

Snake River

Concussion Guidelines, Physical Form, Consent Form

- Step 1 Read the concussion guidelines on page 2 + 3.
- Step 2 Parent and student sign “Acknowledgment of Receipt of Concussion Guidelines” on page 4.
- Step 3 Parent and student read and sign consent form on page 5.
- Step 4 Fill out physical form and get a physical. Must be taken after May 1. Page 6 + 7
- Step 5 If you have a physical that was done after May 1 and is not on the Snake River physical form, copy it and read and sign the consent form on Page 8. You will not have to do steps 3 + 4 if you do step 5.
- Step 6 Turn forms into head coaches the first day of practice.

Concussion Guidelines

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.

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.

**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 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 four (4) 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:

	YES	NO		YES	NO		
1. A. Have you ever been hospitalized?	___	___	5. Do you have any skin problems?	___	___		
B. Have you ever had surgery?	___	___	(itching, rash, acne)				
2. Are you presently taking any medication or pills?	___	___	6. A. Have you ever had a head injury?	___	___		
			B. Have you ever been knocked out or unconscious?	___	___		
3. Do you have any allergies (Medicine, bees, others stinging insects?)	___	___	C. Have you ever had a seizure?	___	___		
4. A. Have you ever passed out during or after exercise?_	___	___	D. Have you ever had a stinger, burner, or pinched nerve?	___	___		
B. Have you ever been dizzy during or after exercise?	___	___	7. A. Have you ever had heat cramps?	___	___		
C. Have you ever had chest pain during or after exercise?	___	___	B. Have you ever been dizzy or passed out in the heat?	___	___		
D. Do you tire more quickly than your friends during exercise?	___	___	8. Do you have trouble breathing or cough during or after exercise?	___	___		
E. Have you ever had high blood pressure?	___	___	9. Do you use special equipment, pads, braces, mouth or eye guards?	___	___		
F. Have you ever been told you have a heart murmur?	___	___	10. A. Have you had problems with your eyes or vision?	___	___		
G. Have you ever had racing of your heart or skipped beats?	___	___	B. Do you wear glasses, contacts or protective eye wear?	___	___		
H. Has anyone in your family died of heart problems or a sudden death before age 50?	___	___					
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
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? _____							
Abdominal	_____	_____	Back	_____	_____		
Genitalia	_____	_____	Knee	_____	_____		
			Ankle	_____	_____		
			Foot	_____	_____		

PHYSICAL EXAMINATION FORM

Height _____	Weight _____	BP _____/_____	Pulse __R_____
Visual Acuity R 20/_____	L 20/_____	Corrected _____ Y _____ N _____	Pupils _____
	Normal Abnormal		Normal Abnormal
Ears, Nose, Throat	_____	_____	
Cardiopulmonary			Musculoskeletal
			Neck
Pulses	_____	_____	Shoulder
Heart	_____	_____	Elbow
Lungs	_____	_____	Wrist
Skin	_____	_____	Hand

e:

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 IHSAA 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.)

Address: _____ Phone: () _____

Snake River School District Consent Form

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 on the participant. My son / daughter will participation 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.

Is your child covered by a family health insurance policy? Yes _____ No _____

Insured By _____ Policy Number _____

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.

IHSAA does not require students to carry health insurance, but as a school we encourage students to carry health insurance. In the high school office there is a form that students can pick up to get health insurance coverage. The health insurance coverage is not through the school but is offered through an independent insurance carrier.

PARENT OR GUARDIAN SIGNATURE _____ Date _____

SIGNATURE OF STUDENT _____ Date _____