

REPEAT ELIGIBILITY INFORMATION – Islander Middle School

(For Students who participated in a sport in the current school year))

This must be completed and submitted before an athlete can participate in a 2nd (or 3rd) IMS sport.

Please complete this packet and return to the main office. Please pay \$60 [online here](#).
Any questions, please contact Stephen Rennie at stephen.rennie@mercerislandschools.org

Date: _____

Athlete Name: _____ Grade: _____
(LAST) (FIRST)

Home Phone Number:		Parent Email Address:	
Parent Cell Number:		Student Email Address:	
Student Cell Number:			

Sport turning out for:

Sport (s) PREVIOUSLY turned out for this school year in the fall and/or winter:

FALL: _____ Cross Country _____ Volleyball

WINTER: _____ Wrestling

At Islander Middle School, we strive to protect each student from possible injury while engaging in school activities. The guidelines which have been established for your athletic activity are in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, and safety procedures are important aspects of this training program which will be explained to them by their coach and to follow his/her standards. Please understand the importance of safety and how it relates to physical health. Be certain to ask the coach about the specific guidelines for your sport.

IT IS UNDERSTOOD THAT THE PERMISSION, INSURANCE, AND HEALTH/PHYSICAL EXAM INFORMATION FROM THE INITIAL ELIGIBILITY PACKET ARE VALID FOR THE ENTIRE SCHOOL YEAR. I UNDERSTAND THIS AND MY SON/DAUGHTER HAS MY PERMISSION TO PARTICIPATE IN THE ABOVE MENTIONED SPORT.

IT IS ALSO UNDERSTOOD THAT THE ATHLETIC CODE, THE ACADEMIC CODE, THE CODE OF ETHICS AND SAFETY FORM SIGNED IN THE INITIAL ELIGIBILITY PACKET ARE ALSO VALID FOR THE WINTER AND SPRING SPORTS SEASONS.

Parent/Guardian Signature: _____ Date: _____

Student-Athlete Signature: _____ Date: _____

MERCER ISLAND SCHOOL DISTRICT
CONCUSSION AWARENESS INFORMATION

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

<ul style="list-style-type: none">· Headaches· “Pressure in head”· Nausea or vomiting· Neck pain· Balance problems or dizziness· Blurred, double, or fuzzy vision· Sensitivity to light or noise· Feeling sluggish or slowed down· Feeling foggy or groggy· Drowsiness· Change in sleep patterns	<ul style="list-style-type: none">· Amnesia· “Don’t feel right”· Fatigue or low energy· Sadness· Nervousness or anxiety· Irritability· More emotional· Confusion· Concentration or memory problems (forgetting game plays)· Repeating the same question/comment
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">· Appears dazed· Vacant facial expression· Confused about assignment· Forgets plays· Is unsure of game, score, or opponent· Moves clumsily or displays incoordination· Answers questions slowly· Slurred speech· Shows behavior or personality changes· Can’t recall events prior to hit· Can’t recall events after hit· Seizures or convulsions· Any change in typical behavior or personality· Loses consciousness

MERCER ISLAND SCHOOL DISTRICT
CONCUSSION AWARENESS INFORMATION (continued)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

AND

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Guardian Printed

Parent or Guardian Signature

Date

ISLANDER MIDDLE SCHOOL
Athletic Medical Emergency Authorization Form

NAME _____ SPORT _____

BIRTHDATE _____ GENDER _____ GRADE _____

PARENT/GUARDIAN #1 NAME _____ PHONE _____

PARENT/GUARDIAN #2 NAME _____ PHONE _____

HOME ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

ALLERGIES _____ DRUG ALLERGIES _____

REGULAR MEDICATIONS _____

CHRONIC ILLNESSES _____ DATE OF TETANUS SHOT _____

PREFERRED PHYSICIAN _____ PHONE _____

PREFERRED HOSPITAL _____ INSURANCE CO. _____

SIGNIFICANT ILLNESSES or INJURIES (please include location on body, date of illness/injury, etc.)

1. _____

2. _____

3. _____

As parent or legal guardian, I authorize the team physician, team trainer, or coach to render necessary emergency procedures for any injury. I authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation; including consultation and treatment by a specialist (ie. a surgeon or other medical professional).

Every effort will be made to contact parents or guardians of the nature of the problem and the treatment involved beforehand.

PARENT/GUARDIAN SIGNATURE _____ DATE _____