

June 2026

Dear Parents/Guardians:

Clinton School District Athletic Participation Requirements

Students wishing to participate in any sport at Clinton School must have an updated physical form on file in the main office before the season begins. **Physical exams remain valid for two school years.** Each year, student-athletes must also submit **History, Concussion, and Emergency Forms** before they are eligible to compete.

This policy applies to all Clinton sports, including soccer, basketball, volleyball, and track. While students may watch practice, they may not actively participate or compete until a current physical is on file.

For questions about Clinton's athletic programs, please contact the school. A schedule with season start and end dates is included for your reference. Your child's coach will provide an updated calendar, including game and practice times, at the beginning of each season.

Additionally, please review our athletic policies regarding discipline and academic requirements in the Parent/Student Handbook, which is distributed at the beginning of the school year.

	<u>Start Date</u>	<u>End Date</u>
Soccer (5-8 grade)	August 31st	October 9th
*Girls' Volleyball (7-8 grade)	August 31st	October 10th
Boys' Basketball (6-8 grade)	October 12th	December 4th
Girls' Basketball (6-8 grade)	January 11th	March 5th
Co-ed Track (6-8 grade)	April 12th	May 19th

*The number of student-athletes who try out will determine whether sixth graders will be brought in to play during each season.

Please feel free to contact us should you have any questions or concerns regarding the athletic physical requirement or places in town to get a physical exam. There are a places in town that provide school sports physicals for a minimal cost. We have extra physical forms in the school office and posted online should you need one.

Sincerely,

Court Perry
Athletic Director



Clinton Middle School Activities Permission

Slip/Medical Emergency Information

I give permission for (student's name) _____ to participate in each of the Clinton Middle School Activities that I have initialed below. I understand that I must provide transportation home after practice and competitions. My student and I have received a copy of the Concussion Statement as well. We know we must return this form, a physical signed by a doctor, and the concussion statement form prior to my child being able to participate.

Parent Signature: _____

Home Phone: _____

Student Signature: _____ Grade: _____

5th-8th Grade Co-Ed Soccer _____

7th-8th Grade Girls' Volleyball _____

6th-8th Grade Boys' Basketball _____

6th-8th Grade Girls' Basketball _____

6th-8th Grade Co-Ed Track _____

Medical Emergency Information on Back Must be Filled Out!



MEDICAL EMERGENCY INFORMATION

Year: _____

Student Name: _____ Grade: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Medical Release Form

I authorize those involved with the _____ athletic program to obtain all necessary emergency care for my child. Every effort will be made to first contact the parent/guardian.

My son/daughter is covered by (check all that applies):

_____ Student health insurance _____ Private health/accident insurance

Parent/guardian signature: _____ Date: _____

Insurance name: _____ Policy No: _____

(Please include a copy of current insurance card)

Please list any factors which might limit participation (i.e. allergies, medial problems, or medications): _____



MONTANA HIGH SCHOOL ASSOCIATION

**PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE,
AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921**

May 2026

**TO: PARENTS OF MHSA SPORTS PARTICIPANTS
LICENSED MEDICAL PROFESSIONALS**

FROM: BRIAN MICHELOTTI, EXECUTIVE DIRECTOR

RE: UPDATED MHSA PRE-PARTICIPATION PHYSICAL EXAM (PPE) FORM

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be completed for a student to be considered eligible for participation in an Association contest. Physical exams must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. **Physical examinations conducted May 1 and thereafter are valid for the following two school years; Physical examinations conducted prior to May 1 are valid only for the remainder of that school year and the following school year. An interim history form is required during the off years when no physical examination is conducted and must be submitted to the school prior to the first practice. All 9th graders must have a physical after May 1st of the year they enter high school, regardless of whether they had one in 8th grade.**

This MHSA pre-participation form is the only form that will be allowed for the student's exam (**no other forms will be accepted**). The following process should be followed:

- Parent(s)/legal guardian(s) and their student will fill out the History portion of the form together.
- The student and parent/guardian will sign the form.
- A medical provider will review the form with the student and parent/guardian and perform the exam. A signature from the medical provider is required to clear the student for participation.
- The completed MHSA Pre-participation Physical Exam form will be given to the appropriate school administrator.

