

Physical Form, Concussion Acknowledgment Form, Consent Form Snake River School District #52

- Step 1** Fill out the Snake River School District Physical Form (F2 +F3). Parent and student both sign and date form.

- Step 2** Get a physical from your health provider.

- Step 3** Read the Concussion Guidelines (F4 + F5).

- Step 4** Parent and student both sign and date the Concussion Acknowledgment Form (F6).

- Step 5** If you used the Snake River School District Physical Form you can remove the Consent Form (F7). The consent form is also included in the Physical Form.

- Step 6** Turn forms into the head coach the first day of practice.

If a student has a current physical on or after May 1st that is not on a Snake River School District form, that is fine. They will still need to fill out a Concussion Acknowledgment (F6) and a Consent Form (F7). Staple their Athletic Physical, Concussion Acknowledgment and Consent form all together. Please make sure the student and parents have signed all forms.

Category: 8000 STUDENTS	Form Number: 8214f 1 (Page 1 of 2)
Policy Title: Permission For Interscholastic Athletic Participation	Effective Date: April 11, 2017

**Idaho High School Activities Association and Snake River School District
Health Examination and Consent Form**

It is required that all students complete a History and Physical Examination prior to his/her first practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions.

Name: _____ Home Address: _____ Phone: _____
Grade: _____ Date of Birth: _____ Sex: _____

1. This application to compete in interscholastic athletics for Snake River School District is entirely voluntary on my part is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association and rules and regulations set forth by the Snake River School Board.
2. I hereby consent to the above-named student participating in the interscholastic athletic program in the Snake River School District which is the school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. My son/daughter has my permission to participate in the school's extra-curricular activities and programs.
3. When a person practices and participates in any sport, the activity can be dangerous. The person risks serious and permanent injury. Injuries which may result from practicing, playing, and participation in sports could be serious and affect the general health and well-being of participant. My son/daughter will be participating at their own risk. Serious injury could impair a person's ability to earn a living and to engage in social and recreational activities in the future. In addition to this form, the student and parent are required to sign and return an "Acknowledgment of Receipt of Concussion Guidelines."
4. The parent/guardian further releases the District from liability for any medical, dental, or hospital bills occurring as a result of injuries sustained by the student while participating in a school activity or sport.
5. My son/daughter has my permission to get a physical from a licensed physician, physician's assistant or nurse practitioner under optimal conditions for this application.
6. **INSURANCE:** The IHSAA does not require students to carry insurance, but as a school we encourage students to carry insurance. Is your child covered by a family insurance policy? Yes _____ No _____ Insured by _____
(Information about school insurance can be obtained at school building office.) Parent or guardian's signature denotes having insurance coverage or serves as a waiver of insurance offered.

SCHOOL DISTRICT #52 ATHLETICS

Coaches will set rules for training as long as they do not conflict with school policy. Athletes are, because of the exposure to the public, ambassadors of the school district. The schools are often judged by the members of the community and in other communities by actions of young people who represent them in the athletic area. This is a weighty, but nonetheless, real responsibility that we place on the shoulders of our young people.

Because of the representative role that our athletes must naturally assume, and because athletic programs are optional, it is expected that all athletes, both boys and girls, will adhere to certain minimum standards of behavior and scholarship as established by the Board, the building administration, and the coaches.

STUDENT RESPONSIBILITIES – GENERAL RULES AND TRAINING RECOMMENDATIONS

1. In order to be eligible to participate in any or all athletic teams, I realize I must have passed five (5) subjects for the trimester prior to competing. (Plus 2.00 GPA)
2. I realize I must attend classes and be responsible for all required work.
3. I will conduct myself in an orderly manner at all times in such a way as to bring credit to my team, school, and family.
4. In all contests away from school, I will ride to and from contests in provided school transportation, unless arrangements are made by the parents with the coach/teacher.
5. I will be personally responsible for all athletic equipment checked out to me and will return it in good condition or will pay for lost or damaged equipment.
6. I will report all injuries to the coach immediately. I will get a proper amount of rest and will follow the warm-up designed for my sport.
7. I will attend all scheduled workouts on time, and notify the coach beforehand if I miss due to illness or emergency.
8. I will adhere to the District Code of Conduct.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

SIGNATURE OF STUDENT _____ DATE: _____

Medical History Form

*Fill in details of "YES" answers in space on page 2:

