

OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION - 9060-F

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

The undersigned as parent/guardian of student (Student's Name) \_\_\_\_\_  
(Birthdate) \_\_\_\_\_

hereby grant permission for my child to participate in:

(Circle all that apply for the 23-24 school year:

- |              |               |          |          |            |
|--------------|---------------|----------|----------|------------|
| Baseball     | Cross Country | Golf     | Swimming | Volleyball |
| Basketball   | Dance         | Soccer   | Tennis   | Wrestling  |
| Cheerleading | Football      | Softball | Track    | Other      |

(For sports, attach schedule for competition and practices)

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law. Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intramurals. Participation will be denied until insurance coverage is verified.

Insurance Company (Indicate Private or Student Accident Insurance) \_\_\_\_\_

Policy Number \_\_\_\_\_

**I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.**

(Signature of Parent/Guardian) (Circle One) \_\_\_\_\_ (Date) \_\_\_\_\_

(Parent Day Phone#) \_\_\_\_\_

(Signature of Student Required if 18 years or older) \_\_\_\_\_ (Date) \_\_\_\_\_

(Parent Evening Phone#) \_\_\_\_\_

Other Emergency Contact In Event Parent Cannot Be Reached \_\_\_\_\_

Phone \_\_\_\_\_

Adopted: December 19, 1988  
Revised: January 19, 1990  
Revised: July 15, 1993

Revised: May 6, 1994  
Revised: February 12, 1998  
Revised: August 15, 1998

Revised: July 14, 2000

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 4055.01-F**

**FIELD TRIP PERMISSION FORM AND RELEASE**

Related to Board Policy 4055

The undersigned parent/guardian of \_\_\_\_\_ (Student's Name) \_\_\_\_\_ (Birthdate)

hereby grants permission for the above-named student to participate in the following field trip; including all organized activities and transportation:

Date: July 2023- June 2024

Fee (if any)

Trip Description/Location: \_\_\_\_\_ ANY & ALL AWAY SPORTING EVENTS

Supervising Staff Member: \_\_\_\_\_ HEAD COACH AND STAFF

Approximate time of departure TO BE DETERMINED BY SCHEDULE OF EVENTS

Approximate time of return \_\_\_\_\_ TO BE DETERMINED BY SCHEDULE OF EVENTS & DISTANCE

Purpose (state expected learning outcome or recreational) TO COMPETE IN SCHOOL ATHLETIC EVENTS

Transportation will be by:    -    Commercial Bus                      ··    School Bus                      Other

Students must have proof of private insurance or student accident insurance to participate in co-curriculars or extra-curricular activities or field trips away from school

Name of Insurance Carrier \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of \_\_\_\_\_ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Date Signed \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternative Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Adopted: March 16, 1981 Revised: July 16, 2008

Revised: July 17, 1983

Revised: February 22, 1993

Revised: February 10, 1998

Revised: August 15, 1998

Revised: September 1, 1998

Revised: June 23, 1999

Revised: July 14, 2000

Revised: June 26, 2006

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 8005.001-F**

SPORTS & EXTRACURRICULAR ALTERNATIVE TRANSPORTATION CONSENT

Related to Board Policy 8005  
Related to 8005-AR; 8005.01-F

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*The Oldham County Board of Education offers a broad range of sports and extracurricular activities to students enrolled in middle and high school. This broad range of activities places constraints on the ability of the district to provide transportation for all these activities at all times. As a result, there are events, practices and extra-curricular activities that will require the student's parent to arrange transportation to and/or from the event or activity. The coach or activity sponsor will provide information regarding the level of transportation provided by the district.*

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Name of Student: \_\_\_\_\_ --'Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name of School: **EAST OLDHAM MIDDLE SCHOOL** Grade: \_\_\_\_\_

Sport/Extracurricular: \_\_\_\_\_ **Season: 2023-24**

The district will provide transportation to events, games and activities in accordance with 8005-AR. When the district is unable to provide transportation to events, games and activities, I consent to the following means of transportation for my child (*Check all that apply*):

- Van/automobile driven by team coach/activity sponsor.
- Automobile driven by another parent for whom I have provided written permission to the coach.  
Automobile driven by my student.
  
- None. I will be responsible for transporting my child to and from all practices, scrimmages, games and activities for this sport or extracurricular activity for which the district does not provide transportation.

In consideration of the advantages to my child of participating in this sport or extracurricular activity, to the extent allowable by law I hereby release and hold harmless the Oldham County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this consent and release individually and on behalf of my student.

\_\_\_\_\_  
Parent/Guardian of the Above Named Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of the Above Named Student

\_\_\_\_\_  
Date

Adopted: May 26, 2000  
Revised: August 10, 2006  
Revised: March 10, 2008

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**PHYSICIAN NOTIFICATION OF POTENTIAL HEAD INJURY**

**9060.02F**

*Relates to AR 9060, 9060.01F*

Dear Parent/Guardian,

In order to better manage concussions sustained by our student-athletes, the school district has partnered with Baptist Hospital Northeast, the provider of our athletic training services, to acquire a software tool called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT™ is a leader in computerized neurocognitive assessment tools and services, which are becoming more prevalent in recognizing and managing head injuries. (Additional information about ImPACT™ can be found at [www.impacttest.com](http://www.impacttest.com).)

