Sports Physical Packet for 2020-2021 School Year

- 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.

- Complete pages as outlined below:
  
  Emergency Medical Authorization  --->  Parent
  History Form (1 of 5 & 2 of 5)  --->  Parent  Student
  Physical Examination (3 of 5)  --->  Parent  Student  Doctor
  Consent & Release (5 of 5)  --->  Parent  Student
  Athlete Information  --->  Parent
  Acknowledgement of Info Signature  --->  Parent  Student

- Family retains remaining information pages.

- **YOU CANNOT PARTICIPATE UNTIL YOUR PACKET IS COMPLETE.**

- Additionally, parents/guardians of student athletes should complete the online registration for 2020-2021 academic year before student's athletic participation. Parents may login to their Skyward account to complete this task. Check out [www.mccsc.edu/enrollment](http://www.mccsc.edu/enrollment) for additional information, FAQs, and parent tutorials on the process.
**EMERGENCY MEDICAL AUTHORIZATION**

**Monroe County Community School Corporation**

**Effective School Year 2020-2021 (through 30 days into the following school year)**

Please use a BLACK ink pen and PRINT

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Birthdate</th>
<th>School</th>
<th>Grade</th>
<th>Sex</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td>Home Telephone</td>
<td>Work Telephone</td>
<td>Cell Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td>Home Telephone</td>
<td>Work Telephone</td>
<td>Cell Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Contact (other than guardian)</td>
<td>Home Telephone</td>
<td>Work Telephone</td>
<td>Cell Telephone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, Adrenalinick, Auvi-Q)

3. Asthma (physician documented)?

4. Does your child use an inhaler? If yes, circle one: Regular / Occasional / Will use at school

5. Skin Conditions

6. Seizures/convulsions

7. Heart Issues

8. Diabetes

9. Vision Problems

10. Congenital Defects

11. Dental Problems

12. Digestive/Stomach Issues

14. List medications currently taken by student and reason for use.

15. Any other problems/concerns/serious medical history of which we need to be aware and/or please explain any “yes” answers.

16. Does your child have an IEP or 504?

---

**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 the list through amendment to IC 16-33-5-3.

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](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 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**  
**SIGNATURE OF PARENT/GUARDIAN REQUIRED**  
**Date:**

---

Original to be kept in building health office

**ADM/GEN–12**  
**REF POLICY 5341**
PREPARTICIPATION PHYSICAL
HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: ___________________________ Date of birth: ________________

Date of examination: ________ Sport(s): ________________

Sex assigned at birth (F, M, or intersex): ______ How do you identify your gender? (F, M, or other): ______

List past and current medical conditions. ________________________________________________________________

Have you ever had surgery? If yes, list all past surgical procedures. _________________________________________

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements
(herbal and nutritional). ________________________________________________________________

Do you have any allergies? If yes, please list all your allergies (e.g. Medicines, pollens, food, stinging insects). ________________________________________________________________

Are your required vaccinations current? ________________________________________________________________

Patient Health Questionnaire Version 4 (PHQ-4)
Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

<table>
<thead>
<tr>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS
(Explain 'Yes' answers at the end of this form. Circle questions if you don't know the answer)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

1. Do you have any concerns that you would like to discuss with your provider?

2. Has a provider ever denied or restricted your participation in sports for any reason?

3. Do you have any ongoing medical issues or recent illness?

HEART HEALTH QUESTIONS ABOUT YOU

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

4. Have you ever passed out or nearly passed out during or after exercise?

5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?

7. Has a doctor ever told you that you have any heart problems?

8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

9. Do you get light-headed or feel short of breath than your friends during exercise?

10. Have you ever had a seizure?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?

12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?

13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
BONE AND JOINT QUESTIONS

14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?

15. Do you have a bone, muscle, ligament, or joint injury that bothers you?

MEDICAL QUESTIONS

16. Do you cough, wheeze, or have difficulty breathing during or after exercise?

17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?

18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?

19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?

20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?

21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?

22. Have you ever become ill while exercising in the heat?

23. Do you or does someone in your family have sickle cell trait or disease?

24. Have you ever had or do you have any problems with your eyes or vision?

MEDICAL QUESTIONS (CONTINUED)

25. Do you worry about your weight?

26. Are you trying to or has anyone recommended that you gain or lose weight?

27. Are you on a special diet or do you avoid certain types of food and food groups?

28. Have you ever had an eating disorder?

FEMALES ONLY

29. Have you ever had a menstrual period?

30. How old were you when you had your first menstrual period?

31. When was your most recent menstrual period?

32. How many periods have you had in the past 12 months?

Explain "Yes" answers here.