- | | |
|---|---|
| <p>1. A. Have you ever been hospitalized? YES NO
 B. Have you ever had surgery? YES NO
 2. Are you presently taking any medication or pills? YES NO
 3. Do you have any allergies (Medicine, bees, others stinging insects?) YES NO
 4. A. Have you ever passed out during or after exercise? YES NO
 B. Have you ever been dizzy during or after exercise? YES NO
 C. Have you ever had chest pain during or after exercise? YES NO
 D. Do you tire more quickly than your friends during exercise? YES NO
 E. Have you ever had high blood pressure? YES NO
 F. Have you ever been told you have a heart murmur? YES NO
 G. Have you ever had racing of your heart or skipped beats? YES NO
 H. Has anyone in your family died of heart problems or a sudden death before age 50? YES NO
 11. Have you ever sprained/strained, dislocated, fractured/broken or had repeated swelling or other injuries of any of your bones or joints?
 Head Neck Chest Back Hip Shoulder Elbow
 Forearm Wrist Hand Thigh Knee Shin/Calf Ankle Foot</p> | <p>5. Do you have any skin problems? YES NO
 (itching, rash, acne)
 6. A. Have you ever had a head injury? YES NO
 B. Have you ever been knocked out or unconscious? YES NO
 C. Have you ever had a seizure? YES NO
 D. Have you ever had a stinger, burner, or pinched nerve? YES NO
 7. A. Have you ever had heat cramps? YES NO
 B. Have you ever been dizzy or passed out in the heat? YES NO
 8. Do you have trouble breathing or cough during or after exercise? YES NO
 9. Do you use special equipment, pads, braces, mouth or eye guards? YES NO
 10. A. Have you had problems with your eyes or vision? YES NO
 B. Do you wear glasses, contacts or protective eye wear? YES NO</p> |
|---|---|
12. Have you ever had any other medical problems such as:
 Mononucleosis Diabetes Asthma Hepatitis Headaches (frequent)
 Tuberculosis Eye Injuries Stomach Ulcer Other
13. Have you had a medical problem or injury since last exam? _____
14. When was your last tetanus shot? _____ When was your last measles immunization? _____
15. When was your first menstrual period? _____ When was your last menstrual period? _____
 What was the longest time between periods last year? _____

* Explain "Yes" answers here:

PHYSICAL EXAMINATION FORM

Height _____	Weight _____	BP _____ / _____	Pulse <u>R</u> _____
Visual Acuity R 20/ _____	L 20/ _____	Corrected _____ Y _____ N	Pupils _____

<table border="0"> <tr> <td style="width:50%;"></td> <td align="center">Normal</td> <td align="center">Abnormal</td> </tr> <tr> <td>Ears, Nose, Throat</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Cardiopulmonary</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Pulses</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Heart</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Lungs</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Skin</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Abdominal</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Genitalia</td> <td>_____</td> <td>_____</td> </tr> </table>		Normal	Abnormal	Ears, Nose, Throat	_____	_____	Cardiopulmonary	_____	_____	Pulses	_____	_____	Heart	_____	_____	Lungs	_____	_____	Skin	_____	_____	Abdominal	_____	_____	Genitalia	_____	_____	<table border="0"> <tr> <td style="width:50%;"></td> <td align="center">Normal</td> <td align="center">Abnormal</td> </tr> <tr> <td>Musculoskeletal</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Neck</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Shoulder</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Elbow</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Wrist</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Hand</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Back</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Knee</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Ankle</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Foot</td> <td>_____</td> <td>_____</td> </tr> </table>		Normal	Abnormal	Musculoskeletal	_____	_____	Neck	_____	_____	Shoulder	_____	_____	Elbow	_____	_____	Wrist	_____	_____	Hand	_____	_____	Back	_____	_____	Knee	_____	_____	Ankle	_____	_____	Foot	_____	_____
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- Clearance: **CLEARANCE/RECOMMENDATIONS**
- _____ A. Cleared for all sports and other school-sponsored activities.
 _____ B. Cleared after completing evaluation/rehabilitation for: _____
 C. *Not* cleared to participate in the following IHSA sponsored sports:
 Baseball Cross Country Golf Softball Track
 Wrestling Football Soccer Tennis Basketball Volleyball
Not cleared for other school-sponsored activities:
 (Example) 1. Swimming 2. _____ 3. _____
 D. Student is *NOT* permitted to participate in high school athletics. Reason: _____
 Recommendation: _____

Examiner's Signature _____ Date: _____
 (This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner.)

F3

Address: _____ Phone: () _____

CONCUSSION GUIDELINES

(Policy 8214P)

Many students with the District participate in extra-curricular activities of a nature whereby physical injury may result. Though the District takes care to ensure all extra-curricular activities are as safe as practicable, it is not possible to remove all danger from such activities and the District acknowledges that concussions may result. The purpose of this policy is to address situations in which student concussions have occurred or are suspected to have occurred.

