



ISLANDER MIDDLE SCHOOL INITIAL SPORTS ELIGIBILITY PACKET

Islander Middle School student athletes are eligible to participate in a sport only when all forms are handed in, correct and complete. This packet is divided into two sections: 1. Information for the student athlete and their family (keep pages 1-6), and 2. Verification for the athletic department (**turn in pages 7-15**). Purchase of an ASB card and payment of the sport fee are requirements before a student can turn out for any team. ALL fines from previous sports seasons are to be paid in full before participation.

School-year Sports

| | |
|----------------|--|
| FALL SPORTS: | BOYS: Cross Country GIRLS: Volleyball (7 th and 8 th grade only), Cross Country Start: September |
| WINTER SPORTS: | BOYS: Wrestling GIRLS: Wrestling Start: late October |
| SPRING SPORTS: | BOYS: Track and Field GIRLS: Track and Field Start: early April |

Frequently Asked Questions

Which form do I fill out for my first sport of the new school year and where can I get one?

For the first sport in a school year, the Initial Sports Eligibility packet is used. Packets are available on the MISD website. Click Islander Middle School. Select Student Life and then Athletics.

When do I fill out an Initial Sports Eligibility Packet and when should I fill out a repeat eligibility form?

During the school year, a student fills out an Initial Sports Eligibility packet for the first sport played in a particular year which could be in the fall, winter or spring. Then any subsequent sport played in that same school year only requires you to fill out a shorter Repeat Eligibility packet, including a new emergency card.

If I filled out one emergency card for one sport, do I need to do it again that same school year?

Yes. The coaches get the emergency cards and we don't get them back for the next sport season. Each Repeat Eligibility packet has an emergency card attached which does need to be filled out, signed, and returned for each sport in which you participate.

My doctor says I need a physical only once every two years. Does the doctor need to fill out the physical examination form each year?

Mercer Island School District requires a physical exam every two years for sports participation. For the year in between, the physician still needs to sign the Physical Exam form, providing clearance for sports activity.

When are sport eligibility packets due?

All sport eligibility packets are due before any student may participate in practices or competitions. Get your physical exam well before the start of the sport you intend on playing. **DON'T WAIT UNTIL THE LAST MINUTE!!!!** Any form handed in after the deadline may cause the student to miss the first day of practice. Most sports have a minimum number of practices before you can participate in a contest so you may miss out on that first game if your forms are not handed in COMPLETE before the deadline. **ATHLETES CAN ONLY START PRACTICING WHEN THE COMPLETED FORMS ARE ON FILE!**

Where do I hand in the sports eligibility packets?

Bring the completed athletic eligibility packet to the main office. Packets must be completed IN FULL including payment or they will be given back to the student/parent for completion. Incomplete packets will not be accepted and students may not practice until a completed packet is received.

Where and when do I pay my sports fee and ASB card?

ALL athletic participants are required to buy ASB Card (Fee \$55). Each sport a participant plays also requires payment of a sports fee. The sports fee is \$80 per season. ASB card and Sports fees are to be paid online at <https://wa-mercerisland.intouchrecepting.com/>.

How do I find out more about my sport before the season begins?

Information about sports is available through many sources. Information can be found during Back2School Day in the fall, on the IMS web page, and through morning announcements in the daily bulletin. All sports have a pre-season meeting for students in which students have an opportunity to hear about the program, meet the coaches, and listen to the requirements of each program.

Can I hand in my eligibility packet early?

YES!

Who do I contact if I have questions?

Alison Monen at alison.monen@mercerislandschools.org

ALL PACKETS ARE TURNED IN TO THE IMS MAIN OFFICE. STUDENTS MAY NOT PARTICIPATE UNTIL THE APPROPRIATE FORMS AND PAYMENTS ARE TURNED IN.

GO GATORS!!

Instructions for athletes/parents: The information on pages 1 - 6 should be reviewed by both student-athletes and parent/guardians. The information covers important topics about which all participants and their families should be aware. Please detach pages 1 - 6 and keep them for your records.

