

Tri-North Middle School

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Craig Fisher, Principal

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HOME OF THE TROJANS!

Student Athlete Packet for 2018-2019 School Year

- **YOU CANNOT PARTICIPATE UNTIL YOUR PACKET IS COMPLETE. PLEASE FOLLOW EACH STEP BELOW**
- Physical Exam Date must be after April 1 for one following academic year.
- Turn in completed forms to the office; coaches will not accept forms.

RETURN ALL OF THE FOLLOWING WHITE PAGES:

IHSAA Pre-Participation Physical Evaluation

- Page 1 History Form: Completed by parent prior to physician appointment
Signed by athlete and parent/guardian at bottom
- Page 2 Physical Form: Completed by physician, with date at lower right
- Page 3 IHSAA Rules: Athlete and parent should be aware of rules
- Page 4 Consent Form: Student reads & signs top; Parent completes & signs bottom

MCCSC 2018-19 Emergency Medical Authorization

- EMA Athletic Form: Parent completes and signs at bottom

Acknowledgement of Information – Tri-North will forward to IU Health

- Signature Page Student & Parent initial 8 times & each sign bottom
Athlete Information Complete all info

READ & RETAIN ALL OF THE FOLLOWING COLOR PAGES:

- Consent for Healthcare Procedures/Consent to Receive & Release Protected Information
Heads Up – Concussion Fact Sheets for Athletes and for Parents
Sudden Cardiac Arrest Fact Sheets for Athletes and for Parents
Concussion Info Acknowledgement/Sudden Cardiac Arrest Info Acknowledgement

Note: A concussion TEST is not required to try out for a sport. Baseline concussion tests will be administered to some teams by IU Health at school once the season has begun.



MONROE COUNTY
COMMUNITY SCHOOL CORPORATION
ENGAGE. EMPOWER. EDUCATE.



PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA). In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way.
(available for download at www.ihsaa.org<<http://www.ihsaa.org/>>)
2. The PPE Form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
 - The signature must be hand-written. No signature stamps will be accepted.
 - The signature and license number must be affixed on page two (2).
 - The parent signatures must be affixed to the form on pages one (1) and four (4).
 - The student-athlete signature must be affixed to pages one (1) and four (4).

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / / (/)	Pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing; supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)†			
Skin • HSV lesions suggestive of MRSA, linea corporis			
Neurologic‡			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 †Consider GU exam if in private setting. Having third party present is recommended.
 ‡Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) _____ Date _____

Address _____ Phone _____

Signature of physician (MD, DO, NP, or PA) _____ License # _____

■ PREPARTICIPATION PHYSICAL EVALUATION
IHSAA ELIGIBILITY RULES



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf -- See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school; you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSJET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete -- See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

**PREPARTICIPATION PHYSICAL EVALUATION
 CONSENT & RELEASE CERTIFICATE**



I. STUDENT-ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X)

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out**:
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space**:

<input type="checkbox"/> The student has school student accident insurance.	<input type="checkbox"/> The student has football insurance through school.
<input type="checkbox"/> The student has adequate family insurance coverage.	<input type="checkbox"/> The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X)

Printed: _____

Date: _____ Parent/Guardian Signature: (X)

Printed: _____

CONSENT & RELEASE CERTIFICATE
 Indiana High School Athletic Association, Inc.
 9150 North Meridian St., P.O. Box 40650
 Indianapolis, IN 46240-0650

File in Office of the Principal
 Separate Form Required for Each School Year

Effective School Year **2018-2019** (through 30 days into the following school year)

Monroe County Community School Corporation
EMERGENCY MEDICAL AUTHORIZATION

CONFIDENTIAL

Please use a **BLACK** ink pen and **PRINT**

Student's Name	Birthdate	School	Grade	Sex	Date
Parent/Guardian Name	Home Telephone	Work Telephone	Cell Telephone		
Parent/Guardian Name	Home Telephone	Work Telephone	Cell Telephone		
Emergency Contact (other than guardian)	Home Telephone	Work Telephone	Cell Telephone		

Has your child had or having any of the problems listed below? YES NO

1. Allergies (physician documented): If yes, please list:			13. Any Psychological/Emotional Concerns (please explain)
2. Does allergy require epinephrine auto injector? (examples: Epi-Pen, Adrenaclick, Auvi-Q)			14. List medications currently taken by student and reason for use.
3. Asthma (physician documented)?			
4. Does your child use an inhaler? If yes, circle one: Regular / Occasional / Will use at school			15. Any other problems/concerns/serious medical history of which we need to be aware and/or please explain any "yes" answers.
5. Skin Conditions			
6. Seizures/convulsions			
7. Heart Issues			
8. Diabetes			
9. Vision Problems			
10. Congenital Defects			
11. Dental Problems			16. Does your child have an IEP or 504?
12. Digestive/Stomach Issues			

Doctor/Clinic Name: _____ Telephone Number: _____

I give MCCSC permission to release information to State Department of Health Children and Hoosiers Immunization Registry (CHIRP). I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules. I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

A separate medication authorization form is required for any medication brought in by the parent/guardian. Medication authorization form and further information regarding medications in the schools may be found on the MCCSC website <http://www.mccsc.edu>.

