



## 2023 FVF PHYSICAL REQUIREMENT & CONCUSSION INFORMATION FORMS

You have been given two separate items that will both need to be completed before your child will be allowed to participate in the upcoming 2023 FVF Season.

Both of these forms will be due at your equipment issue night. This will take place in Mid-August. A final date and time will be provided to you by your selected coach no later than August 10<sup>th</sup>. Your child will not be issued their gear or be allowed to practice until these forms have been turned in. NO EXCEPTIONS!!!!!!!!!!

### Physical Requirement Information:

Each player will be required to have a complete sports physical administered by a licensed Physician. Not just a well child exam. You may use your family physician or any health care provider approved by the state of Montana. An appropriate form will need to be filled out. One has been provided to you today. You can also visit the FVF website for a league approved form if your physician does not have a sports physical form. Physicals must be current – conducted after April 20, 2023

**Please make a copy or scan of this physical. FVF will not provide copies, nor will we return the form you provide to us.**

### Concussion Acknowledgement Form:

Each player will be required to read and complete the FVF Participant and Parent/Legal Guardian Concussion Acknowledgement form. This form, provided to you today, is our step to providing both players and parents education on concussions. This form is required to be read and completed by both the player and parent or legal guardian.

Additional information on the FVF Concussion Policy and additional copies of this form can be found on our website.

**Please make a copy or scan of this form once it has been signed by both player and parent. FVF will not provide copies no will we return the form you provide to us.**

For more information visit – [www.flatheadvalleyfootball.com](http://www.flatheadvalleyfootball.com)

## FVF CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

A physical examination is required for each player in order to be considered eligible for participation in a Flathead Valley Little Guy Football activity. Physical examinations must be completed prior to equipment handout. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one FVF season. **A physical examination conducted before April 20, 2023 is not valid for participation for current FVF season the following school year. All information is to remain confidential.**

**HISTORY – To be completed by the student and parent(s).**

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)			
Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade _____ Date of Birth _____
Home Address _____	Phone Number _____		
Parent's Name _____	Family Physician _____		
Current School _____	Date _____		

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

		Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>		<input type="checkbox"/>	25. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>		<input type="checkbox"/>	26. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>		<input type="checkbox"/>	27. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you taking medicine for ADHD?	<input type="checkbox"/>		<input type="checkbox"/>	28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>		<input type="checkbox"/>	29. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>		<input type="checkbox"/>	30. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>		<input type="checkbox"/>	31. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>		<input type="checkbox"/>	32. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your heart race or skip beats during exercise?	<input type="checkbox"/>		<input type="checkbox"/>	33. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever told you that you have (circle all that apply): High blood pressure      A heart murmur High cholesterol          A heart infection	<input type="checkbox"/>		<input type="checkbox"/>	34. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>		<input type="checkbox"/>	35. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>		<input type="checkbox"/>	36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>		<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>		<input type="checkbox"/>	38. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>		<input type="checkbox"/>	39. Has a doctor told you that your or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever spent the night in a hospital?	<input type="checkbox"/>		<input type="checkbox"/>	40. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had surgery?	<input type="checkbox"/>		<input type="checkbox"/>	41. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game: If yes, circle affected area below:	<input type="checkbox"/>		<input type="checkbox"/>	42. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:	<input type="checkbox"/>		<input type="checkbox"/>	43. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>		<input type="checkbox"/>	44. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
				45. Have anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
				46. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
				47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
				<b>COVID-19 ADDENDUM</b>		
				48. Have you ever been diagnosed with or suspected you had COVID-19? If yes, did you have 4 or more days of fever (greater than 100.4°F), and/or 1 or more week of myalgia, chills, or lethargy?	<input type="checkbox"/>	<input type="checkbox"/>
				49. Have you ever been hospitalized due to COVID-19 or diagnosed with MIS-C?	<input type="checkbox"/>	<input type="checkbox"/>
				<b>FEMALES ONLY</b>		
				50. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
				51. How old were you when you had your first menstrual period?	_____	
				52. How many periods have you had in the last year?	_____	
				<b>Explain "Yes" answers here:</b>		
				_____		
				_____		
				_____		

**Allergies:** \_\_\_\_\_

**Required for School\* and Recommended Immunizations:** (please check if student is up-to-date):  Hepatitis A;  Hepatitis B;  Human Papillomavirus (HPV);

Influenza;  Measles, Mumps, Rubella (MMR)\*;  Meningococcal;  Polio\*;  Tetanus/Diphtheria/Pertussis (Tdap)\*;  Varicella (Chickenpox)\*

Date of last known tetanus shot (Tdap): \_\_\_\_\_

**PROVIDER'S PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP: Left Arm \_\_\_\_\_ / \_\_\_\_\_ Right Arm \_\_\_\_\_ / \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple examiner set-up only.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLEARANCE**

Typed or printed name of Student \_\_\_\_\_ Signature of Student \_\_\_\_\_

Cleared without restriction  
 Cleared with recommendations for further evaluation or treatment for: \_\_\_\_\_

Not cleared for  All sports  Certain sports \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

Name of physician/medical provider [print or type] \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician/medical provider \_\_\_\_\_

**PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE**

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Insurance (Company name) \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_