IMS ATHLETICS/ACTIVITIES POLICIES

SAFETY

Islander Middle School coaches strive to protect each student from possible injury while engaging in athletic activities. Guidelines have been established to protect the student and others from injury and/or illness. The conditioning, nutrition, proper techniques, and safety procedures of each activity will be explained to students by their coach and should be followed. Travel to and from off-campus facilities shall be in accordance with the directions of the coach. Each coach will go over the specific safety guidelines for your sport individually. The more general guidelines are as follows:

1. Make certain that all equipment fits properly and has no defects.
2. Advise your coach of any illness or prolonged symptoms of illness.
3. Advise your coach if you have been injured.
4. Be certain to warm-up and cool down properly.
5. Be alert for any physical hazards in all areas of participation.

ATHLETIC ACADEMIC ELIGIBILITY REQUIREMENTS

Concurrent with the sports season, student athletes must be taking and passing at least five (5) subjects **and** must have passed at least five (5) subjects in the immediately preceding trimester in order to be eligible for competition the succeeding **trimester**.

Student athletes who have passed five subjects, but have failed to attain a 2.0 GPA during the preceding grading term will be eligible to practice and compete but must attend weekly tutoring sessions.* Failure to attend tutoring sessions will result in the student athlete becoming ineligible for competition.

Fall Sports: Eligibility will be determined by **previous trimester grades** (June of the previous school year). Student athletes who did not pass five subjects the previous trimester are ineligible to compete from the start of the season through the 2-week probationary period and must attend weekly tutoring sessions.* The 2-week probationary period for middle school students shall be during the first 2 weeks of the season.

Winter Sports: Eligibility will be determined by **1st trimester grades**. Students who did not pass five subjects for 1st trimester are ineligible to compete for the first 2 weeks of the season and must attend weekly tutoring sessions.* The 2-week probationary period for middle school students shall be during the first 2 weeks of the season.

Spring Sports: Eligibility will be determined by **2nd trimester grades**. Student athletes who did not pass five subjects are ineligible to compete for the first five weeks of the season and must attend weekly tutoring sessions.* The 2-week probationary period for middle school students shall be during the first 2 weeks of the season.

*On Monday of the third week of the season, those students on academic probation will take a grade check form around to all teachers to note whether the student is passing or not. If the student is passing five subjects at that time with a minimum 2.0 GPA, he/she is now off academic probation and fully eligible to participate and compete. If a student is not passing five subjects at that time, he/she will be dropped from the team. If a student is passing five subjects but has not attained a 2.0 GPA, he/she will be required to continue weekly tutoring sessions.

ATHLETICS AND ACTIVITIES CODE (Est. June 2006, Revised August 2008)

I) PREAMBLE

In order to accomplish the vision, values and purpose of Islander Middle School, it is necessary to communicate and enforce appropriate standards for all participants in student activities. Participation in school activities is a privilege not a right and if the community is to truly identify with its schools through athletics and activities, it is important that participants conduct themselves in a manner that the school and community can be proud of.

A key to successfully applying the code is information. Without credible information, determining appropriate disciplinary action becomes challenging. Therefore, after gathering reliable information and investigating allegations, sanctions are imposed in every incident where it has been determined that a violation of the code has occurred. As with any student discipline case, the privacy of the student and their family is protected and the disciplinary action is not a public matter.

All students who participate in an athletic and/or activities program at Islander Middle School must comply with school district policies and the IMS Code of Student Conduct. Student participants are accountable to their coaches, advisors and school administrators for their behavior at all times, in other words "24/7". Students who participate in the IMS athletic or activities program are subject to the Athletic and Activities Conduct Code from their first participation in middle school until they graduate high school or leave the school.

Any student participant who engages in behavior that which interferes with, and/or is detrimental or perceived to be detrimental to the school's educational, athletic or activities programs will be subject to discipline, probation, suspension or expulsion from the activity and may also be subject to additional disciplinary action not related to the activity. Such acts shall include, but not be limited to those listed below. Engagement in any of the acts below by any student participant, on or off school premises, during instructional and non-instructional time, will constitute sufficient cause for discipline, probation, suspension or expulsion from school activities and may result in additional disciplinary action.

- ✓ disruptive conduct;
- ✓ disobedience of reasonable instructions of school authorities;
- ✓ refusal to identify oneself;
- ✓ unauthorized absence from a practice or game, defined by each coach or advisor;
- ✓ cheating during athletic contest or practice;
- ✓ Academic Integrity
- ✓ vulgarity or profanity;
- ✓ destruction or defacing of school or public property;
- ✓ intimidation;

- ✓ hazing or harassment (including racial/gender/sexual orientation and cyberbullying) of another student or employee;
- ✓ assault of another student or employee;
- ✓ stealing and/or possession of stolen property;
- ✓ possession or use of any dangerous weapons or objects;
- ✓ use, distribution, sale or possession of tobacco, alcoholic beverages, drugs and/or related paraphernalia. Possession includes both physical and constructive possession, and;
- ✓ the charge or conviction of any criminal act as defined by law

If a student is suspended from school, the student is also suspended from athletics and activities for the duration of the suspension.

