



## GENERAL GUIDELINES FOR PARENTS: CIPPE FORMS

### Important: PIAA Physical Exam Packet Requirements

The new PIAA physical exam packet includes multiple pages and must be completed **in full** by the student-athlete's parent or guardian. It is also essential that the **UPMC forms** are filled out completely. This ensures our athletic training staff can provide appropriate care in the event of an injury.

**Packets are available** in the Athletic Office, Nurse's Office, or can be downloaded from the **Forms page** in the Athletics section of the EA District website. Once completed (in **ink**), make a copy for your records and submit the **original** to the Athletic Office.

**Important:** No athlete will be allowed to participate without submitting both the **CIPPE and UPMC forms**. These must be turned in **before the start of the season**.

### SECTION 1: Personal and Emergency Information

Please fill in all information regarding:

- Emergency contact and health insurance, including policy number and phone number
- Family physician's name, address and phone number

### SECTION 2: Certification of Parent/Guardian

- Please sign beside **EVERY sport** your student might be interested in playing for the year
- Please **sign and date ALL** sections A-F

### SECTION 3: Understanding of Risk of Concussion and Traumatic Brain Injury

The student athlete and parents must **read and understand the facts concerning concussions**.

The student athlete and parents must sign and date the concussion form

## SECTION 4: Understanding Sudden Cardiac Arrest Symptoms and Warning Signs

The student athlete and parents must **read and understand the facts concerning cardiac arrest.**

The student athlete and parents must sign and date the cardiac arrest form.

## SECTION 5: COVID-19

The student athlete and parents must **sign and date the Supplemental Acknowledgement, Waiver and Release: COVID-19**

## SECTION 6: Health History

Complete to the best of your knowledge as pertaining to the student athlete.

Student athlete and parents must sign and date.

## SECTION 7: CIPPE and Certification of Authorized Medical Examiner

**Examining physician will complete this section during physical examination.** If you choose to have the physical completed by your own doctor, please follow the steps outlined below:

- A **licensed medical practitioner** must conduct exams
- All physicals must be **completed after June 1** to be eligible for the following school year's athletic programs
- Have the physician sign, date, and fill in address/phone # at the bottom of the page
- Please turn the completed form in as soon as possible to your coach, athletic trainer or school nurse

## SECTION 8: Re-certification by Parent/Guardian

If any "Supplemental Health History" questions are answered YES, please explain at the bottom in the space provided and have your child re-certified by a licensed physician.

Please specify dates where applicable and be as descriptive as possible.

The student athlete and parent/guardian must sign and date the form.

## **SECTION 9: Re-certification by Licensed Physician of Medicine or Osteopathic Medicine**

Must be completed by a physician only if you had answered YES to any of the "Supplemental Health History" questions at the bottom of the page on Section 8.

## **SECTION 10: Minimum Wrestling Weight**

Prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be:

- (1) certified by an Authorized Medical Examiner (AME) and
- (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season.