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

Signature of athlete: ____________________________

Signature of parent or guardian: ____________________________

Date: ____________________________

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year. ) Rule 3-10

Name ___________________________ Date of Birth ___________ Grade ___________ IHSAA Member School _____________________

PHYSICIAN REMINDERS

1. 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 last 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 use any other appearance/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?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Height</th>
<th>Weight</th>
<th>☐ Male ☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP ( ) ( )</td>
<td>Pulse</td>
<td>Vision</td>
<td>R 20/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Marfan syndrome, kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span</td>
<td>height, hyper elasticity, tachycardia, MVP,ortic insufficiency</td>
</tr>
<tr>
<td>Eyes/ears/nose/throat</td>
<td>Pupils equal</td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
<td>Pulses</td>
<td>Simultaneous femoral and radial pulses</td>
</tr>
<tr>
<td>Lungs</td>
<td>Abdomen</td>
<td>Genitourinary (males only)</td>
</tr>
<tr>
<td>Skin</td>
<td>MSV lesions suggestive of MRSA, tinea corporis</td>
<td>Neurologic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td>Back</td>
<td>Shoulder/arms</td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td>Wrist/hand/fingers</td>
<td>Hip/thigh</td>
</tr>
<tr>
<td>Normal</td>
<td>Knee</td>
<td>Leg/ankle</td>
</tr>
<tr>
<td>Functional</td>
<td>Foot/toes</td>
<td>Kneehop</td>
</tr>
<tr>
<td>• Dork walk, single leg hop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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

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).

Name of Health Care Professional (print/type) ____________________________ Date ____________________________
Address ____________________________ Phone ____________________________ License # ____________________________
Signature of Health Care Professional ____________________________ MD, DO, PA, or NP (Circle one) ____________________________

(3 of 5)
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 at a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSET 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 Rules 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 off-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)
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:


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 my 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:

☐ The student has school student accident insurance.  ☐ The student has football insurance through school.

☐ The student has adequate family insurance coverage.  ☐ 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 40660
Indianapolis, IN 46240-0660

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

(5 of 5)
Athlete Information
Tri-North Middle School

Student/Athlete: ___________________________ LAST FIRST MIDDLE

Anticipated High School Graduation Year: ___________ Gender: ___________________________

Date of Birth: ________/_______/_______
Month Day Year

Address: ______________________________________

City: ___________________________ State: ______ Zip Code: __________________________

Home phone: ( ) - Athlete’s Cell phone: ( ) - E-mail: __________________________

Health insurance carrier: ___________________________________________________________

Primary Care Doctor or Pediatrician: _________________________________________________

Emergency Contacts
1) Legal Guardian 1 (full name): ___________________________ [ ] Mother [ ] Father [ ] Other _______
   Legal Guardian 1 (phone number): Cell: ( ) - Home: ( ) -
   Legal Guardian 1 e-mail: ___________________________
   Address (if different from above): _______________________________________________________

2) Legal Guardian 2 (full name): ___________________________ [ ] Mother [ ] Father [ ] Other _______
   Legal Guardian 2 (phone number): Cell: ( ) - Home: ( ) -
   Legal Guardian 2 e-mail: ___________________________
   Address (if different from above): _______________________________________________________

Is any of the above a change from last year? [ ] Yes [ ] No [ ] Not sure
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:

<table>
<thead>
<tr>
<th>Student Initial</th>
<th>Parent Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent for Healthcare procedures</td>
<td></td>
</tr>
<tr>
<td>Consent to Receive and Release Protected Information</td>
<td></td>
</tr>
<tr>
<td>Heads Up – Concussion: A Fact Sheet for Middle School Athletes</td>
<td></td>
</tr>
<tr>
<td>Heads Up – Concussion: A Fact Sheet for Parents</td>
<td></td>
</tr>
<tr>
<td>Concussion Information Acknowledgement Summary Form</td>
<td></td>
</tr>
<tr>
<td>Sudden Cardiac Arrest: A Fact Sheet for Athletes</td>
<td></td>
</tr>
<tr>
<td>Sudden Cardiac Arrest: A Fact Sheet for Parents</td>
<td></td>
</tr>
<tr>
<td>Sudden Cardiac Arrest Acknowledgement Summary Form</td>
<td></td>
</tr>
<tr>
<td>COVID-19 Information Summary and Acknowledgement Form</td>
<td></td>
</tr>
</tbody>
</table>

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 ____________
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 practitioners 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 their 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 athletic 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
2020-2021

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, 2021.

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.
A Fact Sheet for MIDDLE SCHOOL ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

GET CHECKED OUT BY A DOCTOR.
If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other health care provider can tell if you have a concussion and when it’s OK to return to school and play.

REPORT IT.
Tell your coach and parent if you think you or one of your teammates may have a concussion. You won’t play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.

GIVE YOUR BRAIN TIME TO HEAL.
Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

GOOD TEAMMATES KNOW:
IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish or foggy
- Be bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or "down"
- Feel confused
- Have problems with sleep

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

HOW CAN I HELP MY TEAM?

