

Highland 2018-2019 Sports Paperwork Packet

Page 1: Acceptance of the Activity Code

- Must be signed by both Parent/Guardian and Student at the beginning of school year. The student is responsible for this acceptance from the first day of school and it is in effect for the entire school year. The student will not be able to practice or participate in a sport or activity until this document is on file with the Athletic Director.

Page 2: Emergency Information and Consent for Medical Care

- Must be completely filled out and signed and dated by parent/guardian. The student will not be able to practice or participate in a sport or activity until this document is on file with the Athletic Director.

Page 3: IHSAA Idaho Health Examination and Consent Form

New physical form required for incoming 6th, 9th and 11th graders or any student that has not participated in junior high or high school athletics. Physical must be completed after May 1st of the previous year.

- Must be completely filled out and signed and dated by parent/guardian and student. The student will not be able to practice or participate in a sport or activity until this document is on file with the Athletic Director.

Page 4: Physical Examination Form

New physical form required for incoming 6th, 9th and 11th graders or any student that has not participated in junior high or high school athletics. Physical must be completed after May 1st of the previous year.

- Must be Completed and signed by Medical Professional. The student will not be able to practice or participate in a sport or activity until this document is on file with the Athletic Director.

Page 5: Interim Questionnaire

Interim Questionnaire is required for 7th, 8th, 10th and 12th graders who had a physical on file from the previous academic year.

- Must be completed and signed by Parent/Guardian (middle of page) and signed and dated by Parent/Guardian and student (bottom of page). The student will not be able to practice or participate in a sport or activity until this document is on file with the Athletic Director.

Page 6: Acknowledgement of Receipt of Concussion Guidelines

- Parent must print, sign and date in middle of page.
- Student must print, sign and date at the bottom of the page. The student will not be able to practice or participate in a sport or activity until this document is on file with the Athletic Director.

ACCEPTANCE OF THE ACTIVITY CODE
(Revised March 2016)

I understand that Highland School District in the Lewis County Cooperative Activity or the Highland/Culdesac Cooperative Activity in which I am participating does not provide medical insurance to automatically pay for medical expenses when students are injured or at school activities

I also understand, even in the best of programs, that sports participation presents the potential for injury, disability or death on rare occasions. I release Highland School District as part of the Lewis County Cooperative or Highland/Culdesac Cooperative and its staff from liabilities and claims from injuries that may occur during a practice or event.

I give my consent for my child to participate in Highland School District activity programs under the Lewis County Cooperative Agreement or the Highland/Culdesac Cooperative agreement, including travel to and from practices and events.

I also release Highland School District and staff from any claims or liabilities related to injury or damages while traveling to and from practices and events.

I hereby consent to first aid, rehabilitative, or emergency medical care, including surgery and, if necessary, admission to an accredited hospital for executing such care for treatment of injuries sustained while participating in any activity associated with Highland School Districts under the Lewis County Cooperative or the Highland/Culdesac Cooperative agreement including practices, events and travel.

Parent/Guardian

Signature: _____ Date: _____

Student

Signature: _____ Date: _____

Part V – ACTIVITIES

Highland has a long and distinguished tradition of participation in activities. All students are encouraged to participate according to their interests and abilities.

A. Activity Cards

Students must purchase an activity card. If no card is purchase then a student will pay to enter all athletic events. All students participating in a sport must purchase an activity card.

B. Physical Examinations

The Idaho High School Activities Association requires physical examinations before a student can participate in athletic practices or contests for High School Students. One physical taken prior to sixth or seventh grade, ninth grade and one taken prior to eleventh grade competition is required under I.H.S.A.A. regulations. Highland High School strongly recommends annual physicals for all athletes. Students will attend practice and reinforce health and safety rules and procedures, including showers.

C. Sportsmanship

Students representing the Highland School District are expected to exemplify the highest standards for good sportsmanship. Sportsmanship is showing the qualities of courtesy, fairness, and respect to officials, teammates, opponents, coaches, and all others associated with the sport or contest. All participants in activities owe both their supporters and their competitors their best effort. Fighting, unsportsmanlike-like conduct, or profanity- related to activities may result in probation, suspension, or dismissal from participation in the activity and/or school. Such action shall be the decision of the coach/advisor, the principal, and the athletic director.