This policy only applies to organized athletic league or sport in which any District student participates as an athlete or youth athlete. For the purposes of this policy, athlete or youth athlete means an individual who is eighteen (18) years of age or younger and who is a participant in any middle school, junior high school, or high school athletic league or sport. A school athletic league or sport shall not include participation in a physical education class.

Pre-Season Education

The administration and coaches will work to ensure that athletes, youth athletes, parents, volunteers, and assistant coaches are educated about concussions. Prior to being allowed to engage or participate in any school athletic league or sport:

1. Each student desiring to participate in such school athletic league or sport, and the student's parents or guardians, shall be provided notice of and/or copies of any concussion guidelines or information available from the State Department of Education and the Idaho High School Activities Association, and also this policy.
2. Each student desiring to participate in such school athletic league or sport, and the student's parents or guardians, shall acknowledge that they have been provided the guidelines or information available from the State Department of Education and the Idaho High School Activities Association, as well as this policy, and have had the opportunity to review and have reviewed such information. Further, each student and the student's parents or guardians shall sign an applicable waiver for participating in such school athletic league or sport.
3. The signed waiver and acknowledgment or review of the appropriate information shall be returned to the District.

Athletes will not be allowed to participate in school athletic leagues or sports until the above requirements are met.

Protocol on Suspected Concussion

If, during any school athletic league or sport practice, game, or competition, an athlete exhibits signs or symptoms of a concussion, makes any complaint indicative of a possible concussion, or a coach, assistant coach, volunteer coach, or other school District employee has reason to believe a concussion has occurred, such student shall be removed from play or participation in the practice, game, or competition. According to the Centers for Disease Control and Prevention, and for the purposes of this policy, signs observed by coaching staff which could be indicative of a concussion include if the athlete:

- 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 mood, behavior, or personality changes
- Can't recall events prior to or after hit or fall

According to the Centers for Disease Control and Prevention, and for the purposes of this policy, symptoms reported by the athlete which could be indicative of a concussion include:

- 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" or is "feeling down"

Coaches should not try to judge the severity of the injury themselves; health care professionals have a number of methods that they can use to assess the severity of concussions. Coaches should record the following information, if possible, to help health care professionals in assessing the athlete after the injury:

1. Cause of the injury and force of the hit or blow to the head or body
2. Any loss of consciousness (passed out/knocked out) and if so, for how long
3. Any memory loss immediately following the injury
4. Any seizures immediately following the injury
5. Number of previous concussions (if any)

Athletes may not be returned to play or participate in any student athletic league or sport (except on an administrative basis, such as team manager), until and unless the athlete has been evaluated and is authorized to return to play or participate by a qualified health care professional who is trained in the evaluation and management of concussions, including physician or physician's assistant licensed under Chapter 18, Title 54, Idaho Code, an advanced practice nurse licensed under Idaho Code 54-1409, or a licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under Chapter 18, Title 54, Idaho Code. Such authorization must be in writing and must be provided to the District prior to the student being returned to play. If the authorization is signed by a licensed health care professional trained in the evaluation and management of concussions, such authorization must also be countersigned by the directing physician.

Category 8000 STUDENTS	Form Number 8214F2
Policy Title Concussion Guidelines	Effective Date: April 11, 2017

ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

Parent's/Guardian's Signature

I, (print name) _____, acknowledge that I am the parent or guardian of the student (below), that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 8214p, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Snake River School District #52, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

Signature _____ Date: _____

Student's Signature

I, print name, _____, acknowledge that I am a student of Snake River School District #52, or otherwise am allowed to participate in school athletics leagues, or sports, that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 8214p, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

Signature _____ Date: _____

NOTE: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school leagues or sports.

Consent Form

Snake River School District #52

When a person practices and participates in any sport or physical activity, it can be dangerous. The person risks serious and permanent injury. Injuries could affect the general health and well-being on the participant. Serious injury could impair a person's ability to earn a living and to engage in social and recreational activities in the future. My son / daughter will participation at their own risk.

The parent / guardian further releases the Snake River School District from liability for any medical, dental, or hospital bills occurring as a result of injuries sustained by the student while participating.

IHSAA does not require students to carry health insurance, but as a school district we encourage students to carry health insurance. On the Snake River School District website there is a form that students can get health insurance coverage. The health insurance coverage is not through the school but is offered through an independent insurance carrier.

Is your child covered by a family health insurance policy? YES _____ NO _____

Insured by _____ Policy Number _____

PARENT OR GUARDIAN SIGNATURE _____ Date _____

SIGNATURE OF STUDENT _____ Date _____

If a student got a physical and did not use the Snake River physical, concussion and consent form, they will need to attach this form and the concussion acknowledgment form to the physical that they have already done.

All physicals are good for 1 year and must be taken after May 1.