Custer School District

Pre-Participation Forms for Activities

2023-24

- CSD Parent/Coach/Advisor Relationship Policy/Acknowledgement
- CSD Training Rules and Eligibility Standards
- CSD Acknowledgement of Warning by Student and Parent
- SDHSAA Consent for Participation in Activities
- SDHSAA Consent for Medical Treatment
- SDHSAA Consent for Medical Release
- SDHSAA Consent Facts for Students
- SDHSAA Concussion Facts for Parents
- SDHSAA Health History Form – parent completes prior to physical exam
- SDHSAA Physical Exam Form – physician completes during physical exam
- Athletic Trainer Consent and Release
Co-curricular programs are the foundation upon which to build stronger, all-around individuals. Research indicates students involved in co-curricular activities have a greater chance of success during adulthood. Many of the character traits that are required to be successful participants are the same traits that will promote a successful life after high school. Advisors, coaches, parents, and the students themselves play a critical role in determining whether student outcomes are achieved. Custer School District participants are fortunate to have a variety of programs in which to participate. These programs are under the leadership of experienced, skilled, and dedicated advisors, coaches, and volunteers.

**PHILOSOPHY OF HIGH SCHOOL CO-CURRICULAR ACTIVITIES**

The philosophy of the activities programs at Custer High School promotes having the best participants in action to facilitate success. One of the goals of activities is to help prepare students for the real world by helping them understand that not everyone is a star or leader, and it is necessary for us to all understand our role on the team. Teams are successful when each member plays their part.

Coaches and advisors make decisions in relation to the participants using three criteria: desire, ability, and commitment. These decisions are very difficult, and it is important to respect them.

**PARENT/COACH/ADVISOR RELATIONSHIP POLICY**

Parenting and coaching/advising are extremely difficult vocations. By better establishing lines of communication, we are better able to understand decisions made. When your children become involved in activities, it is important that you understand the expectations placed on your child. This is accomplished through clear communication between the coach/advisor and your child.

*Communications you should expect from your child’s coaches/advisors:*

1. Philosophy of the coach/advisor
2. Expectations the coach/advisor has for our child and the role they play on the team.
3. Location and times of all practices and contests.
4. Team requirements, such as fees, special equipment, and off-season conditioning and commitment.
5. Procedure should your child be injured during competition.
6. Discipline resulting in the denial/limitation of your child’s participation.

*Communications coaches/advisors expect from parents/guardians:*

1. Concerns expressed directly to the coach/advisor.
2. Notification of any schedule conflicts well in advance.

As your children become involved in the programs at Custer Jr./Sr. High school, they will experience some of the most rewarding moments of their lives. There may also be times when things do not go the way you or your child wish. It is at these times that discussion with the coach/advisor is encouraged.
Appropriate concerns to discuss with coaches/advisors:

1. The treatment of your child mentally and physically.
2. Ways to help your child improve.
3. Concerns about your child’s behavior.

We understand that it can be difficult to accept the amount of your child’s playing time. Coaches/advisors are professionals, and they make judgments based on what they believe to be best for all students involved. It is important that the following items are left to the discretion of the coach/advisor:

Issues NOT appropriate to discuss with coaches/advisors:

1. Playing time
2. Team strategy
3. Play calling
4. Other student-athletes

Open communication is encouraged when situations arise that need to be resolved and it is important that both parties involved have a clear understanding of the other’s position. When conflict occurs, it is important that a conference be scheduled. The following procedure should be followed to help promote a resolution to the issue of concern.

If you have a concern to discuss with a coach/advisor, this is the appropriate procedure to follow:

1. Call 673-4473 to set up an appointment with the coach/advisor.
2. Please do not attempt to confront a coach/advisor before, during, or after a contest/event/practice. These can be emotional times for both he parent and the coach/advisor. Meetings of this nature rarely promote a successful resolution.

What can a parent do if the meeting with the coach/advisor did not provide a satisfactory resolution?

