



Clyde A Erwin Middle School
Check List for Athletes & Parents

1. Bring the following to each and every practice/workout:
 - Gallon of water
 - Face Mask (Full plastic shields are not permitted)
 - Hand sanitizer
2. Parents are to drop off their athlete at the car rider traffic circle and WAIT until they get screened and the “okay” to participate in practice/workouts
 - Any athlete who has a temperature of over 100.4 or answers yes to any of the screening questions will be asked to go home.
 - No spectators are allowed at any athletic practice or workout at this time.
 - Athletes must remain in their cars until the designated screener is ready to begin screening.
 - Athletes will then line up on the designated X's in front of the big gate to the right of the car rider traffic circle
 - **The coaches, athletic trainer, and administration hold the rights to send an athlete home who is not abiding by the social distancing guidelines set forth**
3. Parents are asked to arrive to pick up their athlete as soon as practice is over. Please refer to your athlete's individual sports schedule to see drop-off/pick-up times. **Please make arrangements ahead of time for pick-up.**
4. No locker rooms will be used during Phase 1. Athletes should arrive to workout/practice dressed ready to participate. Athletes will not be allowed to change after practice.
5. Before an athlete can participate the following **MUST** be filled out and handed to Jordan Kodek or the head coach:
 - NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19
 - Buncombe County Schools Informed Consent Athletic and Extracurricular Activities/COVID-19
 - 2020-2021 NCHSAA Sports Bilingual Pre-Participation Medical History Form (Hard Copy **MUST** be turned in)
6. Summer workouts/practices are not mandatory

Any questions pertaining to this sheet should be directed to Jordan Kodek, EMS's athletic trainer, at alexandria.kodek@ptsolutions.com

NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

Name		
Sport		
For the questions below, please circle yes or no		
YES	NO	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
Today or in the past 2 weeks have you had any of the following symptoms:		
YES	NO	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
YES	NO	Shaking chills?
YES	NO	A new or worsening cough, shortness of breath or difficulty breathing?
YES	NO	Racing heart, heart skipping beats or fluttering of the heart?
YES	NO	Unusual dizziness, particularly with exercise?
YES	NO	Fatigue or difficulty with exercise?
YES	NO	A sore throat different than associated with seasonal allergies?
YES	NO	New loss of taste or smell?
YES	NO	Nausea, vomiting or diarrhea?
YES	NO	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
YES	NO	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: _____

Signature of parent/legal custodian: _____

Date: _____

Buncombe County Schools

Informed Consent Athletic and Extracurricular Activities / COVID-19

Name of Student _____ (Please Print)

Dear Parents & Legal Guardians,

Thank you for your continued patience and trust as we work to make in-person educational and extracurricular activities available to your student. The health and safety of your student and our community is our top priority. With the evolving situation around COVID-19, we want to make sure you and your student know the best ways to protect yourselves and others when participating in voluntary, extracurricular activities, including athletic activities.

As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “coronavirus,” at any time or in any place. Be assured that we will continue to follow state and federal recommendations to limit transmission of COVID-19. All protocols are being vetted with local health officials prior to in-person activities. The coach or sponsor of your student’s extra-curricular activity will review with your student the appropriate requirements and protocols for maintaining a safe and healthy environment.

However, even with careful attention to recommended precautions, there is still a chance that you or your child could be exposed to an illness while participating in extracurricular activities, just as you might be at your place of work, grocery store, or favorite restaurant. Additionally, although measures are being taken to increase physical distancing, due to the nature of the activities provided, it may not always be possible to maintain physical distancing between students, staff, and parents. In short, there are no guarantees that your student will not be exposed during in-person activities sponsored by Buncombe County Schools.

Again, participation is voluntary. Therefore, through your student’s participation in the District’s extracurricular activities, you understand and agree to the following:

1. Participation in voluntary extracurricular activities includes possible exposure to and illness from communicable diseases, including but not limited to a common cold, influenza, and COVID-19. While physical distancing may reduce this risk, there are unique health risks due to COVID-19, including serious illness and death, especially to those with underlying health conditions;
2. The District may take temperature and ask basic health screening questions to Students; and

PREPARTICIPATION EXAMINATION FORM /
ASOCIACIÓN DE ATLETISMO DE LAS ESCUELAS DE SECUNDARIA SUPERIOR DE CAROLINA DEL NORTE
FORMULARIO DE EXAMINACIÓN PARA LA PARTICIPACIÓN EN DEPORTES

Student Athlete's Name / Nombre del estudiante atleta: _____

DOB / la fec. nac. : _____ Age / Edad: _____ Gender / Género: _____

This is a **screening examination** for participation in sports. **This DOES NOT substitute for a comprehensive examination** with your child's regular physician where important preventive health information can be covered.

Este es una **evaluación** para la participación en deportes. **No sustituye un examen detallado con el médico regular** de su hijo(a), donde información de salud importante y preventiva puede ser cubierta.

Student-Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Instrucciones para el deportista: Por favor, revise todas las preguntas junto con su padre/madre/tutor legal y contéstelas lo mejor posible de acuerdo a su conocimiento.