The MHSA is committed to the safety and health of our student activity participants and believes this new form will facilitate that objective. For further information, the MHSA position statement on two-year PPEs is available on the MHSA website at www.mhsa.org.

If you have any questions regarding the updated pre-participation examination form, please contact me or the MHSA sports medicine liaison, Greta Buehler.



MHSA CONFIDENTIAL ATHLETIC PREPARTICIPATION PHYSICAL EXAMINATION

Students must have a preparticipation physical examination to participate in any sport. The examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. **Physical examinations conducted May 1 and thereafter are valid for the following two school years; Physical examinations conducted prior to May 1 are valid only for the remainder of that school year and the following school year. An interim history form is required during the off years when no physical examination is conducted and must be submitted to the school prior to the first practice. All information is to remain confidential.**

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Athlete Name: _____ Gender: _____ Grade: _____ Date of Birth: _____
 Home Address: _____ Phone Number: _____
 Parent/Guardian's Name: _____ Family Physician: _____
 Date of examination: _____ Current school: _____

List past and current medical conditions. _____

 Have you ever had surgery? If yes, list all past surgical procedures. _____

 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

 Do you have any allergies? If yes, please list all your allergies (i.e. medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of the form. Circle questions if you don't know the answer.)	YES	NO	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
	1. Do you have any concerns that you would like to discuss with your provider?				11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?
2. Has a provider ever denied or restricted your participation in sports for any reason?			12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
3. Do you have any ongoing medical issues or recent illness?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?			14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			15. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
7. Has a doctor ever told you that you have any heart problems?			MEDICAL QUESTIONS	YES	NO
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			17. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			18. Have you ever used an inhaler or taken asthma medicine?		
10. Have you ever had a seizure?			19. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

MEDICAL QUESTIONS (CONTINUED)	YES	NO	ADDITIONAL INFORMATION
20. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			Explain any "Yes" responses to questions in the history sections below. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
22. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
23. Have you ever become ill while exercising in the heat?			
24. Do you or does someone in your family have sickle cell trait or disease?			
25. Have you had or do you have any problems with your eyes or vision?			
26. Have you ever had an eating disorder?			
27. Have you had infectious mononucleosis (mono) within the last Month?			
FEMALES ONLY	YES	NO	
28. Have you ever had a menstrual period?			
29. How old were you when you had your first menstrual period?			
30. When was your most recent menstrual period?			
31. How many periods have you had in the past 12 months?			

Name of Athlete (typed or printed): _____

Signature of Athlete: _____

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.

Name of Parent/Guardian (typed or printed): _____

Signature of Parent/Guardian: _____

Date: _____ Address: _____ Insurance Company: _____

Parent's Home Phone: _____ Parent's Cell Phone: _____ Parent's Work Phone: _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

Pre-participation physical (PPE) exams contain sensitive health information. It is highly recommended the following precautions are taken to protect this information:

- Securely store physicals and additional medical information in locked cabinets or secure digital systems with password protection to protect student privacy.
- Access should be limited to authorized personnel only (i.e. team physician, athletic trainer, school nurse, principal or athletic director).
- Adhere to relevant privacy laws and regulations, such as FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act), to ensure that student data is handled appropriately.
- Follow the school district's policies and legal requirements regarding the retention period for sports physicals. Typically, records should be kept for 7 years post-graduation. Make sure that records are disposed of securely, shredding is recommended, when they are no longer needed.

While security is paramount, it is also important to ensure that authorized staff can access these records promptly when needed, such as in an emergency situation. The following strategies can help to achieve this while still maintaining privacy:

- Implement a system for quick retrieval while maintaining confidentiality.
- When collecting physicals, ideally a healthcare professional such as an athletic trainer or school nurse should review each form for pertinent medical history.
- Red flags should then be relayed to the athlete's head coach such as past or current medical conditions, allergies and medications. However, the coach should not have access to the entire physical form.
- If the physician listed any recommendations for further evaluation or treatment on the clearance form, ensure and document that these have been followed.
- The best practices in managing mental health information do not differ from the practices listed above when handling the PPE form. It is the responsibility of the physician administering the physical exam to review the answers, discuss and refer when necessary.