1. Schedule a meeting with the Activities Director to discuss the issue.
2. In the event a resolution is not agreed upon, the issue may be brought to the High School Principal.
3. Should there continue to be no resolution, a conflict resolution may be filed with the Custer School District Administration Office.
Custer Academic Eligibility Program

1) Students must meet grade requirement as set forth by the South Dakota High School Association (SDHSAA handbook- passing 4 courses (2.0 credit hours) the previous semester, has not reached their 20th birthday, etc.)

2) Students must maintain 70% or greater average in each individual class. Grades will be checked every Monday to determine eligibility.

3) Procedure for administering the academic eligibility program:
   • The Activities Director will contact the student and the Head Coach/Advisor concerning student athletes/participants who are on the list
   • One failing grade: Student may practice, but may not compete or travel with team until the grade is raised above 70%
   • Two or more failing grades: Students may not practice, travel, or compete until grades are raised above 70%.
   • Once a student raises their grade to all passing levels and notifications have been given from the teacher to the Activities Director, the student is immediately eligible.

Band and Vocal are considered an activity. Band and Vocal do not fall under the above policy due to the fact that students receive a transcript grade for the courses. Eligibility for participation at events as a graded part of each course will be handled on a case-by-case basis at the discretion and cooperation of the band/vocal advisor, activities director, and the high school principal.

Custer High School Activities Training Rules

Philosophy
The purpose of this policy:
- To encourage students to avoid participating in the use of alcohol, tobacco, and illegal drugs
- To teach students the importance of commitment, responsibility, accountability, and dedication
- To keep students involved in activities

Drugs/Alcohol/Tobacco
The rules for students who participate in activities are:
- Drinking or possession of alcoholic beverages is prohibited
- The use or possession of tobacco is prohibited
- The use of possession of illegal drugs and narcotics is prohibited
- The use of E-cigarettes, vaping pens, vapor hookahs with/without tobacco/nicotine, and any other nicotine devices including, but not limited to this list.

Rule Enforcement
Rules will be enforced:
- Training rules will begin in 6th grade IF the athlete is participating at the junior high level.
- Training rules apply once the student is participating in co-curricular activities.
- Training rules will apply for the school year the offense occurred.
- Policy is in force throughout the entire year and not just the school year.

Administration of Policy
The investigation of each incident will be administered by the Activities Director and/or Principal or Assistant Principal. The THREE following reports will be investigated:
1. Self-Report by student and/or parent
2. Citations from law enforcement
3. Custer School District employee witnesses a violation
Incriminating evidence *note: the evidence in question is what could be used in a court of law.

Other Co-Curricular Rules
Each individual Head Advisor/Coach can and may determine other rules and additional consequences for students who participate in their activity. The advisor/coach may impose more stringent requirements and or rules under this policy. Such rules may include but are not limited to:
- Curfew
- Theft
- Behavior at events
- Anytime an individual is representing the team or Custer School District

APPEALS
Appeal Procedure
If a student wishes to appeal the determination of a violation, he or she may ask the Activities Director to form a review committee made up of 2 non-coaching staff members, and 2 other coaches/advisors to review the case. If the student disagrees with the decision of the review committee, he/she may appeal to the Superintendent, whose decision is final. The District’s Conflict Resolution Policy is not applicable for appeals under this policy.
Appeal Timeline:
1) After being charged with a violation, the student has 5 school calendar days to submit an appeal to the Activities Director.
2) Upon receiving the appeal, the Activities Director (or designee) has 5 school calendar days to form the review committee and set up a hearing
3) If the student disagrees with the decision of the review committee, he/she has 5 school calendar days to appeal to the Superintendent.
4) Upon receiving an appeal, the Superintendent has 5 school calendar days to set up a meeting with the student.