Parent/Legal Custodian Directions: Please make sure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Instrucciones para los padres de familia: Por favor, asegúrese que todas las preguntas son contestadas lo mejor posible de acuerdo a lo que sabe. Si no entiende o no sabe la respuesta a una pregunta, por favor, pregúntele a su médico. El no divulgar información precisa puede perjudicar la salud de su hijo(a) mientras hace deporte.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed / En el espacio de abajo explique todas sus respuestas que contestó con "Sí" o "No sé"	Yes / Sí	No	Unsure / No sé
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, migraine, etc.]? List: ¿El deportista tiene alguna enfermedad crónica [diabetes, asma (asma inducida por ejercicio), problemas con los riñones, etc.]? Enumere:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills? ¿El deportista está tomando actualmente algún medicamento o pastillas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)? ¿El deportista tiene alguna alergia (a medicina, las abejas u otros insectos que pican, látex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait? ¿El deportista tiene la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion? ¿Alguna vez el deportista se ha lastimado la cabeza, ha sido noqueado, o ha tenido una contusión?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities? ¿Alguna vez el deportista se ha lastimado la cabeza (insolación) o calambres musculares severos con actividades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion, or startle? ¿Alguna vez el deportista se ha desmayado o casi se ha desmayado MIENTRAS está haciendo ejercicio, o al emocionarse o espantarse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise? ¿Alguna vez el deportista ha desmayado o ha perdido el conocimiento DESPUÉS de hacer ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)? ¿Alguna vez el deportista ha tenido fatiga (cansancio extremo) con el ejercicio (diferente de otros niños)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise? ¿Alguna vez el deportista ha tenido dificultad para respirar mientras está haciendo ejercicio, o le ha dado tos con el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma? ¿Alguna vez un médico le ha dicho al deportista que tiene asma inducida por el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student athlete that they have high blood pressure? ¿Alguna vez un médico le ha dicho al deportista que tiene presión alta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection? ¿Alguna vez un médico le ha dicho al deportista que tiene una infección del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur? ¿Alguna vez un médico ordenó un electrocardiograma u otra prueba para el corazón del deportista, o le han dicho al deportista que tiene un soplo en el corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in their chest during or after exercise or complained of their heart "racing" or "skipping beats"? ¿Alguna vez el deportista ha tenido molestias, dolor o presión en el pecho durante o después de hacer ejercicio o se ha quejado de sentir el corazón acelerado (palpitaciones) o latidos irregulares del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¿Alguna vez el deportista ha tenido una convulsión o ha sido diagnosticado con un problema de convulsiones inexplicables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner, or pinched nerve? ¿Alguna vez el deportista ha tenido un nervio pinchado, quemado o lastimado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision? ¿Alguna vez el deportista ha tenido problemas con sus ojos o de visión?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? ¿Alguna vez el deportista ha tenido un esguince, dislocado, fracturado, roto o ha tenido inflamación repetida u otra herida en cualquier hueso o articulación? <input type="checkbox"/> Head/Cabeza <input type="checkbox"/> Shoulder/Hombro <input type="checkbox"/> Thigh/Muslo <input type="checkbox"/> Neck/Cuello <input type="checkbox"/> Elbow/codo <input type="checkbox"/> Knee/Rodilla <input type="checkbox"/> Forearm/Antebrazo <input type="checkbox"/> Shin/calf/Pantorrilla <input type="checkbox"/> Back/Espalda <input type="checkbox"/> Wrist/Muñeca <input type="checkbox"/> Ankle/Tobillo <input type="checkbox"/> Hand/Mano <input type="checkbox"/> Chest/Pecho <input type="checkbox"/> Foot/Pie <input type="checkbox"/> Hip/Cadera <input type="checkbox"/> Other/Otro: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? ¿Alguna vez el deportista ha tenido un problema alimenticio o usted tiene alguna preocupación acerca de sus hábitos alimenticios o su peso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery? ¿Alguna vez el deportista ha sido hospitalizado o ha tenido una cirugía?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation? ¿El deportista ha tenido un problema de salud o se ha lastimado desde su última evaluación física?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). (Coloque una marca al lado de cada enunciado que corresponda al deportista, provea más detalles en el espacio provisto a continuación).			
a. Has the student-athlete had little interest or pleasure in doing things? ¿El deportista ha tenido poco interés o placer en hacer las cosas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? ¿El deportista se ha sentido triste, deprimido o desesperado durante más de 2 semanas seguidas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? ¿El deportista se ha sentido mal acerca de sí mismo(a), que es un fracasado(a) o está defraudando a su familia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others? ¿El deportista ha tenido pensamientos donde estaría mejor muerto o ha pensado hacerse daño a sí mismo(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY/HISTORIA FAMILIAR	Yes / Sí	No	Unsure / No sé
24. Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)? ¿Algún miembro de la familia ha fallecido repentinamente o inesperadamente antes de los 50 años (incluyendo el síndrome de muerte infantil repentina (SIDS, por sus siglas en inglés), accidente de coche, ahogo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting, or seizures? ¿Algún miembro de la familia ha tenido ataques, desmayos o convulsiones repentinos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother, or brother with sickle cell disease? ¿El padre, madre o algún hermano(a) del deportista tienen la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here / Escriba acerca de las respuestas a las cuales contestó "Sí" o "No sé":

By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Al firmar en la parte de abajo usted está indicando que está de acuerdo con que ha revisado y contestado todas las preguntas anteriores/ Cada pregunta es respondida y es correcta según mi conocimiento. Además, como padre de familia o tutor legal, doy mi consentimiento para esta evaluación y doy permiso para que mi hijo(a) participe en deportes.

Signature of parent/legal custodian / Firma del padre/tutor legal: _____

Date / Fecha: _____ Phone / Telefónico #: _____

Signature of athlete / Firma del deportista: _____ Date / Fecha: _____