

Name: _____



SLIDELL HIGH SCHOOL STUDENT-ATHLETE PACKET

For Returning Athletes

Attention Coach, Student-Athlete, and Parent/Guardian:

You need to complete the following in your Athletic Packet...

- ☐ Completed LHSAA Medical History Evaluation Form (Physical)
- ☐ Completed St. Tammany Waiver for Extracurricular Activities
- ☐ Transportation Waiver (2)
- ☐ Social Media Policy Form

SLIDELL HIGH SCHOOL ATHLETIC DEPARTMENT

**COACH CHAD GOULAS & COACH MARK JEANMARD
*ATHLETIC DIRECTORS***

IMPORTANT: This form must be completed *annually*, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

ATHLETE ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosi
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medications _____						

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- | | | |
|---|------------|-----------|
| 1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary..... | Yes | No |
| 2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately..... | Yes | No |
| 3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school..... | Yes | No |
| 4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its representative(s) or the associated medical personnel. | Yes | No |

Date Signed by Parent

Signature of Parent

Typed or Printed Name of Parent

Health Care Provider section on page 2

IMPORTANT: This form must be completed *annually*, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Name: _____ Date of Birth: _____ Age: _____ Date: _____
 School: _____ Grade: _____ Sport(s): _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>

ORTHOPAEDIC EXAM :

I. Spine / Neck

	Norm	Abnl
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>

II. Upper Extremity

	Norm	Abnl
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>

III. Lower Extremity

	Norm	Abn
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Provider notes (if needed): _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for certain sports _____

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

This recommendation is from a limited screening.

 Printed Name of MD, DO, APRN or PA

 Signature of MD, DO, APRN or PA

 Date of Medical Examination



SCHOOL WAIVER FORM

EXTRACURRICULAR ACTIVITIES



THIS DOCUMENT MUST BE SIGNED BY THE STUDENT AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE STUDENT'S AND PARENT'S/LEGAL CUSTODIAN'S SIGNATURE.

PARENTS, LEGAL CUSTODIANS, OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.

The student and parent/legal custodian recognize that participation in interscholastic athletics and related extracurricular activities involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs and related extracurricular activities, it is impossible to eliminate all risk. Because of these inherent risks, the student and their parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student") is under the supervision of the St. Tammany Parish School Board school. I consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest. I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student being a minor, but that, if necessary, the student will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student's personally identifiable health information should treatment for illness or injury become necessary.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation.

The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the St. Tammany Parish School Board, its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics or sports and related extracurricular activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.





SCHOOL WAIVER FORM



EXTRACURRICULAR ACTIVITIES

The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accepts no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

Student's Name: _____ Sports/Activities: _____ Sex: M F

School: _____ Grade: _____ Age: _____ Date of Birth: ____/____/____

Parent's/Guardian's Name: _____

Father's/Guardian's SS#: XXX-XX-_____ Mother's/Guardian's SS#: XXX-XX-_____

Work Address: _____

Phone Number () _____

Home Address: _____

Phone Number: () _____

Another Person to Contact: _____

Relationship: _____ Phone Number: () _____

Insurance Company: _____

Policy Number and/or Group Numbers: _____

ALLERGIES: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____
(if over age 18)

IMPORTANT NOTICE – It is the policy of the St. Tammany Parish School Board that **ALL ATHLETES PARTICIPATING IN OUR SCHOOL SPORTS PROGRAMS** must have either medical or accident insurance in order to participate! Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians.

Slidell

Transportation Waiver

STUDENT'S NAME: _____, _____
LAST NAME FIRST NAME

Please read carefully. The following are guidelines for use of private vehicles for driving to and from practices or athletic events:

1. Prior approval must be obtained from the Athletic Director or by the Head Coach.
2. The coach must have the complete form on file in order for an athlete to use private transportation.
3. While private vehicles will be considered for use to attend practices, it is school policy that all athletes use school transportation, ride with a parent, or carpool with a coach or another parent for contests when available.
4. Your cooperation is necessary for this policy to be successful.

I hereby give permission to my son/daughter, _____, to travel to and from athletic practices/events in private automobiles. I agree to hold harmless indemnify and defend the school and its employees and volunteers against any liability in any way arising from such private transportation.

Parental Permission for Student Driving (ALL 3 must be checked)

- ☐ *I give permission to my son/daughter to drive to competitions/practices (home and away).*
- ☐ *I understand my son/daughter is **not allowed** to transport other students in his/her vehicle.*
- ☐ *I understand my son/daughter is **not to be a passenger** in a car driven by another student.*

Student Signature: _____

Signature of parent/guardian: _____

Date: _____

Slidell

Transportation Waiver

STUDENT'S NAME: _____
LAST NAME FIRST NAME

Please read and sign ALL that apply to you.

By signing all three, you cover all possible scenarios for transportation of your child.

1. TRANSPORTING YOUR KID

I, _____ the parent/guardian will take full responsibility for the transportation of my child to and/or from the athletic practices/events.