Hearing Procedures/Guidelines
- The hearing is not considered a legal proceeding
- Student will present information to the committee. Parents will be allowed to attend if they wish but will refrain from commenting until such time the committee allows the parents to ask clarifying questions or provide comments related to their child.
Violation of Training Rules

Illegal Drugs

Suspension from Extra-Curricular Activities:

If a student is adjudicated, convicted, the subject of an informal adjustment or court-approved diversion program, or the subject of a suspended imposition of sentence or suspended adjudication of delinquency, for possession, use, or distribution of controlled drugs or substances or marijuana, or for ingesting, inhaling, or otherwise taking into the body any substance as prohibited by statute, the student shall be suspended as follows:

First offense: The student shall be suspended one year which shall be reduced to thirty calendar days if the student participates in an assessment with a certified licensed addiction counselor. If a suspension for a first offense is reduced to 30 calendar days, the student is ineligible for a minimum of two South Dakota High School Activities Association sanctioned events. If two sanctioned events for which the student is ineligible do not take place within the reduced suspension period, the student's suspension remains in effect until two sanctioned events for which the student is ineligible have taken place. Students who are ineligible to participate in activity events, competitions, and performances shall be allowed to participate in practices. Second offense: The student shall be suspended one year. The one year suspension for a second offense shall be reduced to 60 calendar days if the student completes an accredited intensive prevention or treatment program. If the suspension for a second offense is reduced, the student is ineligible for a minimum of six South Dakota High School Activities Association sanctioned events. If a suspension is reduced pursuant to § 13-32-9, a suspension for a second offense shall make the student ineligible for a minimum of six South Dakota High School Activities Association sanctioned events. If six sanctioned events for which the student is ineligible do not take place within the reduced suspension period, the student's suspension remains in effect until six sanctioned events for which the student is ineligible have taken place. Students who are ineligible to participate in activity events, competitions, and performances shall be allowed to participate in practices.

A suspension begins on:

1. The day following the notification to a school administrator by the Unified Judicial System that a student has been adjudicated, convicted, the subject of an informal adjustment or court approved diversion program, or the subject of a suspended imposition of a sentence or a suspended adjudication of delinquency for possession, use, or distribution of controlled drugs, substances, or marijuana as defined in chapter 22-42, or for ingesting, inhaling, or otherwise taking into the body any substance prohibited by § 22-42-15 and the school administrator gives notice to the South Dakota High School Activities Association and the students; or

2. The day following the student's admission to a school administrator that the student committed an offense enumerated in subdivision (1), which shall be made with the student's parent or guardian present if the student is an emancipated minor, and the school administrator gives notice to the South Dakota High School Activities Association.

A suspension that is reduced pursuant to this policy is only in effect during the South Dakota High School Activities Association's activity year, which begins on the first day of its first sanctioned event and concludes on the last day of its last sanctioned event.
A reduced suspension that is not completed by the end of one activity year shall carry over to the next activity year.

In order for events to count toward the minimum number of events for which the student is ineligible following a reduction in the suspension for a first or second offense, the student must participate in the entire activity season. Failure of a student to complete the entire activity season results in the student being ineligible for one year from the date of adjudication, conviction, the subject of an internal adjustment or court approved diversion program, or subject of a suspended imposition of sentence or suspended adjudication of delinquency. A suspension that is not completed by the student during one activity season carries over to the next activity season in which the student participates.

**Third offense:** Upon a third or subsequent adjudication, conviction, diversion, or suspended imposition of sentence for possession, use, or distribution of controlled drugs or substances or marijuana, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by statute, by a court of competent jurisdiction, the student is ineligible to participate in any extracurricular activity.

*6-8th graders participating in Co-Curricular Activities follow the above State Law.*

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**Tobacco/Alcohol Honesty Clause**

If a student turns himself/herself in to a school official at the FIRST opportunity of speaking with a school official for violating any portion of the Alcohol and Tobacco Rules, he/she may qualify for the "Honesty Clause" which allows a student to receive tiered consequences for violating the training rules. (Example: talking with their Head Coach at open gym in the summer.) The "Honesty Clause" is not applicable if the student is reported by law enforcement or a Custer School District staff member for violations of the policy.