D. Eligibility

Highland School District requires that each student participating in any Highland Jr./Sr. High after school activity or program must maintain a minimum “C” average or 2.0 GPA. Previous semester grades will determine who is eligible to participate in the activity. Progress reports are sent home during the fifth week of each quarter and progress of each student can be tracked by the parent or guardian with the use of PowerSchool. Individual PowerSchool username and passwords can be obtained from the school office manager.

In addition to maintaining a minimum “C” average or 2.0 GPA, Highland Jr./Sr. High School requires that each student participating in after school activity and athletic programs successfully pass at least six (6) courses with a “D” or better from the previous semester (IHSAA Rule 8).

HJSD students must also be on target to graduate. The term “On Target” means: a student, not having the necessary number of credits to graduate with their class through the normal school day program, must have a graduation plan that provides for receiving a diploma by the end of their senior graduation year in order to be eligible for activity participation (IHSAA Rule 8).

Section V: Lewis County, Nezperce, Culdesac and Highland Extracurricular Activity Code

I GENERAL

- A. The purpose of the extracurricular activity programs is to promote skill development, teach teamwork & good citizenship and provide worthwhile activities for the students outside class time. The rules included herein exist to further these goals.
- B. Participation in extracurricular activities is a privilege, not a right. The students may lose this privilege through violation of the rules and or misconduct not detailed in this code.
- C. Students, on school sponsored trips represent the school and the co-op and must demonstrate excellent conduct at all times.
- D. Students and their parent(s) or guardian(s) must read and sign this code and the Participant Code of Conduct. Students will turn in their signed Activity Code at August Registration and it shall remain in effect until the participation of the final extracurricular activity of the school year. The signed document will be kept on file in the Principal's office. Students will not be allowed to either practice for or participate in any Extracurricular Activity until his or her signed Activity Code is submitted to the District Office.
- E. Coaches and advisors may implement additional, reasonable rules for their activities, in addition to the rules listed below. These rules shall be presented prior to the first activity of this program. This must also be signed by the students and their parent(s) or guardian(s) and kept on file in the Principal's office.
- F. Violations of this code will affect the student's participation in all extracurricular activities. Consequences which cannot be implemented during the current school year shall be completed the following school year.
- G. Violations of the training rules shall either be self-reported by the participant or be described in a "bona-fide" complaint.
 1. Self-report shall be made by the participant, to the Principal, prior to any "bona-fide" complaint being presented.
 2. A "bona-fide" complaint is defined as one in which a party is willing to name names, indicate places and testify to the violation. It shall be in writing and signed by the party making the complaint. Photograph(s), if provided, must include a written and signed statement from the photographer verifying the details of the photograph(s). "Bona-fide" complaints will be accepted at once and immediately accepted. Parent(s) or guardian(s) will be notified and asked to come to school. A meeting will take place with the Principal, named participant and their parent(s) or guardian(s). The participant may acknowledge the

complaint or deny the complaint. If the participant denies the complaint and the person making the complaint wished to have it investigated, it will be turned over to local law enforcement.

H. Consequences to rules violations, described with the rules listed herein, shall commence on the day the Principal(s) give written notice to the student and parent(s) or guardian(s) of the violation.

1. Other than on Fridays when school students are not at school, participants who self-report on weekends, holidays or vacation days will have consequences that commence on the first school day after the self-report. On Fridays of four-day weeks, investigations may be held where students may be questioned and parental conferences may occur to question the validity of a signed written accusation against a student or a student who wishes to self-report his/her involvement in violating a rule. This way, the student may begin his/her suspension from activities on that Friday and not have to wait until the following Monday or subsequent school day for the suspension to begin.
2. Participants who acknowledge a “bona-fide” complaint shall have consequences that commence the school day they acknowledge the complaint.

I. The student is not eligible for any program’s extracurricular post-season awards if he/she is suspended for more than 50% of the activities. Nor is the student eligible for a Varsity letter if the minimum requirement, according to the handbook, is not met.

J. Definitions

1. “Days” for the consequences described in the rules, shall mean calendar days between the first day of school and the last day of school. It shall also include any day during summer vacation that has an extra-curricular activity or practice.
2. “School day” shall mean day in which students have contact with a teacher.
3. “Valid Excuse” shall mean written permission signed by a parent or guardian and approved by the Principal or designee.
4. “Activity / Extracurricular Activity” shall mean competition, meeting, bowl or regular scheduled extracurricular event. It does not mean practice.