The Monroe County Community School Corporation employs Registered Nurses (RN's), Licensed Practical Nurses (LPN's), or appointed school health care personnel that may dispense acetaminophen, ibuprofen, or other non-prescription medications when in their professional judgment such remedies are warranted, unless the parent/guardian or physician have given instructions to the contrary. Prior to dispensing such medication, the school nurse or appointed health personnel shall inquire of the student whether they are allergic to these medications. Should the above student become ill or injured, while in school or on a field trip, first-aid will be given. Further care must be assumed by the parent/guardian. In the event of an emergency, 911 may be called and the school will make reasonable attempts to reach the parent/guardian.

I ALLOW MY CHILD TO BE GIVEN NON-PRESCRIPTION MEDICATIONS. I ALLOW MY CHILD TO BE TREATED FOR ILLNESS/INJURY. I further hereby give my permission for the school to obtain medical services in a licensed hospital by a licensed physician(s) in a case my child suffers illness or accident while participating in a school event, and the parent cannot be reasonably contacted.

Parent/Guardian Signature _____ *Date:* _____
SIGNATURE OF PARENT/GUARDIAN REQUIRED

Tri-North Middle School Acknowledgement of Information Signature Page

We the undersigned acknowledge that we have received, thoroughly read, and understand all the information included in the following informational handouts, consent forms, and documents:

Student Initial	Parent Initial	
		Consent for Healthcare procedures
		Consent to Receive and Release Protected Information
		Heads Up – Concussion: A Fact Sheet for Middle School Athletes
		Heads Up – Concussion :A Fact Sheet for Parents
		Concussion Information Acknowledgement Summary Form
		Sudden Cardiac Arrest: A Fact Sheet for Athletes
		Sudden Cardiac Arrest: A Fact Sheet for Parents
		Sudden Cardiac Arrest Acknowledgement Summary Form

We the undersigned fully understand and agree with all of the information contained in each of the forms and handouts. We agree to abide by all the stipulations and guidelines set forth in each of the forms and handouts. We further understand that we have the opportunity to ask questions regarding the content of these forms and provided handouts. We also understand that this form must be signed and turned in to the designated official representing Tri-North Middle School and is a requirement for eligibility to participate in Tri-North Middle School sponsored athletic activities. It must be received by a Tri-North Middle School representative prior to the athlete being allowed to participate in any and all practices or games.

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Tri-North Middle School (TNMS)
Consent for Healthcare Procedures
2018

I hereby give consent for my child to receive healthcare treatment including but not limited to first aid, diagnostic procedures, injury assessment, rehabilitation, and other medical treatment that is deemed appropriate and necessary to the health and wellbeing of my child and provided by the athletic trainer(s), team physician(s), emergency medical technicians, and or other licensed healthcare practioners providing coverage for TNMS or the opposing team's organization. I understand this does not prevent me from receiving healthcare from another provider of my choice.

~~Additionally, I give permission for my child to be transported to the nearest and/or most appropriate emergency department based on local emergency medical services (EMS) protocols and to receive any and all treatments deemed necessary by the healthcare providers.~~

I understand that with participation in athletics there comes an inherent risk of injury and that injury may range from minor sprains and strains to total paralysis and even death. Additionally, I understand that it is the responsibility of the athlete to report any and all health related conditions and any and all injuries and illnesses to the athletic trainer(s) and the coach. I also understand that it is the responsibility of the athlete to report any problems or potential problems with protective equipment to the coach and athletic trainer(s) providing coverage for their sport at TNMS. Fulfilling these responsibilities will help ensure the health and safety of the athlete as well as the health and safety of those they compete with and against. I further understand that it is important for the athlete to be an active participant in his/her own healthcare and to seek out information and ask questions about health issues they may experience or have questions/concerns about.

I understand that I have the right to revoke the consent regarding the provision of healthcare procedures at any time by informing the TNMS director, in writing, of my intent to do so and that in doing so the athlete may be declared ineligible to participate with TNMS. In the event I revoke consent, it will not have any effect on actions taken by TNMS or its agents prior to the revocation.

Tri-North Middle School (TNMS)
Consent to Receive and Release Protected Information
2018

I understand that the athletic trainer(s) and/or team physician(s) providing healthcare coverage on behalf of TNMS may request protected information regarding the athlete's health status from another healthcare provider, and I hereby give my permission for the receipt and release of this protected information as it pertains to my child's ability to safely participate in school sponsored athletics and where their health and safety are a concern.