Tiered consequences are as follow:

<table>
<thead>
<tr>
<th>Violation</th>
<th>Honesty Consequences</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| 1st       | Self-Report           | • 20% of the participating season (round up: example 1.6 games will be 2 games)  
            | • 1 game/1 event      | • Complete a Drug and Alcohol Counseling Program  
            | • Complete a Drug and Alcohol Counseling Program | |
| 2nd       | Not Available         | 40% of participating season (round up: example 3.2 games will be 4 games)  
<pre><code>        |                       | Complete a Drug and Alcohol Counseling Program. |
</code></pre>
<table>
<thead>
<tr>
<th>Grade</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd</td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td>Suspension from participating in all Custer High School Activities for one calendar year from the time of the infraction</td>
</tr>
<tr>
<td></td>
<td>Complete a Drug and Alcohol Counseling Program</td>
</tr>
<tr>
<td>4th</td>
<td>Not Available</td>
</tr>
<tr>
<td></td>
<td>Expulsion from participating in all Custer High School Activities for the remainder of the student’s eligibility</td>
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</tbody>
</table>

*Discovery that alcohol was supplied to underage children will be reported to Law Enforcement.**

**Community Service will be served at the place designated by the Drug and Alcohol Coordinator/Designee

Drug and Alcohol Counseling Program

Students who violate the Custer JR/Sr High Training Rules need to complete a Drug and Alcohol program provided by an outside counseling service with a certified licensed addiction counselor. The student will cover the cost of the counseling. The game suspension will begin at the time the student will need to provide a certificate of completion to the Activities Director and/or Principal. If the counseling services are not completed during the time frame documented, the student’s game suspension continues.
STUDENT NAME ___________________________ GRADE ________________

STUDENT CELL PHONE ___________________________ DATE OF BIRTH ________________

PARENT/GUARDIAN NAME ___________________________

PARENT/GUARDIAN PHONE ___________________________ EMAIL ___________________________

EMERGENCY CONTACT ___________________________ PHONE ___________________________

CSD POLICY ACKNOWLEDGEMENT

Your signature below indicates that you have read the document and agree to follow the
Parent/Coach/Advisor Relationship Policy, Academic Eligibility Policy, and Training Rules while your
child is involved in co-curricular activities. Your signatures are mandatory for the student’s participation
in co-curricular activities at Custer Jr/Sr High School.

Student’s Signature ___________________________ Date ________________

Parent/Guardian Signature ___________________________ Date ________________

STUDENT ACKNOWLEDGEMENT OF WARNING

I, ___________________________ (name of student), hereby acknowledge that I have been properly advised,
cautions, and warned by the proper administrative and coaching personnel of the Custer School District
that by participating in sports, I am exposing myself to the risk of serious injury, including, but not
limited to, the risk of sprains, fractures, ligament and/or cartilage damage which could result in
temporary or permanent, partial, or complete impairment in the use of my limbs; brain damage;
paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in
sports, and should I choose to participate in sports, I hereby further acknowledge that I do so with full
knowledge and understanding of the risk of serious injury to which I am exposing myself by participating
in sports in the Custer School District.

Student’s Signature ___________________________ Date ________________

PARENT/GUARDIAN ACKNOWLEDGEMENT OF WARNING

I/We the parent/guardian of ___________________________ (name of student), do hereby acknowledge that I/we
have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of
Custer School District that my/our child named above may suffer serious injury, including, but not
limited to, sprains, fractures, brain damage, paralysis, or even death by participating in sports.
Notwithstanding such warning and willful knowledge and understanding of the risk of serious injury to
my/our child, I/we give consent for my/our child to participate in sports in the Custer School District.