II TRAINING RULES

A. All participants must obey civil laws.

1. A participant citation / arrest / conviction for behavior that is detailed in another rule of this code shall be given the same consequences as described in that rule.

2. A participant who is cited / arrested / convicted for behavior that is not detailed in this code, may be temporarily or permanently suspended from participation in extracurricular activities. Consequences for this violation will be as recommended by the Principal(s) and LC Membership Committee and approved by the Board(s) of Trustees.
 3. Consequences for civil law violations shall commence on the school day the participant acknowledges the violation. If the participant pleads not guilty to the civil law violation, there shall be no action until the judicial proceedings are completed. If found not guilty the issue will be closed. If found guilty, consequences shall commence on the next school day AND any post season award or letter earned during the proceedings shall be invalidated.
- B. Participants shall not possess or consume drugs, tobacco or alcohol OR be in the location where minors possess or are using these products.
1. If a participant is suspected of using or possession drugs, tobacco or alcohol at a school sponsored event, law enforcement will be contracted. If the participant is issued a citation or arrested at that time the participants parent(s) or guardian(s) will be required to transport the student home from the event. The following consequences will also be enforced.
 - a. Suspension from extracurricular activities for 84 days.
 - b. Not eligible for any extracurricular post season awards or letters earned during the 84 days.
 2. If a student uses or possesses drugs, tobacco or alcohol, not at a school sponsored event the following consequences shall be enforced.
 - a. First Violation – Self Report Only - Suspension from extracurricular activities for 10 days and must miss a minimum of 1 activity.
 - b. First Violation - Suspension from extracurricular activities for 21 days and must miss a minimum of 2 activities.
 - c. Second Violation - Suspension from extracurricular activities for 56 days and must miss a minimum of 6 activities. Student must undergo appropriate counseling, at the parent or guardian expense, before they can be reinstated as a participant in any extracurricular activity.
 - d. Third Violation - Suspension from extracurricular activities for 1 calendar year. Student must undergo appropriate counseling, at the parent or guardian expense, before they can be reinstated as a participant in any extracurricular activity.

3. If a student is at a location where drugs, tobacco or alcohol are present or being consumed by minors, and cannot show, once the behavior was recognized, the student immediately left the location., the following consequences shall be enforced.
 - a. First Violation – Suspension from extracurricular activities for 10 days and must miss a minimum of 1 activity.
 - b. Subsequent Violations - Suspension from extracurricular activities for 21 days and must miss a minimum of 2 activities.

C. Participants shall attend school.

1. Students who are absent, without a valid excuse, from school any part of the school day may not participate in any extracurricular activities until the next school day.
2. Students who do not come to school, at the start of the school day, following the participation in an extracurricular activity without a valid excuse will miss their next scheduled extracurricular activity.
3. Students who are truant from school shall not be able to participate in extracurricular activities until their detention has been served.

D. Participants shall not transport themselves to and from extracurricular activities. Parent(s) or guardian(s) upon completing the required forms, may transport participants to and from extracurricular activities.

E. Any policy that is not in the Activity Code, but is in other school documents shall be enforced.

III ACADEMIC RULES

Eligibility

Refer to your schools academic policy's.

Emergency Information and Consent for Medical Care

Student Name: _____ Address: _____

Student Birth Date: _____ Student Social Security #: _____ Grade: 6 7 8 9 10 11 12

Father: _____ SS #: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Mother: _____ SS #: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Alternative Emergency Contact

Name: _____ Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Medical Information

Are you currently taking any prescribed medication? Yes / No If so, what? _____

Do you wear contacts? Yes / No *Glasses? Yes / No* *Are you diabetic? Yes / No* *Are you asthmatic? Yes / No*

Are you allergic to anything including medications? Yes / No If so, what? _____

Are there any facts concerning the child's medical history, to which a coach or physician should be alerted? Yes / No

If so, what? _____

Preferred Physician: _____ Phone # _____

Preferred Dentist: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Insurance Information

Subscriber Name: _____

Subscriber #: _____ Policy #: _____ Group #: _____

Parent Consent

I hereby consent to the above named student-athlete participating in the interscholastic athletic programs at Highland High School. This consent includes travel to and from athletic contests and practice sessions.

