

**MOUNT VERNON CITY SCHOOL DISTRICT
ATHLETICS and HEALTH SERVICES**



HOME OF THE KNIGHTS

STUDENT NAME _____
SPORT _____
DATE _____

GRADE _____
LEVEL _____
COACH _____

PARENT/GUARDIAN ATHLETIC PARTICIPATION CONSENT FORM

PLEASE RETURN THIS FORM ON THE DAY THE ATHLETE HAS HIS/HER PHYSICAL/CONFERENCE

Dear Parent or Guardian:

Your child has expressed a desire to participate in our interscholastic sports program. It is important that you and your child understand the goals and agree to abide by the rules established by the district for the benefit of those who participate both as players and as students.

1. Interscholastic sports are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self worth, cooperative effort (teamwork), and ethical decision-making (sportsmanship).
2. All participants must receive a physical examination prior to the start of practice. We will make these arrangements on a team basis, and your child will be notified when and where this will be administered. Please consult your physician regarding your child's protection against tetanus. If there is a question about your child's eligibility for physical reasons, it will be discussed with you.
3. While the coaching staff and other responsible school officials will do everything within reason to protect your child against injury, including the provision for appropriate equipment, safe facilities, and training designed to reduce the impact of accidents, injuries will occur, and on a very rare occasion may be serious and disabling. If you are concerned about this possibility, you should discuss it with your child's coach.
4. School insurance for the medical treatment of sport related injuries is applicable only after the parent's health insurance, if any, has been used. It is scheduled excess coverage and generally will not pay the full cost of treatment. The cost of medical benefit insurance on a first dollar basis would be so costly as to effectively eliminate the program.
5. The coaching staff will explain the attendance and training rules, as well as eligibility rules for participation. In addition to the strict observance of these rules, your child will be expected to continue to meet all regular school obligations of citizenship and academic achievement.
6. By National Collegiate Athletic Association Legislation, to be eligible to play Division I & II college sports as a freshman, specific academic requirements must be met in high school. See your guidance counselor for further information.
7. Not all students who wish to participate in interscholastic athletics may be able to do so. The size of a team is necessarily limited by the availability of supplies, equipment, and coaching staff. Cuts will be made when necessary on the basis of skill development, readiness for competition, and observance of the rules.
8. School equipment issued to your child for participation is his or her responsibility and must be returned promptly upon request. Reimbursement from the student will be expected for loss of destruction beyond ordinary and observance of the rules.

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HOME OF THE KNIGHTS

**Concussion/Head Injury Management Information for Students Participating
in High School and Middle School Athletics**

In order to ensure the safety of all interscholastic student athletes who participate in moderate and high impact athletics for the Mount Vernon City School District, the Athletic Department and Health Services Department have teamed up and contracted with the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) Program. This program, which is endorsed by the New York State High School Athletic Association, analyzes the neurocognitive function of each student athlete and determines when it is safe for them to return to play after a concussion/head injury has occurred.

It is **highly recommended** that all athletes participate in ImPACT testing in order to compete in the Varsity, Junior Varsity and Freshman athletic programs. A baseline test will be completed prior to the start of the practice season. The baseline test does not need to be repeated each season, but rather, every **two** years. The baseline test will be different for each student and there is no right or wrong answer.

If a head injury/concussion occurs, the student must undergo repeat ImPACT testing within 24 to 72 hours of the injury. If ImPACT testing initially shows that an athlete's neurocognitive function has been compromised, repeat testing will occur until a near-baseline level is achieved. In addition, medical clearance is required from an outside health care provider as well as the district Medical Director. It is a complex process but one that will try to ensure the safety of each athlete.

Once clearance for participation is approved, the student will work with the athletic department and slowly return to play based on a series of steps that assess the abilities of the athlete. Each step requires a 24 hour window to determine if symptoms recur. This process is put in place to protect each athlete, not to penalize them for their injury.

It is very important that the athlete report any head injury to his/her coach or athletic trainer at the time it occurs. In addition, it is important to report any fellow athlete who has or may have suffered a head injury. This is done for your protection. Head injuries/concussions can cause permanent brain injury especially, when prior head injuries have occurred.