Parent/Guardian Signature ___________________________ Date ________________
SDHSAA CONSENT FOR PARTICIPATION IN ACTIVITIES

Student Name: ____________________________ Date of Birth: ____________________________
School Year: 2023-24 School Year Place of Birth: ____________________________
Name of High School: __________________________________________________________

The parent and student, by signing this form, hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the
   student and is considered a privilege.

2. Understand and agree that:
   (a) By this Consent Form the SDHSAA has provided notification to the parent and student of the
       existence of potential dangers associated with athletic participation;
   (b) Participation in any athletic activity may involve injury of some type;
   (c) The severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more
       serious injuries such as injuries to the body’s bones, joints, ligaments, tendons, or muscles. Catastrophic
       injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries
       so severe as to result in total disability, paralysis and death;
   (d) Even with the best coaching, use of the best protective equipment, and strict observance of rules,
       injuries are still a possibility; and;
   (e) By signing this form, I/we give our consent for the listed student to compete in SDHSAA approved
       athletics for the school year as listed on this form. Further, I/we give our permission for our child to
       participate in organized high school athletics, realizing that such activity involves the potential for injury
       and harm which exists as an inherent element in all sports.

3. Understand, consent and agree to participation of the student in SDHSAA activities subject to all
   SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the
   activities rules of the SDHSAA member school for which the student is participating; and

4. Understand, consent and agree that personally identifiable directory information may be disclosed about
   the student as a result of his/her participation in SDHSAA sponsored activities. Such directory
   information may include, but is not limited to, the student’s photograph, name, grade level, height, weight,
   and participation in officially recognized activities and sports. If I/we do not wish to have any or all such
   information disclosed, I/we must notify the above-mentioned high school, in writing, of our refusal to
   allow disclosure of any or all such information prior to the student’s participation in sponsored activities.

________________________________________  ____________________________
Signature of Parent                        Date

________________________________________  ____________________________
Signature of Student                       Date
SDHSAA CONSENT FOR MEDICAL TREATMENT FORM

Student Name: ___________________________ Date of Birth: ___________________________

The SDHSAA recommends that all member schools receive consent from all students and parent/guardians prior to activities, to ensure that medical care can be provided to the student during any activity away from home. This form should be kept both on-file at the school, as well as in the possession of a student’s coach/sponsor authorizing as below:

CONSENT FOR MEDICAL TREATMENT (for those children 18 and under at any time during the 2023-24 school year):
I, ___________________________, am the (circle one) Parent or Legal Guardian, of ___________________________, who participates in activities and/or athletics for ___________________________ High School. I hereby consent to necessary medical services that may be required while said child is under the supervision of an employee of the fore-mentioned high school while on a school-sponsored activity, and hereby appoint said employee to act on behalf of myself in securing medical services from any duly licensed medical provider. Signatures on this form do not constitute consent for vaccinations of any kind.

_________________________________________  ___________________________
Signature of Parent                               Date

CONSENT OF PARTICIPANT (for all students to complete):
I, ___________________________, have read the above consent for medical treatment form signed above, or, as an individual of majority age, consent to those same medical services and actions as indicated above on this form.

_________________________________________  ___________________________
Signature of Student                               Date
SDHSAA CONSENT FOR MEDICAL RELEASE FORM (HIPAA)

Student Name: ___________________________ Grade: ___________ Date of Birth: _______________________

I/We the undersigned do hereby:

1. Authorize the use or disclosure of the above named individual’s health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student’s ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information for the purposes of evaluating, observing, diagnosing and creating treatment plans for injuries that occur during the time period covered by this form, or, from pre-existing conditions that require care plans pertaining to participation during the time period covered by this form.

2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the medical care of this student.

3. This information for which I/we are authorizing disclosure will be used for the purpose of determining the student’s eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.

4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

5. This authorization will expire on July 1, 2024.

6. I understand that once the above information is disclosed, there is potential for it to be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. Schools, School districts and school personnel are to uphold the bounds of FERPA. As such, disclosure and re-disclosure by schools or school employees must be done in compliance with FERPA guidelines.