By implementing these measures, we can ensure that student sports physicals are managed in a manner that protects their privacy and meets compliance obligations.



PROVIDER'S PHYSICAL EXAMINATION FORM

Athlete Name: _____ Date of Birth: _____

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY

Height: _____ Weight: _____

Pulse: _____ BP: _____ / _____ Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal Unequal

MEDICAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata)		
Eyes/Ears/Nose/Throat (pupils equal, hearing)		
Lymph Nodes		
Heart (murmurs)		
Pulses (simultaneous femoral and radial)		
Lungs		
Abdomen		
Skin (HSV, MRSA, tinea corporis)		
Neurological		
Genitourinary (males only)		

MUSCULOSKELETAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (double-leg squat test, single-leg squat test, box drop or step drop test)		

Notes: _____

CLEARANCE

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: _____

Code of Conduct Agreement for the 2026-2027 school year

- **Attendance:** Students must attend school the entire day unless the athlete provides a medical note to the office or coach. This pertains to practice and participation in games. If you know your child is going to be absent or late please contact the coach or the office to get prior permission.
- **Physical/Emergency Contact/Concussion Form:** All students participating in athletics must have a current physical examination. Physicals must be certified by a licensed physician and are good for one year only. Students may not practice or participate in games unless the physical is turned in. Emergency contact and concussion form must be signed by student and parent to be eligible to compete.
- **Conduct Ineligibility:** A student, who, because of violations of school district rules and regulations or legal violations of federal or state law, is suspended from school (ISS or OSS) will not be allowed to participate in extracurricular or co-curricular activities during the term of suspension. This ban on participation includes practice sessions, competitions, and attendance at school-sponsored activities like dances and non-educational field trips. Absences caused by violation of law may result in loss of participation altogether as determined by the Board of Trustees.
- **Academic Requirements:** A student must maintain passing grades (A-D) throughout the entire athletic season. Grade checks are done weekly. If a student is failing one or more classes, the student will be placed on probation, and may not compete in athletic competition. Grades must be raised 24 hours prior to the next game to be eligible. Late work needs to be turned in ASAP so the teacher has time to grade them.
- **Travel:** Athletes must travel to school sponsored events on a school day using school provided transportation unless given prior notice. All athletes must have signed Handley Transportation's handbook to travel. If a parent must take a child from competition they **must** sign out with a coach prior to leaving.

Student signature

Date

Parent Signature

Date

SEASON DATES:

Soccer - 8/31 – 10/9

Volleyball - 8/31 – 10/10. Tournament in Frenchtown Saturday, Oct. 10th

Boys B-Ball - 10/12– 12/04. Tournament: Week of Nov. 30th

Girls B-Ball - 1/11 – 3/5. Tournament: Week of March 1st

Track - 4/12- 5/18 Meet of Champions: May 18th



Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steiger’s Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete’s parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-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): _____

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is 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 the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date



A 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

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



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

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.

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

Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"> •Appears dazed or stunned •Is confused about events •Answers questions slowly •Repeats questions •Can’t recall events prior to the hit, bump, or fall •Can’t recall events after the hit, bump, or fall •Loses consciousness (even briefly) •Shows behavior or personality changes •Forgets class schedule or assignments 	<p><u>Thinking/Remembering:</u></p> <ul style="list-style-type: none"> •Difficulty thinking clearly •Difficulty concentrating or remembering •Feeling more slowed down •Feeling sluggish, hazy, foggy, or groggy <p><u>Physical:</u></p> <ul style="list-style-type: none"> •Headache or “pressure” in head •Nausea or vomiting •Balance problems or dizziness •Fatigue or feeling tired •Blurry or double vision •Sensitivity to light or noise •Numbness or tingling •Does not “feel right” 	<p><u>Emotional:</u></p> <ul style="list-style-type: none"> •Irritable •Sad •More emotional than usual •Nervous <p><u>Sleep*:</u></p> <ul style="list-style-type: none"> •Drowsy •Sleeps less than usual •Sleeps more than usual •Has trouble falling asleep <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
 - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports - What You Need To Know
 - www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
 - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>