II) DISCIPLINARY ACTION (SUSPENSION AND EXPULSION)

Athletics

- Prior to imposing any disciplinary action, a conference will be conducted with the student participant as follows:
 - o The Associate Principal will present to the student participant a verbal and/or written notice of alleged misconduct and violation(s) of the code and any evidence of the allegation(s).
 - o The student participant and his or her parents will be provided the opportunity to present an explanation.
- Following the conference with the student participant, the Associate Principal may impose corrective actions, suspension, expulsion or other sanctions.
 - o If the Associate Principal imposes athletic suspension or expulsion, the student participant will be verbally notified of the action taken. Written notice will be sent by mail to the student participant's parent/guardian containing the following information:
 - The action taken (suspension, expulsion, etc.).
 - The reason for such disciplinary action.
 - The right to an informal conference.

III) DISCIPLINARY ACTION FOR THE POSSESSION, USE AND/OR SALE OF ALCOHOL, TOBACCO AND/OR ILLEGAL DRUGS:

FIRST VIOLATION: Whether in season or out of season, students will generally be suspended for a period of time between 15 days and the duration of the current season. For possession, use or sale of alcohol, tobacco and /or illegal drugs. Students must also complete an evaluation with the IMS Drug and Alcohol Counselor or other qualified individual acceptable to the school.

In situations where there is an absence of physical possession or use, yet there is dominion or control over the substance, or knowledge that substances are available or being used, student participants have a responsibility to remove themselves from the situation.

If students self-refer to their advisor or coach or an administrator, the incident is considered an educational opportunity rather than a disciplinary matter. A self-referral is considered a first offense and students will be required to meet with the IMS Drug and Alcohol Counselor or other qualified individual acceptable to the school. Students who self refer will not be suspended from their activity. Students may not be entitled to the self-referral process if the police are investigating the matter.

If the violation occurred out of season, any suspension will be served beginning with the first practice days (defined as beginning with the first day that final team rosters are set) during the next completed sports season in which the student participant participates; also, the student participant will miss the first interscholastic contest to follow this suspension if no interscholastic contest should fall within the suspension period.

SECOND VIOLATION: Whether in season or out of season, a second violation will result in expulsion from all student activities for one calendar year and the student must complete a dependency assessment with the IMS Drug and Alcohol counselor or other qualified individual acceptable to the school. Once this occurs, the expulsion may be reduced to a suspension.

THIRD VIOLATION: Whether in season or out of season, a third violation will result in expulsion from all student activities for the remainder of their middle career. IMS will notify MIHS of these violations.

IV) DISCIPLINARY ACTION FOR THE POSSESSION, USE AND/OR SALE OF LEGEND DRUGS INCLUDING ANABOLIC STEROIDS:

Any possession, sale, and/or use of legend drugs (**RCW 69.41.010 identified substances**) including anabolic steroids are considered a violation of this code and students will be subject to the student to the following disciplinary action:

FIRST VIOLATION: The student participant will be immediately ineligible for interscholastic competition in the current interscholastic sport program for the remainder of the season. Ineligibility will continue until the next sports season in which the student participant wishes to turn out. In order to be eligible to participate in the next interscholastic sports season, the student participant will meet with the Associate Principal to request approval to participate.

SECOND VIOLATION: A student who violates for a second time will be ineligible and prohibited from participating in the activity for a period of one calendar year from the date of the second violation.

THIRD VIOLATION: A student participant who violates for a third time is prohibited from any future involvement in student activities.

V) REINSTATEMENT PROCESS:

Students will be permitted to return to their activities following a suspension after a reinstatement meeting with the Associate Principal.

If the code violation was related to drug, alcohol or tobacco use there must be confirmation from the IMS Drug and Alcohol Counselor or other qualified individual acceptable to the school that the student has met with them and that any recommendations from counselor have been followed through on.