7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student’s eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

__________________________
Signature of Parent

__________________________
Date

__________________________
Signature of Student (if over 18 or turning 18 before July 1, 2024)

__________________________
Date

This form must be completed annually and must be available for inspection at the school.
SDHSA CONCUSSION FACT SHEET FOR STUDENTS-

What is a concussion?
A concussion is a brain injury that:
- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven’t been knocked out
- Can be serious even if you’ve just been “dinged” or “had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?
You can’t see a concussion, but you might notice one or more of the symptoms listed below or that you “don’t feel right” soon after, a few days after, or even weeks after the injury.
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?
- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?
Every sport is different, but there are steps you can take to protect yourself.
- **Use the proper sports equipment, including personal protective equipment.** In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach’s rules for safety and the rules of the sport
- Practice good sportsmanship at all times

IT IS BETTER TO MISS ONE GAME THAN A WHOLE SEASON — SEE SOMETHING — SAY SOMETHING!!!

<table>
<thead>
<tr>
<th>Student’s Name (Please Print)</th>
<th>Date</th>
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Signature of Student

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<tr>
<th>Date</th>
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Parent’s Signature

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<th>Date</th>
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</table>
SDHSAA CONCUSSION FACT SHEET FOR PARENTS-

What is a concussion?
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?
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 after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

<table>
<thead>
<tr>
<th>Signs Observed By Parents or Guardians</th>
<th>Symptoms Reported by Athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
<td>Headache or “pressure” in head</td>
</tr>
<tr>
<td>Is confused about assignment or position</td>
<td>Nausea or vomiting</td>
</tr>
<tr>
<td>Forgets an instruction</td>
<td>Balance problems or dizziness</td>
</tr>
<tr>
<td>Is unsure of game, score, or opponent</td>
<td>Double or blurry vision</td>
</tr>
<tr>
<td>Moves clumsily</td>
<td>Sensitivity to light or noise</td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td>Feeling sluggish, hazy, foggy, or groggy</td>
</tr>
<tr>
<td>Loses consciousness (even briefly)</td>
<td>Concentration or memory problems</td>
</tr>
<tr>
<td>Shows mood, behavior, or personality changes</td>
<td>Confusion</td>
</tr>
<tr>
<td>Can’t recall events prior to hit or fall</td>
<td>Just not “feeling right” or is “feeling down”</td>
</tr>
<tr>
<td>Can’t recall events after hit or fall</td>
<td></td>
</tr>
</tbody>
</table>

How can you help your teen prevent a concussion?
Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.
- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your child has a concussion?
1. Keep your child out of play. If your child has a concussion, her/his brain needs time to heal. Don’t let your child return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your child is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first — usually within a short period of time (hours, days, or weeks) — can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
3. Teach your child that it’s not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your child convince you that s/he’s “just fine”.
4. Tell all of your child’s coaches and the student’s school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your child has ever had a concussion. Your child may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your child’s coaches, school nurse, and teachers. If needed, they can help adjust your child’s school activities during her/his recovery.

<table>
<thead>
<tr>
<th>Parent’s Name</th>
<th>Date</th>
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<tr>
<th>Signature of Parent</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Date</th>
</tr>
</thead>
</table>
SDHSAA HEALTH HISTORY FORM - To be completed (with parent/guardian if student is under 18) in years when a physical exam is given, prior to the exam.

Name: ___________________________ Date of Birth: ___________________________

Date of Exam: ___________________________

Sports: ___________________________

List all past and current medical conditions:

Have you ever had surgery?
If Yes, list all procedures:

List all prescriptions, over-the-counter meds or supplements you currently take:

Do you have any allergies?
If Yes, Please list them here:

Over the last two weeks, how often have you been bothered by 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></td>
<td></td>
</tr>
<tr>
<td>Little interest in pleasure or doing things</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes

ANSWER EACH OF THE FOLLOWING QUESTIONS SPECIFIC TO “IN THE PAST YEAR” & EXPLAIN ANY YES ANSWERS ON THE BACK OF THIS SHEET:

GENERAL QUESTIONS

1. Do you have any concerns you’d like to discuss with your provider?

Yes | No

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

Yes | No

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

Yes | No

BONE AND JOINT QUESTIONS CONTINUED

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

Yes | No

MEDICAL QUESTIONS

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

Yes | No

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

Yes | No

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

Yes | No

19. Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?