Parent's Work Phone \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_

Additional Phone (if any-specify) \_\_\_\_\_

**ALL INFORMATION IS TO REMAIN CONFIDENTIAL**

(Updated 4/21)

## FVF Participant and Parent/Legal Guardian Concussion Acknowledgment

Flathead Valley Little Guy Football (FVF) and its participants understand that, because of the nature of full contact football, there is a risk that players may experience concussion/head injury. Flathead Valley Little Guy Football and its participants desire to recognize players who have experienced concussion/head injury and remove them from play until they are cleared by an authorized medical provider and their parent/legal guardian pursuant to FVF's Concussion Guidelines/Policy. In that regard, FVF has undertaken steps to further educate parents, participants, coaches, and others regarding concussions, removal from play due to concussion/head injury, and requirements of return to play.

By signing below we affirm we have read the information contained in and attached to this form and have read the FVF Concussion Guidelines/Policy and information at [www.flatheadvalleyfootball.com](http://www.flatheadvalleyfootball.com)

**Athlete Name:** \_\_\_\_\_  
*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

**Parent/Legal Guardian Name(s):** \_\_\_\_\_

**Parents and Players Must Review the Information Sheets Attached and Initial and Sign Below**

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to parents, coach(es), officials, board members and a medical professional.	
	A concussion can affect the ability to perform activities such as the ability to think, balance, and classroom performance. Some symptoms might be present right away. Other symptoms can show up hours or days after injury.	
	Participation in any sport, including FVF football, may result in a concussion or some type of brain injury despite efforts to protect against that injury.	
	I will immediately tell my parents, my coach, and/or a medical professional about my injuries and illnesses, including symptoms of concussion. If I am a parent, I will immediately notify coaches, medical professionals and/or FVF board members if I suspect an FVF player has signs of an injury or concussion.	
	If I think a teammate has a concussion, I will tell coach(es), parents, or licensed health care professional about the concussion.	
	I agree I will not return to participation in any FVF related activity if I experience signs or symptoms consistent with a concussion. I will only return to play once I have been cleared to return by an FVF Board member and/or authorized medical personnel pursuant to FVF's Concussion Guidelines/Policy.	
N/A	I agree that my child will not return to participation in any FVF related activity if he/she experiences signs or symptoms consistent with a concussion until he/she has been cleared by FVF Board members and/or authorized medical personnel pursuant to FVF's Concussion Guidelines/Policy.	
	After a concussion, the brain needs time to heal. I understand that kids are much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read and understood the concussion symptoms on the attached concussion fact sheet.	

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**IMPORTANT - Remove and retain the Fact Information on this page. You must Return page one of this form completed and signed to FVF on equipment issue night along with your completed physical form or you will not receive Gear !!!!**

**Fact Sheet for ATHLETES**

**WHAT IS A CONCUSSION?**

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

**WHAT ARE THE SYMPTOMS OF A CONCUSSION?**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

**WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?**

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much

more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

**HOW CAN I PREVENT A CONCUSSION?**

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  - > The right equipment for the game, position, or activity
  - > Worn correctly and fit well
  - > Used every time you play

**IF YOU EXPERIENCE SYMPTOMS OF A CONCUSSION, YOU MAY NOT RETURN TO PLAY UNTIL CLEARED IN A MANNER CONSISTENT WITH THE FVF CONCUSSION POLICY/GUIDLINE**

**Remember, when in doubt, sit them out!  
It's better to miss one game than the whole season.**

## A Fact Sheet for PARENTS

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

#### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy

- Concentration or memory problems
- Confusion
- Does not “feel right”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

**1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

**2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach

**4. Do not return them to play** until they are cleared subject to your organizations rules.



## 2023 FLATHEAD VALLEY LITTLE GUY FOOTBALL

### Important Dates:

August 15 <sup>th</sup> -16 <sup>th</sup>	KALISPELL – <u>Equipment Issue</u> - Fundraiser Money Due and Physical Forms Due – FVF Complex
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- Player and parent must be present to be issued equipment.
- Your Physical form must be turned in at this time. You will not be issued equipment or allowed to participate in practices or games until the league accepts this form
- Coach will contact you in August with scheduled time for equipment issue
- If you miss handouts, you can't practice the 1<sup>st</sup> week.
- Please remember fundraiser money is due in order to get name on jersey before first game.



### Practice & Game Schedule:

August 21 – August 26	First Week of Practice – Coach will make arrangements (first allowable practice is Saturday August 19 <sup>th</sup> )
August 28 – August 31	Second Week of Practice (No practice Labor Day weekend)
Sept. 5 – Sept. 8	Third Week of Practice – (No Practice on Labor Day)
<b>September 9</b>	<b>First Game</b>
September 16	Second Week Games
September 23	Third Week Games
September 30	Fourth Week Games
October 7	Fifth Week Games
October 14	Final Game & <b>Equipment Return</b>
April 2024	2024 Season Sign-ups

Please do not miss any of the scheduled dates and times. There are many other sports and activities that are going on during our season. Please remember that your player must attend & participate in all practices to ensure they learn the fundamentals and gets his/her maximum playing time.

The success and enjoyment of this season depends on how we work together!