



PRE-PARTICIPATION PHYSICAL EVALUATION

To Parents or Guardians:

Students registered for B-CC Crew must have an annual pre-participation physical evaluation in order to participate. The medical evaluation shall be performed by an authorized health care provider. B-CC Crew requires completed copies of 1) Medical Eligibility Form, (2) a COVID-19 supplement, and (3) a Medical Information Card for each athlete prior to participation. These forms must be submitted to the team administrator (administrator@bcccrew.org) prior to participation.

If a student experiences a significant injury, illness, or surgery after submitting the annual pre-participation physical evaluation, a clearance letter from an authorized health care provider is required to resume participation.

The health information submitted to the team will be available only to those health and education personnel who have a legitimate educational interest in your child.

Exemptions from physical examinations are permitted if they are contrary to a student's religious beliefs. In such circumstances, the family should submit verification.

If the student-athlete requires medication and or a treatment to be administered during practices or athletic events, you must have the authorized health care provider complete a medication and or treatment administration form for each medication and or treatment to be administered. These forms can be obtained from your child's school or online from the Montgomery County Public Schools (MCPS) website at www.montgomeryschoolsmd.org:

- [MCPS Form 525-12](#), Authorization to Provide Medically Prescribed Treatment, Release and Indemnification Agreement
- [MCPS Form 525-13](#), Authorization to Administer Prescribed Medication, Release and Indemnification Agreement
- [MCPS Form 525-14](#), Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector. If you do not have access to an authorized health care provider or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.



PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

Name:

Date of birth:

- Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation
 Not medically eligible for any sports

Recommendations:

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type):

Date:

Address:

Phone:

Signature of health care professional:

, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies:

Medications:

Other information:

Emergency contacts: