

This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
Address _____ Phone _____
ID# _____ Grade Entering ('25-'26) _____ School _____ Sport _____
Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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

1. Have you had a medical illness or injury since your last check up or physical? Yes No
2. Have you been hospitalized overnight in the past year? Yes No
3. Have you ever had surgery? Yes No
4. Have you ever had prior testing for the heart ordered by a physician? Yes No
5. Have you ever passed out during or after exercise? Yes No
6. Have you ever had chest pain during or after exercise? Yes No
7. Do you get tired more quickly than your friends do during exercise? Yes No
8. Have you ever had racing of your heart or skipped heartbeats? Yes No
9. Have you had high blood pressure or high cholesterol? Yes No
10. Have you ever been told you have a heart murmur? Yes No
11. Has any family member or relative died of heart problems or of sudden unexplained death before age 50? Yes No
12. Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? Yes No
13. Have you ever had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Yes No
14. Has a physician ever denied or restricted your participation in activities for any heart problems? Yes No
15. Have you ever had a head injury or concussion? Yes No
16. Have you ever been knocked out, become unconscious, or lost your memory? Yes No
17. If yes, how many times? _____
18. When was your last concussion? _____
19. How severe was each one? (Explain below)
20. Have you ever had a seizure? Yes No
21. Do you have frequent or severe headaches? Yes No
22. Have you ever had numbness or tingling in your arms, hands, legs or feet? Yes No
23. Have you ever had a stinger, burner, or pinched nerve? Yes No
24. Are you missing any paired organs? Yes No
25. Are you under a doctor's care? Yes No
26. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? Yes No
27. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Yes No
28. Have you ever been dizzy during or after exercise? Yes No
29. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? Yes No
30. Have you ever become ill from exercising in the heat? Yes No
31. Have you had any problems with your eyes or vision? Yes No
32. Have you ever gotten unexpectedly short of breath with exercise? Yes No
33. Do you have asthma? Yes No
34. Do you have seasonal allergies that require medical treatment? Yes No
35. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? Yes No
36. Have you ever had a sprain, strain, or swelling after injury? Yes No
37. Have you broken or fractured any bones or dislocated any joints? Yes No
38. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? Yes No
39. If yes, check appropriate box and explain below:
40. Head, Neck, Back, Chest, Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Finger, Foot, Hip, Thigh, Knee, Shin/Calf, Ankle
41. Do you want to weigh more or less than you do now? Yes No
42. Do you feel stressed out? Yes No
43. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? Yes No
44. Females Only: I choose not to provide written information on Question 19 but will discuss with a medical professional:
45. Males Only: I choose not to provide written information on Question 20 but will discuss with a medical professional:
46. An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.
47. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school 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 any person on account of such care and treatment of said student.

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: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sitting

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

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * **Local district policy may require an annual physical exam.**

	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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

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, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

‘25 – ‘26 ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

An ECG screen (sometimes also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screen may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

As per HB 76 of the 86th Texas Legislature a parent can elect to have their child receive an ECG. Cypress Fairbanks currently has an ECG program and will provide a free ECG the first year a student elects to receive one. Any sequential ECG’s will be at the expense of the parents or guardian of the student and done outside of the school. We also ask that if you do an ECG out of the school district, that you share any abnormal results with the school district to ensure the safe participation in athletics of your child.

By signing below, I am either electing or declining an ECG screen provided by the Cypress-Fairbanks Independent School District for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (i.e., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for CFISD activities, at the parent’s expense. By my signature below, I hereby release and forever discharge, and waive, any and all claims against the Cypress-Fairbanks Independent School District, its employees, trustees, consultants and contractors that relate to the student’s election regarding and/or participation in the ECG screening project, and authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in addition to other medical documentation on file in with the school district, and in accordance with the Family Educational Privacy Rights Act and the Health Insurance Portability and Accountability Act of 1996.

I DO hereby consent to participation in the ECG screen on behalf or that of my minor child.

I DECLINE participation in the ECG screen on behalf or that of my minor child.

Child’s Name Printed

Date

X

Parent/Guardian Name Printed

Parent/Guardian Signature

PARENTE-MAIL ADDRESS _____

INFORMATION

STUDENT ID #: _____ NAME _____

AGE: _____ GENDER: MALE _____ FEMALE _____ BIRTHDATE: _____ / _____ / _____

GRADE: _____ HT: _____ WT: _____

CIRCLE HIGH SCHOOL ATTENDING 2025-2026:

Cy-Creek	Cy-Fair	Cy-Falls	Cy-Lakes	Cy-Park	Cy-Ranch
Cy-Ridge	Cy-Springs	Cy-Woods	Jersey Village	Langham Creek	Bridgeland

*This section to be completed by Athletic Trainer
DATE ECG COMPLETED*

_____ / _____ / _____



Cypress-Fairbanks Independent School District

Parent Permission for School-Sponsored Activity

with District transportation without District transportation

_____	_____	_____
Student Name	Campus	Grade
_____	(____)____-_____	(____)____-_____
Parent/Guardian	Primary Phone	Secondary Phone
_____	(____)____-_____	(____)____-_____
Secondary Emergency Contact	Primary Phone	Secondary Phone

ACTIVITY: _____

PARENT ACKNOWLEDGMENT: In order for your student to participate in this school-sponsored activity, written parent permission is required below. Student safety is a high priority; however, under state law the school district is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee’s negligent operation of a District vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored activity described above and acknowledge that you are responsible for any medical or other costs associated with a student injury that may occur during the activity, except as stated above. Students are required to use District-provided transportation if it is provided as indicated above (unless the campus principal or designee has specifically authorized a student to arrive or depart separately and the parent/guardian has completed any additionally required written permissions). The District shall not be liable or responsible for any action, injuries or damages that occur to students riding in vehicles that are not provided by the District.

If the above student needs immediate care and treatment as a result of injury or illness, I authorize CFISD employees to deliver or consent to care.

PRESCRIPTION MEDICATION ADMINISTRATION: Prescription medications administered by the school nurse during a regular school day will be transported/administered by the field trip sponsor for an activity limited to regular school hours.

_____/____/20____
Parent/Legal Guardian Signature Date

Complete this section ONLY if your child requires the administration of a prescription medication during an activity **extending beyond the regular school day**, please list the medication(s) you authorize CFISD staff members to administer in the table below. The field trip sponsor will provide instructions for parents/guardians to drop-off required medication(s) before the event. In accordance with CFISD Board policy FFAC (LOCAL), medication must be supplied in the original container (labeled for the student), and students may not transport medications to or from school or a school-sponsored event.

Medication Name	Dose	Route	Time

_____/____/20____
Parent/Legal Guardian Signature Date



Fine Arts Field Trip High School

Student Name

Campus

Grade

Please provide a copy of the student's current insurance card.

Name of Insurance Company

Identification Number

Group Number

In case of a student emergency, CFISD employees should be knowledgeable of your child's medical conditions to provide safe care. Please list any medical conditions or regular medications below.

Asthma Diabetes Seizure Disorder List Severe Food Allergies _____

Daily and Emergency Medications: _____

Other Information: _____

District Provided Non-prescription Medication Permission

Authorization is hereby given for the administration of the following district provided non-prescription medications to my child by designated school employees. Circle Yes or No in last column.

Symptom	Medication	Brand Name	Circle Yes or No
Allergic Reaction	Diphenhydramine	Benadryl	Yes or No
Mild Pain/Fever	Ibuprofen	Addaprin, Motrin	Yes or No
Mild Pain/Fever	Acetaminophen	Tylenol	Yes or No
Mild Abdominal Pain Heartburn, Nausea	Calcium Carbonate Chews	Tums, Maalox	Yes or No

Parent/Legal Guardian Signature

_____/_____/20____

Medication Log (For CFISD Use Only)

Date: (Month/Day)	Time	Signs & Symptoms	Medication Dispensed	Initials
/				
/				
/				
/				
/				
/				

**PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM**

Updated 2018

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exception:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at:
www.uiltexas.org/music/marching-band

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature _____ Date _____

Student Signature _____ Date _____

This form is to be kept on file by the local school district.

2025 CFISD Athletic Physical Dates

**PARENTS / GUARDIANS: ALL CFISD ATHLETIC PAPERWORK MUST BE COMPLETE PRIOR TO PHYSICAL
COST OF PHYSICAL: \$20.00 CASH ONLY OR MONEY ORDER ONLY**

CAMPUS	DATE	TIME	LOCATION	8TH GRADE FEEDERS
CY FAIR ARNOLD	Thursday, March 20, 2025	1:45pm - 5:45pm	CY FAIR MAIN GYM	CURRENT 8th-GRADE FEEDERS ARNOLD, HAMILTON
CY SPRINGS HOPPER	Friday, April 11, 2025	11:00am - 3:00pm	CY SPRINGS MAIN GYM	CURRENT 8th-GRADE FEEDERS ANTHONY, HOPPER, KAHLA
JERSEY VILLAGE COOK	Monday, April 28, 2025	2:00pm - 6:00pm	JERSEY VILLAGE LARGE COMMONS	CURRENT 8th-GRADE FEEDERS COOK, DEAN
CY PARK ROWE	Wednesday, April 30, 2025	1:00pm - 5:00pm	CY PARK MAIN GYM	CURRENT 8th-GRADE FEEDERS ROWE, THORNTON
CY RIDGE	Wednesday, April 30, 2025	1:30pm - 5:30pm	CY RIDGE MAIN GYM	CURRENT 8th-GRADE FEEDERS CAMPBELL, DEAN, TRUITT
CY LAKES THORNTON/WATKINS	Thursday, May 1, 2025	1:00pm - 5:00pm	CY LAKES MAIN GYM	CURRENT 8th-GRADE FEEDERS THORNTON, WATKINS
CY WOODS	Saturday, May 3, 2025	11:00am - 1:00pm	CY WOODS MAIN GYM	CURRENT 8th-GRADE FEEDERS GOODSON, SALYARDS, SPILLANE
CY CREEK BLEYL	Monday, May 12, 2025	2:00pm - 6:00pm	CY CREEK MAIN GYM	CURRENT 8th-GRADE FEEDERS BLEYL, CAMPBELL, HAMILTON
CY RANCH SMITH	Monday, May 19, 2025	1:00pm - 5:00pm	CY RANCH MAIN GYM	CURRENT 8th-GRADE FEEDERS ANTHONY, SMITH, SPILLANE
CY FALLS LABAY	Tuesday, May 20, 2025	11:30am - 4:30pm	CY FALLS MULTIPURPOSE GYM	CURRENT 8th-GRADE FEEDERS LABAY, TRUITT
BRIDGELAND SPRAGUE	Wednesday, May 21, 2025	1:00pm - 5:00pm	BRIDGELAND MAIN GYM	CURRENT 8th-GRADE FEEDERS SALYARDS, SPRAGUE
LANGHAM CREEK ARAGON	Wednesday, May 21, 2025	2:00pm - 6:00pm	LANGHAM CREEK MAIN GYM	CURRENT 8th-GRADE FEEDERS ARAGON, KAHLA

MIDDLE SCHOOL PHYSICALS- CURRENT 6th AND 7th GRADERS

CAMPUS	DATE	TIME	LOCATION	CURRENT 6th & 7th GRADERS
TRUITT	Saturday, May 3, 2025	(8:00am - 1:00pm)	CY RIDGE HS MAIN GYM	CURRENT 6th & 7th GRADERS
DEAN	METHODIST	8:00	(Assisting Schools)	CURRENT 6th & 7th GRADERS
CAMPBELL		8:45	Cy Creek	CURRENT 6th & 7th GRADERS
KAHLA		9:30	Cy-Fair	CURRENT 6th & 7th GRADERS
ANTHONY		10:30	Cy Springs	CURRENT 6th & 7th GRADERS
		11:30	Jersey Village	
			Langham Creek	
CAMPUS	DATE	TIME	LOCATION	CURRENT 6th & 7th GRADERS
SPILLANE	Saturday, May 3, 2025	(8:00am - 1:00pm)	CY WOODS HS MAIN GYM	CURRENT 6th & 7th GRADERS
SALYARDS	MEMORIAL HERMANN	8:00	(Assisting Schools)	CURRENT 6th & 7th GRADERS
HAMILTON		8:45	Bridgeland	CURRENT 6th & 7th GRADERS
GOODSON		9:30	Cy Falls	CURRENT 6th & 7th GRADERS
		10:15	Cy Lakes	
			Cy Park	
			Cy Ranch	

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COST OF PHYSICAL: \$20.00 CASH OR MONEY ORDER ONLY**