VI) APPEAL PROCESS

- **Informal Conference**

Any student participant, parent or guardian who is aggrieved by any suspension or expulsion under this code has the right to an informal conference with the Associate Principal. Any request for an informal conference will be made within five school days of receipt of the written notice of the disciplinary action.

- **Formal Conference**

Any student participant, parent/guardian who may be aggrieved following the informal conference may appeal to the Principal or designee

- The Principal or designee will notify the student participant and the student participant's parent/guardian in writing of their decision within five school days following the meeting.
- The discipline, probation, suspension or expulsion will continue notwithstanding the implementation of the Appeal process.

MERCER ISLAND PARENTS OF STUDENT ATHLETES

CODE OF ETHICS

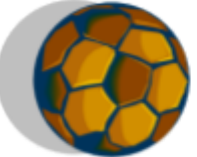
I hereby pledge to provide positive support, care and encouragement for my child participating in Islander Middle School sports programs by following this Parents' Code of Ethics:



I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other Islander athletic event.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.



I will support the athletic director, coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all Islander Middle School events.



I will remember that the game is for the student-athletes – not adults.

I will do my very best to make athletic participation fun for my child.



I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will help my child enjoy the athletic experience by being a respectful fan.



I will help kids and their coaches by shouting from the sidelines only to applaud and encourage them. If I need to communicate with the umpires and referees after games, I will do so only to thank them for their work, realizing that without them there would be no games or matches. I will work with coaches to teach kids that the bad calls and good calls even out – in sports as in life. Similarly, I will help kids see that, in sports as in life, they will sometimes play well and lose, or play poorly and win. I realize the only sensible goals are to have fun and improve their skills. I will encourage kids to participate in sports for the enjoyment of the game.



NOTE: Pages 7-15 need to be filled out completely by both student-athletes and parent/guardians before it is turned in to the Student Office.



The signatures provided on page 10 serve as an indication that all the information has been reviewed and is understood.

ATHLETE NAME _____

ATHLETE'S GRADE _____

ISLANDER MIDDLE SCHOOL INITIAL ATHLETIC ELIGIBILITY FORMS CHECKLIST

All of the forms included on pages 7-15 in this packet must be turned in before a student is eligible to participate in an Islander athletic activity. In addition, the \$80 fee must be paid online (please attach payment receipt).

Forms are to be returned to the main office. Incomplete packets will be returned to the student athlete/parents for completion.

COMPLETION CHECKLIST

- ◇ \$80 FEE PAID ONLINE (PLEASE ATTACH RECEIPT)**
- ◇ COMPLETION CHECKLIST (page 7)**
- ◇ ATHLETIC ELIGIBILITY STUDENT INFORMATION SHEET (page 8)**
- ◇ SIGNATURE PAGE (page 10)**
- ◇ ATHLETIC HEALTH FORM (page 11)**
- ◇ PHYSICAL EXAMINATION FORM (page 12)**
- ◇ CONCUSSION AWARENESS SIGNATURE FORM (page 14)**
- ◇ ATHLETIC MEDICAL EMERGENCY AUTHORIZATION FORM (page 15)**

ISLANDER MIDDLE SCHOOL INITIAL ATHLETIC ELIGIBILITY



Return the following forms Main Office

Sport turning out for:

Students are eligible to participate in a sport only when all forms are handed in, correct and complete. Purchase of an ASB card (\$55) and payment of the \$80 sport fee are requirements before a student can compete in an athletic contest. ALL fines from previous sports season and semesters are to be paid in full before participation.

DATE: _____

Student Name: _____ (Last) _____ (First) _____ (MI)

Grade : _____

Home Address: _____ (Street) _____ (City) _____ (State) _____ (Zip) Phone: _____ (Home)

Parent Email Address: _____ Student Email Address (if different): _____

Parent Cell Phone: _____ Student Cell Phone: _____

Present school attending (if other than IMS) _____

Date of Birth (mo/day/yr): _____ Current age as of today: _____ Place of Birth: _____

Do you live with someone other than your parents (i.e. legal guardian)? _____

WARNING: Participation in athletic activities involves injuries to participants. Carefully consider this warning and take into consideration the potential danger and risk associated with athletic participation before you or your student decide whether to participate in athletics.

Athletic Insurance Information

Students are not required to have insurance coverage in order to participate in athletic competition. Parents need to be aware that **no school coverage is provided**. You may choose to enroll in the student insurance program if you do not have personal insurance. Student Accident & Health Insurance enrollment forms are available in the main office. Please indicate below if your son/daughter is covered by another outside insurance plan or if you will be enrolling him/her in the student insurance plan.