All high school athletes must complete the ImPACT™ exam prior to athletic participation. This test is set up in a "video- game" style format and takes 30-35 minutes to complete. The ImPACT™ test is a pre-season physical of the brain that tracks information such as memory, reaction time, speed, and concentration, but it is not an IQ test. The ImPACT™ test is non-invasive and poses no risks to your child.

We will be testing all in-coming freshman, sophomores, juniors, and seniors, as well as middle school students who are participating at the high school level. Each student athlete will be tested once prior to beginning sports practice or competition and will be tested again if they sustain a head injury. Student athletes sustaining a concussion will continue to be tested using the ImPACT™ test until their post-concussion results are within the normal ranges of their baseline test. There is no charge for this testing.

The protocol for managing these injuries and returning athletes to play is briefly outlined below.

All athletes who sustain head injuries are required to be evaluated and cleared by their primary care physician (PCP), prior to being permitted to progress to activity. This includes athletes who were initially referred to the emergency department.

In addition to the physician exam, 2 other criteria must be met prior to clearance for return to play: (a) the student athlete must be asymptomatic, at rest and with exertion, and (b) the athlete's post-injury neurocognitive testing data must be within normal range of the athlete's baseline ImPACT™ scores.

Athletes who have been cleared to return to activity follow a graduated procedure, as recommended by "The Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004" and the National Athletic Trainers' Association Position Statement on Management of Sport-Related Concussion (2004).

By signing the Parent Consent Form, you authorize the Oldham County school district to release medical information and ImPACT™ results to your child's Primary Care Physician. Your child's health and safety are an important part of the student athletic experience, and we are pleased to implement this program. If you have any further questions regarding this program, please feel free to contact your school Athletic Director or Athletic Trainer.

Sincerely,

Oldham County Schools Athletic Trainers

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**PHYSICIAN NOTIFICATION OF POTENTIAL HEAD INJURY**

**9060.02F**

*Relates to AR 9060, 9060.01 F*

Student Name: \_\_\_\_\_

Student Address : \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

High School:  NOHS  OCHS  SOHS

Middle School:  EOMS  NOMS  OCMS  SOMS

GRADE:  Freshman  Sophomore  Junior  Senior  8th grade  7th grade  6th grade

I hereby give permission for my child to complete an ImPACT™ baseline test and post-concussion ImPACT™ tests administered at the high school for which my student is competing as needed. I understand that my child may need to complete the test more than once, depending on the results of the test. I understand there is no charge for the testing.

I further agree that the high school may release the ImPACT™ results and any other information related to his or her head injury to my child's primary care physician, neurologist, or other physician involved with my child's care.

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Parent or guardian phone numbers *(please indicate preferred contact number & time if necessary)*:

Home: \_\_\_\_\_  preferred

Work: \_\_\_\_\_  preferred

Cell: \_\_\_\_\_  preferred

<p><b>PLEASE PRINT THE FOLLOWING INFORMATION:</b></p> <p>Name of Physician: _____</p> <p>Practice or Group Name: _____, _____, _____</p> <p>Telephone number: _____</p>
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**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION FORM**

**PHYSICIAN NOTIFICATION OF POTENTIAL HEAD INJURY**

**9060.0?F**

*Relates to AR 9060, 9060.0!F*

**WHAT YOU NEED TO KNOW ABOUT CONCUSSION**

Concussion is the most common form of head injury for athletes and is associated with any number of symptoms, such as disorientation, confusion, amnesia, visual disturbances, headache, dizziness, and sometimes loss of consciousness (LOC), as well as other symptoms. It is not necessary to lose consciousness to sustain a concussion, nor to actually hit one's head. A very mild concussion can last less than 15 minutes. It is important for athletes to report concussions because cumulative effects of repeated concussion can result in permanent intellectual and cognitive changes. We also know that youth appear to be more vulnerable to the effects of concussion.

It is now known that REST is the best treatment after a concussion and helps the brain heal faster. If the athlete is still symptomatic, forcing him or her to exert either physically or mentally will likely lengthen the recovery period. And no athlete should return to play if concussion symptoms re-surface with exertion.

Management of concussion in youth is very important to prevent a rare but often fatal brain injury called Second Impact Syndrome. This Syndrome may occur when an athlete suffers a mild concussion and then within a short period of time (usually within one week) receives a second blow to the head. Rapid brain swelling can occur as the brain has not yet healed from the first hit. Increased intracranial pressure, if uncontrolled, can lead to death or severe neurological damage.

When concussion symptoms persist, especially after repeated or successive concussions, a condition called Post-Concussion Syndrome (PCS) is identified. PCS occurs when any of a variety of symptoms, such as headache, attention/concentration difficulties, problems with memory, slow mental processing, fatigue, and emotionality or irritability is experienced for weeks or months after recovery would have been expected. In such cases additional medical, neurological, or psychiatric consultations may be recommended.

We know that neurocognitive/neuropsychological testing is more sensitive in identifying concussion than neurological, radiological, or medical examination. ImPACT™, a premier, user-friendly computer-based tool was designed to assist in the proper evaluation and treatment of concussion. The ImPACT™ program evaluates and documents multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. This program can be used to manage concussions through pre-season baseline (pre-injury) and post-injury testing to monitor recovery and serve as a tool in making data driven return to play decisions.