Yes | No

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

Yes | No

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

Yes | No

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

Yes | No

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

Yes | No

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

Yes | No

25. Do you worry about your weight?

Yes | No

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

Yes | No

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

Yes | No

28. Have you ever had an eating disorder?

Yes | No

29. Have you ever had COVID-19?

Yes | No

30. Have you ever had a menstrual period?

Yes | No

31. How old were you when you had your first period?

Yes | No

32. When was your most recent period?

Yes | No

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

Yes | No

HEALTH QUESTIONS ABOUT YOUR FAMILY

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

Yes | No

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 polymorphic ventricular tachycardia (CPVT)?

Yes | No

13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?

Yes | No

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 a game?

Yes | No

CERTIFICATION OF HEALTH: I hereby state that, to the best of my knowledge, my answers on this form are complete and correct:

Signature of Athlete: ___________________________

Signature of parent/guardian (if under 18): ___________________________

Date: ___________________________

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SDHSAA PREPARTICPATION PHYSICAL EXAM FORM

Athlete Name: ___________________________ Date of Birth: ___________________________
Date of Exam: ___________________________ Annual/Blennial/Triennial: ___________________________

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, e-cigarettes, vaping, chewing tobacco, snuff or dip?
   - Over the past 30 days, have you used 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-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seatbelt or helmet?

2. Consider reviewing questions on cardiovascular symptoms (#4-13 on health history form)

<table>
<thead>
<tr>
<th>EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height:</td>
</tr>
<tr>
<td>Pulse:</td>
</tr>
<tr>
<td>Vision: R 20/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
</tr>
<tr>
<td>Head/Mouth</td>
</tr>
<tr>
<td>Eyes, ears, nose and throat - Pupils equal &amp; Hearing</td>
</tr>
<tr>
<td>Lymph Nodes</td>
</tr>
<tr>
<td>Heart* - Heart sounds, murmurs, pulse, rhythm, auscultation</td>
</tr>
<tr>
<td>Lungs</td>
</tr>
<tr>
<td>Abdomen - Liver/Spleen, masses</td>
</tr>
<tr>
<td>Skin - HSV, Lesions, Staph, MRSA, etc.</td>
</tr>
<tr>
<td>Neurological</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
</tr>
<tr>
<td>Back</td>
</tr>
<tr>
<td>Shoulder &amp; Arm</td>
</tr>
<tr>
<td>Elbow &amp; Forearm</td>
</tr>
<tr>
<td>Wrist, Hand and Fingers</td>
</tr>
<tr>
<td>Hip &amp; Thigh</td>
</tr>
<tr>
<td>Knee</td>
</tr>
<tr>
<td>Leg &amp; Ankle</td>
</tr>
<tr>
<td>Foot &amp; Toes</td>
</tr>
<tr>
<td>Functional</td>
</tr>
</tbody>
</table>
   - Double-leg squat test, single-leg squat test, box drop or step drop test

* Consider electrocardiography (EKG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination

Sports Participation Recommended for (Mark One):
- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendation for further evaluation or treatment of:

- Medically eligible for certain sports (list here):

- Not medically eligible pending further evaluation:

- Not medically eligible for any sports:

Name of Examiner: ___________________________
Signature of Examiner: ___________________________
Date of Exam: ___________________________

Note: SDCL allows Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Licensed Physician Assistant and Licensed Nurse Practitioners as those that can provide this recommendation.