• NAME OF INSURANCE COMPANY: _____ POLICY NUMBER: _____

POLICY HOLDER'S NAME: _____

• If your son/daughter is not covered, please indicate so by checking the following:

NOT COVERED BY ANY INSURANCE PLAN WILL ENROLL IN THE STUDENT INSURANCE PLAN (Application available)

Signature Page Student Athlete: _____ Sport: _____

VERIFICATION OF DOCUMENTED INFORMATION

As PARENT/GUARDIAN OF THE ABOVE-NAMED STUDENT, I (WE) hereby acknowledge I (WE) have read and understand the IMS sports eligibility packet and still give permission for him/her to participate in all the sports and related activities offered by the Mercer Island School District. (If any exceptions please indicate which sport(s) _____) We realize that falsification of requested information will result in ineligibility and loss of team contests due to the participation of ineligible player. The signatures below acknowledge that a parent or guardian and the participating student acknowledge they carefully read this entire form and the information is true:

Date: _____ Parent/Guardian Signature: _____

Date: _____ Student/Athlete Signature: _____

ACADEMIC ELIGIBILITY ACKNOWLEDGEMENT

STUDENT: I have read and understand the Academic Eligibility Requirements of Islander Middle School. I understand the intent and the consequences of my failure to comply with the Academic Eligibility Requirements during a sport season for the school year.

Date: _____ Student/Athlete Signature: _____

PARENT: I have read the Academic Eligibility Requirements and will work with school officials and coaches to ensure my son/daughter abides by it. I am aware that my son/daughter has read the above Academic Eligibility Requirements and by his/her signature has agreed to abide by it during the sport seasons for the school year.

Date: _____ Parent/Guardian Signature: _____

ATHLETICS AND ACTIVITIES CONDUCT CODE ACKNOWLEDGEMENT

STUDENT: I have read and understand the Athletics and Activities Conduct Code. I understand the intent of this code and the consequences of my failure to comply with it.

Date: _____ Student/Athlete Signature: _____

PARENT: I have read the Athletics and Activities Conduct Code and will work with school officials to ensure my student abides by it. I am aware that my student has read the code and by his/her signature has agreed to abide by it.

Date: _____ Parent/Guardian Signature: _____

I have read the **IMS Parent/Athlete Code of Ethics** and understand the expectations placed on me as a parent of a child involved in the athletic program at Islander Middle School.

Date: _____ Parent/Guardian Initial: _____

Date: _____ Student / Athlete Initial: _____

Uniform and Equipment Fines: I understand that when uniforms and/or equipment are not turned in at the time designated by a coach a \$30 late fee will be assessed.

Date: _____ Parent/Guardian Initial: _____

Date: _____ Student / Athlete Initial: _____

Islander Middle School ATHLETIC HEALTH FORM

To be filled out by the student/parent

Student _____ Birth Date _____ Grade _____ Gender _____

Address _____ Hm. Phone _____ Wk. Phone _____

Physician's Name (Please Print) _____ Phone _____

Physician's Address _____

Date of last Tetanus Immunization? _____ Date of last Measles Immunization? _____

