Aldine High School 2015-2016
Athletic Physicals and Paperwork Information

Physicals can be scheduled at the following locations:

Dr. Kaushal Gupta  
11230 Airline Dr  
Houston, TX 77037  
281-447-6334  
Aldine Healthcare, $25 fee

Dr. Michael Beyer  
10407 N Freeway  
Houston, TX 77037  
281-999-5300

Aldine ISD will be using online forms for the 2015-2016 school year and all forms can be found via the internet at:
https://aldineisd.rankonesport.com

Both 1 & 2 must be met before athletes can participate in athletics

1. Click on physical/insurance waiver tab at the top to print the 2 pages that must still be submitted to the athletic training room as hard copies.
   • This form is also available in the athletic training room.

2. Click on Electronic Participation Forms tab to complete and submit both the remaining forms online.
   • UIL Forms Page and Emergency Info Page
   • Both student and parent must fill out and sign the forms together
   • Students must use their FULL LEGAL NAME as shown on school records
   • Every box must be filled out completely to be submitted online
   • Computer access is available in the athletic training room if needed

Any questions please contact:
Aldine High School Athletic Training Room  
281-878-0640
SPORTS PHYSICALS
FOR ALL SCHOOL ACTIVITIES

The specialists at Houston Methodist Orthopedics & Sports Medicine will be providing the sports physicals.

SATURDAYS, JUNE 6 & AUGUST 1 • 8 A.M. - NOON

HOUSTON METHODIST ORTHOPEDICS & SPORTS MEDICINE
13802 Centerfield Drive, Suite 300
Houston, TX 77070

• Physical cost is $20
• Optional EKG screening will be offered for an additional $10 (athlete must be 14 years or older)
• IMPACT Baseline Concussion Testing will be available for $5

Cash only (no credit cards or checks accepted)

DON'T FORGET:
• Wear light comfortable clothing
• Females - please wear sports bra, if you are having an EKG
• Bring glasses or wear contacts, if you have corrected vision
• Please bring your school physical form with medical history completed
• Please bring signed physical consent form
• No appointment necessary

Our services are available at:

HOUSTON METHODIST ORTHOPEDICS & SPORTS MEDICINE
HOUSTON METHODIST WILLOWBROOK HOSPITAL
13802 CENTERFIELD, SUITE 300
HOUSTON, TX 77070
ATHLETIC TRAINER LINE - 281.737.2120
houstonmethodist.org/orthopedics
Confirmation of Understanding of Limited Scope and Purpose of the Extra-Curricular/Co-Curricular Pre-Participation Physical Exams

I, _______________________________________, (Print Parent/Legal Guardian Name) am aware that my child/ward, ________________________________________ (Print Child’s Name), will attend an event providing pre-participation physical exams for student athletes at __________________ on ________, ____, 20__, (“the event”). The event is sponsored and provided by Houston Methodist (“Houston Methodist”) for the sole purpose of clearing students for participation in extra-curricular/co-curricular programs. The screening physical exam will be performed by volunteer healthcare providers. By signing this form, I am confirming I understand and agree to the following:

- I consent to the extra-curricular/co-curricular physical exam for the above named child.
- This is NOT a comprehensive physical exam and should not take the place of routine medical care; I understand that this is a screening physical for clearance for participation in extra-curricular/co-curricular activities ONLY;
- Any patient-physician relationship created during the event will terminate immediately upon completion of the screening physical;
- I understand that my child may need additional testing before/he can be cleared for participation in athletic activities and it is my sole responsibility to obtain such additional testing or medical care: I understand that if it is determined that my child needs additional medical treatment; I will be notified of any such recommendation. I understand that a limited number of non-invasive tests may be available and performed at the event for my convenience; I consent to any and all additional non-invasive testing as deemed necessary by the screening physician during the event without notification to me prior to the testing; and
- I consent to the release of the results of my child’s physical screening exam to his or her school (including a coach, athletic trainer, teacher or administrator) present at the event. This consent is valid for 180 days and I understand that I may revoke this consent at any time. I understand that the information released may not be protected under the law once it is disclosed and may be subject to re-disclosure by the Recipient.

____________________________________________________________________________________
Parent/Guardian’s Signature
Date

RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby release, waive, discharge and covenant not to sue Houston Methodist and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be caused by or related to my child’s participation or presence at the extra-curricular/co-curricular Physical Examination Event.

I acknowledge that I have read and understand the foregoing Release and that my signature below acknowledges the statements made in the Release.

____________________________________________________________________________________
Parent/Guardian’s Signature
Date
Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice, scrimmage, or contest before, during, or after school. A copy of the student’s medical history and physical examination form signed by a physician must be on file at your school.

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**Student ID #**

**Gender: Male / Female**

**Grade ____________**

**School _________________**

**Student’s Name_______________________________________**

**Address _____________________________________________**

**City/Zip _______________________________**

**Home Phone _____________________**

**Birth Date ______________**

**Age _____**

**Male Parent _________________________________________**

**Female Parent _________________________________________**

**Cell Phone __________________________________________**

**Cell Phone __________________________________________**

**Work Phone _________________________________________**

**Work Phone _________________________________________**

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**ALTERNATE EMERGENCY CONTACT**—Please list the emergency contact IN CASE a parent/guardian CANNOT be reached

**Name ______________________________________________**

**Relationship _________________________________________**

**Cell Phone __________________________________________**

**Work Phone _________________________________________**

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**INSURANCE WAIVER**

This section is to be filled out only if the parent chooses not to purchase the accident insurance offered through the school.

**TO THE BOARD OF TRUSTEES OF THE ALDINE INDEPENDENT SCHOOL DISTRICT:**

Gentlemen: The undersigned are the parents or legal guardians of ____________________________, a student in the Aldine Independent School District who intends to participate in the interscholastic athletic competition during the 20___-20___ school year. We have been advised that the Aldine Independent School District provides an insurance program for the protection of such students who participate in interscholastic athletic competition against bodily injury sustained by such students while training for or engaging in such competition.

The purpose of this is to inform you that the student named above is insured for any such bodily injuries he may sustain on insurance policies provided by the parents. The information regarding this coverage is provided below. IT IS MANDATORY THAT THIS INFORMATION BE PROVIDED. The student will not be issued any equipment or allowed to participate in any in-season or off-season practices or games until this information is on file at the school.

We accordingly instruct the Aldine Independent School District that **we do not desire the insurance coverage offered through the district** for such student and we do hereby expressly waive any future claim or cause of action that we or the student may have against the Aldine Independent School District as a result of any bodily injuries sustained in interscholastic athletic competition, whether while training for or engaging in such competition, during the 20___-20___ school year.

**THE FOLLOWING MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

X __________________________  X __________________________

**Signature of Student Athlete**

**Signature of Parent/Legal Guardian**

**Date**

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**INSURANCE INFORMATION:**

Student’s Health Insurance Provider

Policy Number ____________________________

Group Number ____________________________

Phone Number ____________________________

Name of Insured ____________________________

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**IF ANY OF THE ABOVE INFORMATION CHANGES, CONTACT THE ATHLETIC TRAINER OR CAMPUS ATHLETIC COORDINATOR AT THE SCHOOL IMMEDIATELY WITH THOSE CHANGES!**

Subscribed and sworn to before me this _______ day of ______________, 20______

___________________________________________

Notary Public in and for Harris County, Texas

Notary Seal or Stamp
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 to question in penalties determined by the UIL.