PROTECT YOUR BRAIN.

All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

BE A TEAM PLAYER.

If one of your teammates has a concussion, tell them that they're an important part of the team, and they should take the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

To learn more, go to www.cdc.gov/HEADSUP
What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just “doesn't feel right.” Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

**Signs and Symptoms of a Concussion**

<table>
<thead>
<tr>
<th>Signs Observed by Parents or Guardians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
</tr>
<tr>
<td>Is confused about events</td>
</tr>
<tr>
<td>Answers questions slowly</td>
</tr>
<tr>
<td>Repeats questions</td>
</tr>
<tr>
<td>Can't recall events prior to the hit, bump, or fall</td>
</tr>
<tr>
<td>Can't recall events after the hit, bump, or fall</td>
</tr>
<tr>
<td>Loses consciousness (even briefly)</td>
</tr>
<tr>
<td>Shows behavior or personality changes</td>
</tr>
<tr>
<td>Forgets class schedule or assignments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms Reported by Your Child or Teen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thinking/Remembering:</strong></td>
</tr>
<tr>
<td>Difficulty thinking clearly</td>
</tr>
<tr>
<td>Difficulty concentrating or remembering</td>
</tr>
<tr>
<td>Feeling more slowed down</td>
</tr>
<tr>
<td>Feeling sluggish, hazy, foggy, or groggy</td>
</tr>
<tr>
<td><strong>Physical:</strong></td>
</tr>
<tr>
<td>Headache or “pressure” in head</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
</tr>
<tr>
<td>Balance problems or dizziness</td>
</tr>
<tr>
<td>Fatigue or feeling tired</td>
</tr>
<tr>
<td>Blurry or double vision</td>
</tr>
<tr>
<td>Sensitivity to light or noise</td>
</tr>
<tr>
<td>Numbness or tingling</td>
</tr>
<tr>
<td>Does not “feel right”</td>
</tr>
</tbody>
</table>

| Emotional:                               |
| Irritable                                |
| Sad                                      |
| More emotional than usual               |
| Nervous                                  |

| Sleep*:                                  |
| Drowsy                                   |
| Sleeps less than usual                   |
| Sleeps more than usual                   |
| Has trouble falling asleep               |

*Only ask about sleep symptoms if the injury occurred on a prior day.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.
DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork and/or
- Reduce time spent reading, writing, or on the computer.

To learn more about concussion and to order materials FREE-OF-CHARGE, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.
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 they return 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, they 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 all 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 as appropriate, 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
2020-2021

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 signs or symptoms of SCA, they 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.
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 lifelong 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

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board (1-7-15)
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).

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 my child prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong 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

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (1-7-15)
The following information pertains to COVID-19:

- A COVID-19 infection can cause difficulty with everyday activities including work, sports, recreation, and school performance.

- In some cases, COVID-19 infection can lead to significant illness and even death.

- You cannot see a COVID-19 infection but some of the signs and symptoms might be noticeable immediately. Other signs and symptoms can show up hours or days after exposure to the virus. Common symptoms include a cough, shortness of breath, fever, headache, sore throat, diarrhea, nausea, and/or loss of taste or smell.

- In some cases individuals infected with the COVID-19 virus may not exhibit any signs or symptoms.

- Athletes who have contracted the COVID-19 virus can spread the infection to others whether or not they exhibit signs or symptoms.

- Proper use of protective equipment and strategies (such as, but not limited to, wearing masks and maintaining appropriate social distancing) can help protect an athlete from being infected and help minimize the risk of an athlete spreading infection to others.

- It is the responsibility of the athlete to report any and all injuries and illnesses to a coach, the athletic trainer(s), and/or team physician(s) providing coverage for TNMS. Related to COVID-19, athletes are to report if they have tested positive for COVID-19, if they have been ordered to quarantine due to the virus, and/or if they have any COVID-19 related symptoms.

- If an athlete suspects a teammate has COVID-19 or exhibits COVID-19 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 reports and or exhibits COVID-19 related symptoms during a practice or game will be removed immediately and will not return until they have been screened by an appropriate medical provider and have completed the return to activity guidelines.

- Following a positive test for COVID-19, athletes need time to heal and recover prior to unrestricted return to activity. The athlete is much more likely to have other health issues if he/she returns to play before full recovery.

- Following a positive COVID-19 test, the athlete must meet the following criteria prior to return to unrestricted activity and sports participation: complete a minimum of 10 days of self-quarantine, demonstrate normal body temperature (without using fever controlling medication) for 3 consecutive days, satisfactorily complete a fundamental physical examination, successfully complete a sequenced re-integration of physical exertion program, and receive written clearance from an appropriate licensed healthcare provider. All of these criteria must be completed prior to return to unrestricted activity.