| Explain "Yes" answers below | No | Yes | |
|---|-----------------------|-----------------------|---------|
| 1. Overnight hospitalizations, operations or surgery? Dates | <input type="radio"/> | <input type="radio"/> | |
| 2. Are you presently taking any medication or pills? | <input type="radio"/> | <input type="radio"/> | |
| 3. Do you have any allergies/conditions that are life threatening* or affect school/sports? | <input type="radio"/> | <input type="radio"/> | |
| 4. Have you ever passed out during or after exercise? | <input type="radio"/> | <input type="radio"/> | |
| Have you ever been dizzy during or after exercise? | <input type="radio"/> | <input type="radio"/> | |
| Do you tire more quickly than your friends during exercise? | <input type="radio"/> | <input type="radio"/> | |
| Have you ever had high blood pressure? | <input type="radio"/> | <input type="radio"/> | |
| Have you ever been told that you have a heart murmur? | <input type="radio"/> | <input type="radio"/> | |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="radio"/> | <input type="radio"/> | |
| Anyone under 50 yrs old in the family die of heart problems? | <input type="radio"/> | <input type="radio"/> | |
| 5. Do you have any skin problems? | <input type="radio"/> | <input type="radio"/> | |
| 6. Have you ever had a head injury? | <input type="radio"/> | <input type="radio"/> | |
| Have you ever been knocked out or unconscious? | <input type="radio"/> | <input type="radio"/> | |
| Have you ever had a seizure? | <input type="radio"/> | <input type="radio"/> | |
| Have you ever had a stinger, burner or pinched nerve? | <input type="radio"/> | <input type="radio"/> | |
| 7. Have you ever had heat or muscle cramps? | <input type="radio"/> | <input type="radio"/> | |
| Have you ever been dizzy or passed out in the heat? | <input type="radio"/> | <input type="radio"/> | |
| 8. Do you have trouble breathing or do you cough during or after activity? | <input type="radio"/> | <input type="radio"/> | |
| 9. Do you use any special equipment (pads, braces, mouth guard, etc)? | <input type="radio"/> | <input type="radio"/> | |
| 10. Have you had any problems with your eyes or vision? | <input type="radio"/> | <input type="radio"/> | |
| Do you wear glasses or contacts or protective eye or vision? | <input type="radio"/> | <input type="radio"/> | |
| 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? | <input type="radio"/> | <input type="radio"/> | |
| o Head | o Shoulder | o Thigh | o Neck |
| o Elbow | o Knee | o Chest | o Foot |
| o Forearm | o Shin/calf | o Back | o Wrist |
| o Ankle | o Hip | o Hand | |

Explain "Yes" answers to Questions 1-11 above: _____

*WAC 180-38-045 Attendance of every student at every public school who has a life threatening health condition is conditioned upon: Parent presentation of a medication/treatment order and formulation of a nursing plan to implement the order.

The signature below indicates that a parent/guardian and the participating student acknowledge they have carefully read this form and the above information is true.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Islander Middle School PHYSICAL EXAMINATION

To be completed by a physician with signature for sports clearance once each school year
 Mercer Island School District requires a physical exam every two years for sports participation

Name: _____ Date: _____

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____

Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils _____

| | <u>Normal</u> | <u>Abnormal Findings</u> | <u>Initials</u> |
|-----------------|---------------|--------------------------|-----------------|
| Cardiopulmonary | | | |
| Pulse | | | |
| Heart | | | |
| Lungs | | | |
| Skin | | | |
| Abdominal | | | |
| Genitalia | | | |
| Musculoskeletal | | | |
| Neck | | | |
| Shoulder | | | |
| Elbow | | | |
| Wrist | | | |
| Hand | | | |
| Back | | | |
| Knee | | | |
| Ankle | | | |
| Foot | | | |
| Other | | | |

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not Cleared for: Collision

Contact

Activity level Strenuous _____ Moderately strenuous _____ Non strenuous

Due to: _____

Recommendation: _____

Name of Physician: (PLEASE PRINT) _____ Phone: _____

Physician's Signature: _____ Date of Exam: _____

Date of 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 |
|--|--|

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 uncoordination● 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 |
|---|

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 athlete will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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/>

I have watched the video link:

<https://www.wiaa.com/subcontent.aspx?SecID=623>

| | | |
|------------------------------|---------------------------|------|
| | | |
| Student-athlete Name Printed | Student-athlete Signature | Date |

| | | |
|----------------------------------|------------------------------------|------|
| | | |
| Parent or Legal Guardian Printed | Parent or Legal Guardian Signature | Date |

Sport(s) _____

Athletic Medical Emergency Authorization Form

Sport trying out for: _____ Grade _____ Birthdate _____ Gender _____

Name _____ Parent/Guardian Name _____ Parent/Guardian Name _____

Home Phone _____ Parent Phone _____ Parent Wk. Phone _____

Address _____ Parent Cell Phone _____ Parent Cell Phone _____

Emergency Contact Name (other than parent) _____ Emergency Contact Phone _____

Allergies _____ Drugs allergic to: _____ Date of Last Tetanus Shot _____

Regular Medication _____ Chronic Illness _____

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sport-related surgeries)

Date Injury Location on Body Comment

1.

2.

3.

Choice of Physician to be called in case of an emergency:

Name _____ Phone _____

Choice of Hospital to be used _____ Health Insurance Co. _____

As parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also 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 professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.

Signed _____ (Parent or guardian)