

Central Catholic Parent/Guardians,

Welcome to the Central Catholic Portal for Family ID. If you click this link, you will be taken directly to the Central Catholic High School Family ID portal:

<https://www.familyid.com/central-catholic-high-school-athletics/2022-2023-central-catholic-piaa-athletic-physical>

Once in the portal you will be able to complete all parts of the PIAA mandatory Pre-Participation Physical Exam EXCEPT for the Section 7 which is the doctor's clearance form. The Section 7 or doctor's clearance page can be either uploaded directly to the Family ID portal or a hard copy can be delivered to TWO LOCATIONS. Those locations are the office of the Main Office (Office A) or the Athletic Training Room which is in the Coaches Pavilion of the school. This form **SHOULD NOT** be handed to a member of your son's teams coaching staff. Your son's physical is good for the entire academic year. Driver's license physicals and work permit physicals are NOT accepted in place of these forms. It also should be noted that physical vaccination forms and PA Department of Health physicals for incoming freshman will not be accepted in lieu of these forms and should be turned in separately from this form. A PIAA pre-participation physical must be turned in and signed by a physician on or after June 1st. A PIAA pre-participation physical is effective until May 31st of that school year or the conclusion of the spring sports season.

Once you are in Family ID:

After selecting the team for the CURRENT sports season your son will participate in, you begin by filling out the demographics section. This will include your son's name, date of birth, age, grade for current year, current home address, and home telephone number. It will then ask for two parent/guardians demographic information. Only one is required for complete but you may enter up to two parents or guardians. You then will be asked to enter TWO emergency contacts. Next, you will enter your health insurance information and son's primary care physician. Next it will ask to list any allergies and other medical information regarding your son.

Next you will be electronically signing the Certification of a Parent/Guardian, Understanding of Risk of Concussion and Traumatic Brain Injury, The Understanding of Sudden Cardiac Arrest Signs and Symptoms, as well as The PIAA COVID-19 waiver. For reference to

these, the attached paper copies will be available as view-only windows if you are un-sure or not familiar with the PIAA CIPPE packet. You DO NOT have to print and sign a hard copy of these forms.

You also will be asked to complete a form that will allow Central Catholics' Certified Athletic Trainer who is employed through UPMC Sports Medicine to perform all duties entailed in the contractual agreement between Central Catholic and UPMC Sports Medicine. The UPMC form allows the Certified Athletic Trainer to perform all duties that fall under his scope of practice including injury, prevention, management, and rehabilitation. These forms are also in regards to the Health Information Portability and Accountability Act or simply known as HIPAA. This form allows Central Catholics' Certified Athletic Trainer to discuss injury information with appropriate school personnel (i.e. coaches, principals etc.)

Here is a screen shot of the page with a highlighted mark of where you can upload your sons Section 7 signed doctors' clearance to Family ID:

Central Catholic Parents/Guardians,

On this page you will be asked to enter the demographic information for your student-athlete as well as demographic information about yourself. Other information that you will be asked to enter is your Health Insurance Provider, any medications your student-athlete takes, and a detailed health history for your student athlete.

Please enter this information and accurately as possible. Please make sure to enter all of the required fields. If you do miss a required field you will be prompted to enter it before being allowed to advance to the next section.

This page will prompt you upload a copy of the doctors clearance page (PIAA CIPPE Section 6). If you do not have a ability to upload a scanned copy of this page it is not an issue. Your student athlete or yourself may bring a copy of this copy to one of two locations. The form can either be dropped off in the Office of the Assistant Principal for Student Affairs (Office C) on the 2nd floor of the main building or the form can be dropped off in the athletic training room, which is located in the Coaches Pavillon of the main building. This form should NOT be handed to a member of your student athletes coaching staff.

[Click here to SELECT or CREATE participant](#)

PARTICIPANT

\* First name

\* Middle name

\* Last name

Suffix

\* Birth date

Month  Day  2000

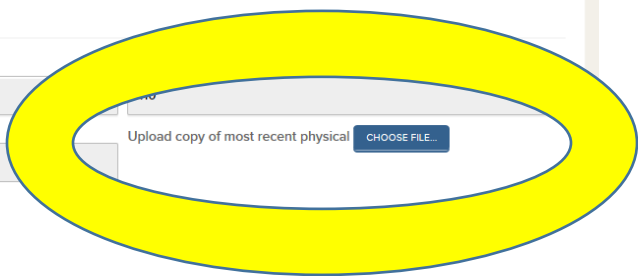
ADDITIONAL

Height in inches

50

Age of Student on Last Birthday (255 characters)

Upload copy of most recent physical



\*\*\*If you do encounter any technical difficulty while using Family ID, below is contact information for technical support for Family ID:

1-888-800-5583

[www.familyid.com](http://www.familyid.com)

Support: 1-888-800-5583 ext 1

Sincerely,

Mr. Regis W. Visconti Jr., '08. MS, LAT, ATC, EMT-B, PES

Certified Athletic Trainer

Pittsburgh Central Catholic High School/UPMC Sports Medicine.