After a concussion the brain goes into an "energy crisis" that can last 7 to 10 days. The brain experiences difficulties with memory and cognition and requires time to heal. This involves physical and cognitive rest. This may require reduced course work; rest breaks during the day and/or decreased homework. In addition, participation in athletic competition, practice or physical education classes will be on hold.

Our goal, as it has always been, is for each student to participate safely in the sport of their interest. Furthermore, we want each athlete to reach their academic and athletic potential during high school and in the future. If you have any questions regarding this program, please feel free to contact the Athletic Department or Health Services Department.

MOUNT VERNON CITY SCHOOL DISTRICT ATHLETICS AND HEALTH SERVICES

STUDENT NAME: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

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

Do you have any allergies? Yes No If yes, please specify: Medicines Pollens Food Stinging Insects

A PARENT OR GUARDIAN MUST COMPLETE THIS FORM. Explain "Yes" answers below.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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 <input type="checkbox"/> Other: _____			27. Have you ever used an inhaler or asthma medication?		
3. Have you ever spent the night in the hospital?			28. Does anyone in your family with asthma?		
4. Have you ever had surgery?			29. Were you born without or are missing a kidney, eye, testicle, spleen, or other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had mononucleosis in the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, sores, or skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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 <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)?			35. Have you ever had a hit/blow to the head causing confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before the age of 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			40. Have you ever become ill while exercising?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or a family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a cast, a brace, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or had an x-ray for neck instability or atlantoaxial instability? (Down Syndrome)			49. Are you on a special diet or do you avoid certain types of food?		
22. Do you regularly use a brace, orthotics, or other device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do your joints become painful, swollen, feel warm or red?			FEMALES ONLY	Yes	No
25. Do you have juvenile arthritis or connective tissue disease?			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 _____

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We hope your child will have a successful and rewarding athletic experience. Support and encouragement of your child will contribute to that success.

I, _____ parent/guardian of _____ have read the information in the above letter and understand both the risks of injury, including concussions, and the responsibilities of my child while participating in the interscholastic athletic program. I hereby give my consent for him/her to train for and compete on interscholastic athletic/intramural/weight training teams of Mount Vernon High School. Such consent includes the taking of school physical exams as required and transportation when necessary on a school insured vehicle to sites of athletic competition. This parent permission form is effective for the _____ school year or until revoked in writing. I also agree to emergency medical treatment as deemed necessary by the physicians designed by school authorities.

DATE _____ SIGNATURE (Parent/Guardian) _____

ADDRESS _____

PHONE: EMERGENCY _____ HOME _____ WORK _____

I, _____, understand that I will be required to abide by team, school, and applicable
(Student Name)
association rules in order to maintain my eligibility to participate in interscholastic athletics/intramurals/weight training.

SIGNATURE (Student)

GRADE: _____ SPORT: _____ LEVEL: (VARSITY, JV, FROSH, MOD) _____

PHYSICIAN'S CERTIFICATE **(Please Attach Physical Form)**

I, _____, a physician duly licensed to practice medicine in the State of New York, certify
(Physician Name)

that on this date ___/___/20___ I have examined _____, a pupil of Mount
(Student Name)

Vernon City School District, and certify that in my judgment he/she is physically able to train and compete on the athletic teams of the High School.

SIGNATURE (Physician)

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Last Name _____

First Name _____

Birth date _____

Grade _____ Division _____

Address _____

Phone _____

EMERGENCY INFORMATION

Family Physician _____

Office Phone _____

Father's Name _____

Work Phone _____

Mother's Name _____

Work Phone _____

Emergency name _____

Phone _____

(Person available 3:00 PM to 6:00 PM)

Date _____ Parent/Guardian Signature _____

ATHLETIC CODE OF CONDUCT

Possession of or the use of all tobacco items, alcoholic beverages, weapons, or other drugs and misuse of school property will not be tolerated.

An athlete is expected to be a good citizen, i.e., punctually attending all classes each day of the week, attending school the day of practice or games and respecting school personnel, property, and equipment.

Violations of this, and DSP's or suspensions reported to the coach or athletic director will result in disciplinary action.

Minimum Penalty: The athlete may be suspended from the next scheduled contest(s), and will do any extra work assigned by the coach.

Maximum Penalty: Violations considered to be of a flagrant nature may mean dismissal from the squad for the remainder of the season.

I agree to abide by the above Code of Conduct.

DATE _____

SIGNATURE (Student)