Signature of parent/guardian: _____ *Date:* _____

2. TRANSPORTING AN ATHLETE THAT IS NOT YOUR KID

I, _____ agree to drive other athletes that are in need of a ride to and/or from the athletic practices/events.

Signature of parent/guardian: _____ *Date:* _____

3. CARPOOLING WITH ANOTHER DRIVER

I, _____ give permission for my son/daughter to ride with another parent or coach to and/or from the athletic practices/events.

Signature of parent/guardian: _____ *Date:* _____

Slidell

Social Media Policy

The purpose of this policy is to establish a clear and concise set of guidelines for student-athletes to follow to help them make the best possible judgements and safeguard their personal privacy, as well as protect the integrity of Slidell High School Athletics.

Our student-athletes, coaches, and staff represent Slidell High School both on and off the field/court and are seen as role models on campus and in the community. Thus, they have the responsibility to represent our teams, our school, and themselves in a responsible and positive manner.

Third parties, including the media, faculty, future employees, and college recruiters can easily access social media profiles and view all personal information that is contained in it. This includes pictures, videos, comments, posts, links, etc. It is important to understand that once something is posted on social media it never disappears. Inappropriate material found by third parties affects the perception of the student-athlete, Slidell High School Athletics, and Slidell High School. With that in mind, the policy requires that student-athletes and all coaches:

1. **Protect** and **Enhance** the value of Slidell High Athletics; avoid making derogatory comments about athletics, students, faculty or employees and protect confidential information.
2. **Be Aware** that readers and followers on social media sites include media, current and future athletes, students, faculty, administrators, alumni, parents, coaches, community leaders, and recruiters.
3. **Think Before You Post** and anticipate how all the third parties will see that post and may react to it.

For Your Protection:

1. Set your security and privacy settings so that only friends can view profiles, posts, and other information.
2. Do not post your email, home address, local address, telephone number or other personal information that could lead to unwanted attention, stalking, identity theft, etc.
3. Be aware of who you add as a friend on social media services.

Rules Regarding Social Networking Sites

1. Any postings or communications via social networking websites which disrupt either the educational or athletic environments or which advocates the violation of any school or team policy will be unacceptable.
2. Student-athletes may not post online any pictures, information or other content that might cause embarrassment to themselves, fellow student-athletes, teams, coaches, the Athletic Department, or the campus (including, but not limited to obscene images or language, nudity, pictures at parties with alcohol, references to drugs, sex, or illegal activities).
3. Student-athletes may not post any content online that is unsportsmanlike, derogatory, demeaning or threatening toward any other individual, teammate, team, coach, faculty member, or entity (including, but not limited to: derogatory comments regarding another school; taunting comments aimed at a student-athlete, coach, or team at another school). No posts should depict or encourage unacceptable or illegal activities (examples: hazing, sexual harassment/assault, gambling, discrimination, fighting, vandalism, academic dishonesty, underage drinking, and illegal drug use).
4. Student-athletes may not post any content online that would constitute a violation of the Slidell High School Student Code of Conduct.
5. Student-athletes may not post any information that is sensitive or personal in nature or is proprietary to the Athletic Department or the school which is not public information (examples: tentative or future team schedules, student-athlete's injuries and eligibility status, travel plans/itineraries or information).

TEN SOCIAL MEDIA GUIDELINES FOR TODAY'S SPORTS PARENT

1. Your student-athlete is the number one priority in the triangular relationship between you, them, and their coach. Keep that in mind every time you post. Your student-athletes wishes are most important, not yours. Will your post cause your student-athlete to be embarrassed?
2. If you wouldn't say it in front of the Coach with your student-athlete standing there, then don't say it online.
3. If you wouldn't say it in front of the Athletic Director and/or Principal, then don't say it online.
4. Let yourself cool off for 24 hours after the game or 'incident' before posting.
5. Ask yourself, "What is my purpose in posing this?" and "What am I going to accomplish by posting this?" before posting it. Does it serve your student-athlete well? Or will it only serve your own interests?
6. Remember, before posting about another student-athlete that there are others that could be hurt indirectly.
7. Follow Slidell High School's Athletic Chain of Command, even online.
8. Praise the strengths and efforts of your student-athletes team, and not the weaknesses and deficits of others.
9. Don't troll your student-athletes coach, teammates, athletic program, or opponents online.
(Trolling is when you put things on social media to entice someone. Posting something really vague about your emotions or an incident to get others to chime in and do the talking for you.)
10. Be smart, be responsible, be appropriate, and keep your student-athlete's best interests as your top priority.

By signing below, you affirm that you understand the Slidell High School Athletic Department's Social Media Policy and Guidelines for Student-Athletes and the requirements that you must adhere to as a Slidell High School Student-Athlete.

Also, you affirm that failure to adhere to this policy and guidelines will subject you to disciplinary action, which may include suspension or permanent removal from the team.

Student-Athlete Signature

Date

Parent Signature

Date