



Dear Student:

The Superintendent would like to take this opportunity to welcome you to the Brownsville Independent School District. We hope this letter will aid in the process of completing all necessary health forms to participate in the University Interscholastic League, extracurricular programs, and/or the Brownsville Academic Center. For the **2019 - 2020** school year, any student participating in University Interscholastic League, extracurricular programs, and/or alternative educational programs, will be required to have a physical on file prior to participation which includes all practices. Physicals are valid for one school year. This packet includes the following forms:

Pre-Participation Medical History and Pre-Participation Physical

The Medical History Form must be completed annually by parent and/or guardian and student in order for the student to participate. The questions are designed to determine if the student has developed any condition which would make it hazardous to participate. The Pre-Participation Physical Form must be on file for each student before the first day of participation. This physical **MUST** be completed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted. The physician must sign and print their name in the space provided.

Physical Exam Providers

Below are several options where you can take your child for a physical:

- Your family physician
- Valley Day & Night Clinics
- BISD Campus Care Centers at Clinica 22
- New Horizon Medical Center
- Operation Lone Star (Porter Early College High School: July 22-26, 2019)

For a list of additional providers, contact your coach, director, and/or program sponsor.

Immunizations

Immunizations are required to assist in the health and well-being of student participation. The immunizations are required of all students and are consistent with the Texas Department of Health and local BISD policies. Refer to your designated campus nurse for updates on immunizations.

Emergency Information

All sections must be completed. If you have a medical insurance plan that is an HMO/PPO and you are not from the Brownsville area, it is advised that you designate a local physician as your primary care physician. This will assist in the event a medical referral is necessary for an injury or illness.

Health Insurance

Medical insurance is required of all students participating in University Interscholastic League, extracurricular programs, and/or the Brownsville Academic Center in case of injuries. If your insurance does not cover injuries during your participation, you will be financially responsible for any and all medical costs associated with any injuries. You must provide a photocopy of the front and back of your insurance card when you submit the packet. The District also provides affordable Student Accident Insurance which can be purchased at the families' expense. You may request a copy of this insurance plan and forms by calling the Employee Benefits/Risk Management Department at 956-548-8061.

Secondary Insurance Coverage

The Brownsville Independent School District provides an insurance coverage for all students involved in University Interscholastic League and/or extracurricular programs for grades 6-12. The insurance coverage that is provided is supplemental to the student's personal insurance. Once the primary insurance has paid its benefits, the BISD insurance will pay at a **REASONABLE AND CUSTOMARY RATE** of the remaining balance. If the student has no insurance, then BISD insurance becomes primary and will pay at a **REASONABLE AND CUSTOMARY RATE UP TO POLICY LIMITS**. It must be understood that after reasonable and customary benefits have been met, there still may be a balance due that must be paid, unless the physician is a member of the network. Physicians within the network provide zero balance billing. Trainers will have a list of the in-network providers. **THE PARENT/GUARDIAN IS RESPONSIBLE FOR ALL COSTS NOT COVERED BY THE INSURANCE PROVIDED**. Charges for treatment of injuries shall not be charged to BISD or any employee of BISD. It is the responsibility of the parent/guardian to file with the insurance. It is also the responsibility of the parent/guardian to notify BISD Personnel regarding any and all medical services for injuries received by the participant. The Brownsville Independent School District **WILL NOT** be held responsible for medical or other costs related to injuries received by the participant except to provide the insurance coverage as outlined above.

No student will be permitted to participate in any practices, University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs prior to all documents being on file with BISD.

If you have any questions in regards to any of the information listed above, please contact your coach, director, and/or program sponsor. Best of luck to all of you!



Brownsville Independent School District Participation Form for Secondary Programs

Name of Student: _____ School ID#: _____ Grade: _____

Sex (circle one): M F DOB: _____ School: _____

Name of Parent or Guardian: _____ Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Attention School Authorities: This form and all other inserts that pertain to your program must be updated and signed annually by both the student and parent/guardian and be on file at your school before the student may participate in any practice session or contest before, during, or after school.

Parents' or Guardians' Permit For Student Participation

I hereby give my consent for the above student to participate in University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs. The student will be allowed to travel with the coaches, directors, or other representative of the school on any approved trips in which the student is eligible.

It is understood that even though precautionary measures are taken whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the Brownsville Independent School District assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules included in this packet and agree that my son/daughter will abide by all of the University Interscholastic League rules and/or program requirements.

The undersigned agrees to be responsible for the safe return of all athletic equipment and/or uniforms issued by the school to the above named student. If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

The UIL Athletic Parent Information Manual is located at www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf.
The UIL Music Resources are located at www.uil texas.org/music/resources-forms

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Circle any activity in which this student is allowed to participate:

Baseball Basketball Cross Country Football Golf Soccer Softball Swimming/Diving Tennis Track Volleyball Powerlifting
Marching Band Cheerleading Dance Team BAC

Parent/Guardian Signature

Date

Student Signature

Date



Brownsville Independent School District
Participation Form for Secondary Programs

Pre-Participation Medical History Form

Name of Student: School ID#: Grade:
Sex (circle one): M F DOB: School:
Name of Parent or Guardian: Address:
Home phone: Work phone: Cell phone:
Personal Physician: Phone:
In case of emergency, contact:
Name: Relationship: Phone: (cell) (other)

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to. Any "Yes" answers to questions 3-12 requires further medical evaluation. Written clearance from a physician, physician assistant, or nurse practitioner is required before any participation in any practices, University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs.

Table with 5 columns: Question, Yes, No, Question, Yes, No. Contains 35 medical history questions and a section for female/male specific questions.

It is understood that even though protective equipment is worn by the student, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school district assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by a person on account of such care and treatment of said.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.
Student Signature: Parent/Guardian Signature: Date:

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, OR CONTEST BEFORE, DURING, OR AFTER SCHOOL.

For School Use Only:
This Medical History Form was reviewed by: Printed Name: Title:
Signature: Date:



Brownsville Independent School District
Participation Form for Secondary Programs

Pre-Participation Physical Examination Form

Student's Name: _____ Sex (circle one): M F Age: _____ Date of Birth: _____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ BP: ____/____ (____/____, ____/____)
Brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected Lenses (circle one): Yes No Contact Lenses (circle one): Yes No Pupils (circle one): Equal Unequal

The Brownsville Independent School District requires any student participating in University Interscholastic League and/or extracurricular programs to have a physical examination annually.

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
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)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE:

____ Cleared

____ Cleared after completing evaluation/rehabilitation for: _____

____ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioners will not be accepted.

Name (please print): _____ Date of Examination: _____

Address: _____ Phone Number: _____

Signature: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, OR CONTEST BEFORE, DURING, OR AFTER SCHOOL.