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Athletic Training Consent and Release - Minor

General Information:
School Grade: ____________________________
Sports: ___________________________________

Medical Information:
Patient Name: ____________________________ Date of Birth: ____________________________
Medical Illnesses: ________________________________
Allergies: ___________________________________
Medications: ___________________________________. (any medications that may need to be taken during competition requires a provider’s note)
Previous neck/back injuries: ____________________________
Previous Concussions: _______________________________
Previous heat-related problems: __________________________
Previous surgeries: _________________________________
Other information necessary to inform the medical staff: ___________________________________

Release of Liability

By undersigning below, I fully release, indemnify and hold harmless Monument Health, Inc., its affiliates and subsidiaries, its officers, directors, employees, volunteers, providers, agents, volunteer instructors and landlords (herein “Released Parties”), from any and all liability, claim and expense of any kind including, but not limited to, attorney’s fees, related to any injury to my child including permanent injury or death that is caused in any manner, including those claims of negligence by the Released Parties or any other participant, by my participation in this athletic training program.

I intend for this Release to apply to my child’s current and future participation in the above program, which shall remain in effect throughout his/her participation in the athletic training program. If I intend to revoke this release I agree to provide written notice to Monument Health, Inc. I understand this revocation shall not be effective until it is actually received by the CEO of Monument Health. I acknowledge I am fully aware of the nature of the athletic training program; what the athletic training program entails in terms of its impact upon the human body; the purpose of the athletic training program; the design of the athletic training program; the risks and the type of physical activity required for participation in the athletic training program. I understand it is my responsibility to have my child examined by a provider to determine my child’s fitness for participation in this athletic training program. I agree my child is able to participate in this athletic training program and I choose for him/her to do so. I understand there may be exercise routines or other flexibility and stretching routines which might have an impact on my child’s cardiovascular system, flexibility, balance, coordination, muscle toning and endurance. I acknowledge participants are advised to pace themselves during the course of the routines. I acknowledge the instructors and volunteers organizing this athletic training program are not responsible for monitoring my child’s health conditions before, during, or after participation in the athletic training program. I acknowledge it is my responsibility to immediately seek medical care if needed for my child.

I accept full responsibility for my child’s participation in this athletic training program and I waive any claim that the instructors or leaders for this athletic training program failed to properly supervise my child or train my child prior to or during my participation.

I acknowledge I have been advised to consult with my medical provider before participating in this athletic training program regarding any past or present injury, illness, cardiovascular problem, knee problems, or any other medical condition that may affect my child’s participation and ability to participate in and to endure this or any exercise program.
Athletic Training Consent and Release - Minor

Consent for Athletic Conditioning, Training and Health Care Procedures

I hereby give consent for my child to participate in the school's athletic conditioning and training program and to receive any necessary treatment, including first aid, diagnostic procedures and medical treatment that may be provided by treating providers, nurses and other healthcare providers. In the event that I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary medical treatment.

Is your son/daughter covered under a medical insurance policy?  □ Yes  □ No

If so, what company?

Sway Medical Consent

CONSENT FOR CONCUSSION TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) (child's DOB) to have a baseline Sway Medical test performed. In addition, I give my permission for my child to have post-concussion Sway Medical administered at (name of school) if needed. I understand that my child may need to be post-concussion tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at (name of school).

I understand there is no charge for the testing.

(Name of school) may release the Sway Medical results to my child's primary care provider, neurologist, or other treating provider, as indicated below.

I understand general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor:  __________________________ Name of practice or group: __________________________

Phone Number: __________________________

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

Home: __________________________  Work: __________________________  Cell: __________________________

Patient Name PRINTED: __________________________

Patient Signature: __________________________  Date: ___________  Time: ___________

Parent/Guardian Name PRINTED: __________________________

Parent/Guardian Signature: __________________________  Date: ___________  Time: ___________

Witness for Obtaining Telephone Consent Name PRINTED: __________________________

Witness Signature: __________________________  Date: ___________  Time: ___________