I hereby consent that the coach or other Highland Joint School District #305 staff member may apply first aid for an injury or injuries sustained during practice or games in interschool athletics sanctioned by Highland High School, until the parents/guardians can be contacted.

I hereby consent that in case the parents/guardians cannot be reached, a member of the Highland staff or a coach may secure medical first aid, ambulance service, and if necessary emergency room care, when needed, as a result of injury during participation in sanctioned practices/games scheduled by Highland High School.

I hereby consent to the release of the information contained in this form to carry out treatment and healthcare operations for the above named student.

Signature of Parent/Guardian: _____ Date: _____

Dear Parents:

Highland School District serves a large geographic area. Study and rest time are important commodities for our students to achieve excellent academic marks. Getting our child home expeditiously to create an opportunity for adequate study time and appropriate rest time is and should be a goal of our academic institution. Occasionally as a parent or guardian you may forget to make arrangements with coaches for your child to get home quicker or an emergency may occur. You may list below the names of other parents or adults that can transport your child by contacting the Head Coach with a phone call (please take every measure to pre-arrange alternate travel to and from events).

Print or clearly write Name

Parent approval

(Alt Adult) Name: _____ Phone: _____ Initials: _____

(Alt Adult) Name: _____ Phone: _____ Initials: _____

(Alt Adult) Name: _____ Phone: _____ Initials: _____

Brad Baumberger
Superintendent/Athletic Director



HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade 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 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
 Address: _____ Phone: _____
 School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

- Fill in details of "YES" answers in space below:
- | | Yes | No | | Yes | No |
|--|--|--------------------------|---|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medication or pills? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with a concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees, other insects)? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a stinger, burned or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever had heat or muscle cramps? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you tire more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have trouble breathing or do you cough during or | | |
| Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you use special equipment (pads, braces, neck rolls, | | |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | mouth guard or eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems or a sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever had problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear glasses, contacts or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had a medical problem or injury since your last evaluation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints? | | | | | |
| <input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle | | | | | |
| <input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot | | | | | |
| 14. Were you born without a kidney, testicle, or any other organ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 15. When was your first menstrual period? | _____ | | | | |
| When was your last menstrual period? | _____ | | | | |
| What was the longest time between your periods last year? | _____ | | | | |

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her 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 school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision R 20 / _____ L 20 / _____ Corrected: Y N		
	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

CLEARANCE / RECOMMENDATIONS

Clearance:

- 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 /activities:
 baseball basketball cheer/dance cross country football golf
 soccer softball swimming tennis track volleyball wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

- D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)



INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade 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 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Date of birth: _____ Sex: M / F
Address: _____ Phone: _____
School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:

	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her 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 school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

My child **should** or **should NOT** have a physical examination prior to participation in high school athletics.

Name: _____ Address: _____
City: _____ Zip: _____
Phone: _____

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Note: The original copy of this form **MUST** be returned to the school

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 student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 3505, 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 _____ School District, No. ____, 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 _____ School District, No. ____, or otherwise am allowed to participate in school athletics leagues or sports, that I have received from the District information related student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 3505, 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 athletic leagues or sports.

Concussion Guidelines

Many students within Highland Joint School District No. 305 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 of 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 hit or fall
- Can't recall events *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:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- 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 a physician, physician's assistant, an advanced practice nurse or a licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician. 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.

AUTHORIZATION TO RETURN TO PLAY OR PARTICIPATE IN STUDENT SPORTS

I hereby state that I am a:

____ Physician licensed pursuant to chapter 18, title 54, Idaho Code.

____ Physician's assistant licensed pursuant to chapter 18, title 54, Idaho Code.

____ Advanced practice nurse licensed under section 54-1409, Idaho Code.

____ A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician licensed under chapter 18, title 54, Idaho Code. My directing physician is _____, and his/her license number is _____, and address is _____.

I further state that I have met with _____ (hereinafter referred to as "student athlete") to evaluate the student athlete for a concussion. I have discussed with the student athlete the potential ramifications of continuing to play sports after having received a concussion or exhibiting concussion like symptoms. I am satisfied that the student athlete can return to play and/or participate in school athletic leagues or sports without significant likelihood of danger or injury, and I therefore authorize student athlete to return to play and/or participation in school athletic leagues or sports.

Signature

Date

License No.

Address

Signature of Directing Physician
(if signed by a Licensed Health
Care Professional)

Date