The protected information may pertain to past and present health. Permission for a healthcare provider to release medical information and/or records to another healthcare provider is given to allow for timely, safe, and appropriate treatment of my child should it be necessary. I also give my permission to release this information to coaches and other school officials when it relates the athlete's ability to participate. This request is to facilitate open communication between the athletic trainer, other healthcare providers, and school officials in order to protect the health and safety of the athlete and to optimize the delivery of care. This information cannot and will not be released to any other unauthorized parties without first being approved by the parent or guardian of the athlete.

This consent for receipt and release of protected health information expires on July 31, 2019.

I understand that I have the right to revoke this consent at any time by informing the TNMS athletic director, in writing, of my intent to do so and that in doing so the student-athlete may be declared ineligible to participate in athletics at TNMS. In the event I revoke consent, it will not have any effect on actions taken by TNMS or its agents prior to the revocation.

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • 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 • Just “not feeling right” or “feeling down” 	<ul style="list-style-type: none"> • 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

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:

- Don’t assess it yourself. Take him/her out of play.
- Seek the advice of a health care professional.

It’s better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



SUDDEN CARDIAC ARREST

A Fact Sheet for Student Athletes

FACTS

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

SUDDEN CARDIAC ARREST

A Fact Sheet for Parents

FACTS

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

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- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help my child prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*

Tri-North Middle School (TNMS)
Concussion Information Acknowledgement Summary Form
2018

The following information pertains to concussion:

- A concussion can cause difficulty with everyday activities including memory, balance, sleep, sports, and classroom performance.
- You cannot see a concussion but some of the symptoms might be noticeable immediately. Other symptoms can show up hours or days after the injury.
- Following a concussion, the brain needs time to heal. The athlete is much more likely to have a repeat concussion if he/she returns to play before symptoms have resolved.
- ~~■ In rare cases, repeat concussions can cause permanent brain damage and even death.~~
- Proper use of protective equipment (such as, but not limited to, a helmet) cannot absolutely protect an athlete from sustaining a serious brain and/or neck injury.
- It is the responsibility of the athlete to report any and all injuries and illnesses (including but not limited to a brain injury such as a concussion and/or concussion like symptoms) to a coach, the athletic trainer(s), and/or team physician(s) providing coverage for TNMS.
- If an athlete suspects a teammate has a concussion or exhibits concussion like signs or symptoms, he/she should report it to a coach, the athletic trainer(s), and/or team physician(s) providing coverage for TNMS immediately.
- An athlete who exhibits concussion related symptoms during a practice or game will be removed immediately and will not return to a practice or game on the same day as the injury.
- If a concussion is sustained, the athlete must meet the following criteria prior to return to unrestricted activity and sports participation: resting and exertional symptoms at baseline levels, neurocognitive testing at baseline or normative levels, satisfactorily complete a fundamental physical examination, successfully complete a graduated re-integration of physical exertion program, and receive written clearance from a licensed healthcare provider trained in the evaluation and management of concussions and head injuries. All of these criteria must be completed prior to return to unrestricted activity.

Tri-North Middle School (TNMS)

Sudden Cardiac Arrest Information Acknowledgement Summary Form 2018

The following information pertains to Sudden Cardiac Arrest (SCA):

- SCA is rare but claims the life of athletes each year and may affect all levels of athletes, in all sports, and in all age categories.
 - In most cases SCA occurs due to an inherited heart defect but can also occur after a direct blow to the chest, or after an illness causing inflammation of the heart.
 - There may not be any noticeable symptoms before a person suffers SCA. However, warning signs may include: chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or fainting/passing out.
-
- Proper use of protective equipment cannot absolutely protect an athlete from suffering from SCA.
 - It is the responsibility of the athlete to report any and all injuries and illnesses (including but not limited to symptoms that indicate SCA) to a coach, the athletic trainer(s), and/or team physician(s) providing coverage for TNMS.
 - If an athlete suspects a teammate may exhibit sign or symptoms of SCA, he/she should report it to a coach, the athletic trainer(s), and/or team physician(s) providing coverage for TNMS immediately.
 - An athlete who exhibits SCA related symptoms during a practice or game will be removed immediately and will not return to a practice or game on the same day. The parent/guardian of the athlete will be notified of the athlete's symptoms.
 - In order to return to practice and/or games after having been removed from play due to SCA related symptoms the following criteria must be met; the athlete's parent/guardian must give verbal permission for the athlete to return to practice and/or games. This verbal permission must be followed up by signed, written permission within 24 hours of the verbal permission being received. In addition to these verbal and written permissions, the athlete will need to satisfactorily meet/complete any and all other tests, stipulations, and guidelines as set forth by the athletic trainer in order to help insure the health and safety of the athlete.