SEEM NECESSARY.

LOCAL PHYSICIAN'S NAME: _____

ADDRESS: _____ CITY: _____

OFFICE TELEPHONE: _____

REMARKS: _____

ALLERGIES: _____

OTHER CONDITIONS: _____

SIGNATURE OF PARENT/GUARDIAN: _____

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LOCAL PHYSICIAN'S NAME: _____

ADDRESS: _____ CITY: _____

OFFICE TELEPHONE: _____

REMARKS: _____

ALLERGIES: _____

OTHER CONDITIONS: _____

SIGNATURE OF PARENT/GUARDIAN: _____



Concussion Center

Specializing in Sports Related and other Concussive Injuries

Instructions for Baseline Testing off Site:

Customer Code: 9576859099

DO NOT USE THIS SITE FOR POST INJURY TESTING-ONLY BASELINE TESTING

- Close all other programs before starting the test. If you have a **pop-up blocker** installed, you will need to turn it off temporarily.
- Go to <http://www.impacttestonline.com/atlanticneuroscienceconcussioncenter/>
- You will be linked directly to the test website. Click on the **Launch Baseline Test** button
 - For language click English
- Choose **DePaul High School** for the school/organization from the drop down menu on the Sports and Health History page and enter your birth date.
 - You will be directed to a series of questions that you will need to answer before taking the test. Please answer all questions as honestly as possible.
 - Follow the test questions carefully. Missing key instructions or not giving the test your full attention will affect your results
- Put in your best effort. This is a hard test. No one gets everything right, so don't get frustrated
- If you become confused about the directions, keep trying to do your best.
- Notify the Concussion Center 908-522-6146 if you have any problems or are unable to complete the test.

It will take approximately 20-30 minutes to complete the test. Turn off music, TV, or other background noises while taking the test.

To ensure that home-based results are accurate, a parent/guardian must supervise any student-athlete under the age of 18 during the testing procedure

If using laptop computer, must use external mouse.

Troubleshooting Tips:

- Flash reader program needs to be on your computer. If not, downloads are available at www.adobe.com
- Make sure your firewall allows downloads. And that the Internet Session Time Limit is set to at least 45 minutes.
- Your desktop or laptop must have an internet connection and an external mouse. Do not run a laptop from the battery.

Please print out the confirmation number (informing us you have passed) at the end of the test and handed it in to Nancy Kell our athletic trainer. If you have troubles printing this form, please email this form first to yourself and then to Nancy Kell at nancykellatc@gmail.com.