

# **WEISER HIGH SCHOOL ATHLETIC PACKET**

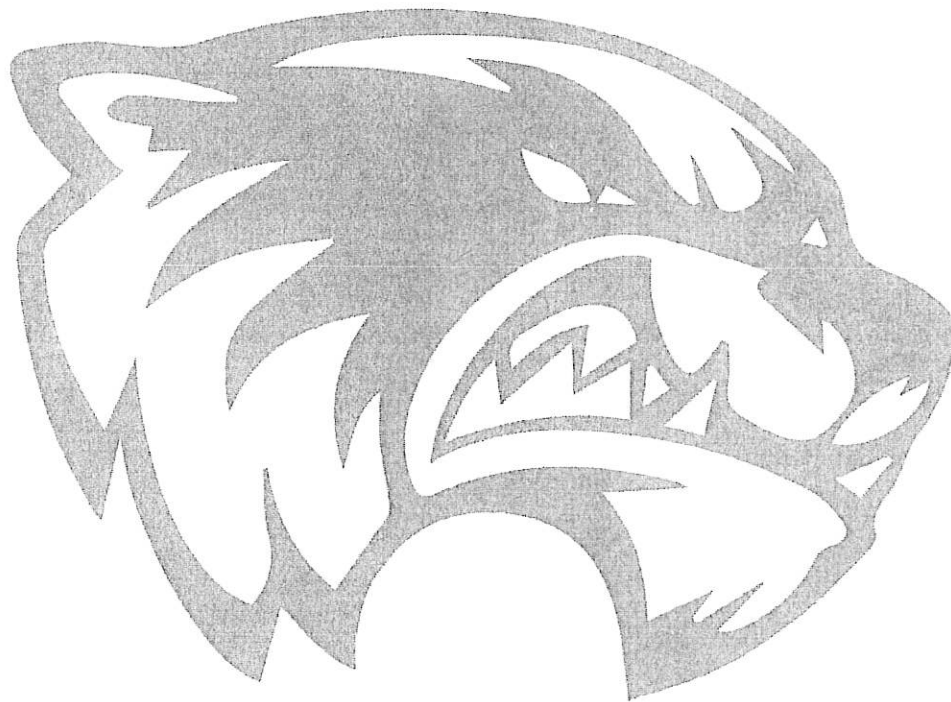
PLEASE complete these paged in this order:

1. Keep the first 14 pages.
2. All Remaining forms must be filled out and signed by both the parent and athlete wanting to compete at WHS.
3. No ATHLETE may practice without ALL completed paperwork.
4. Read and sign the Athletic Code and understand that a student must be in attendance all day of any scheduled activity. Extraordinary absences must be cleared through the office 24 hours in advance.

Please turn in all completed paperwork to the Athletic Office or coach. These are the 5 forms that need to be turned in:

- 1. Physical**
- 2. Athletic Code of Conduct**
- 3. Insurance**
- 4. Concussion Guidelines**
- 5. COVID**

# Weiser High School Athletics Concussion Management Plan



July 2023

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## ATTENTION

This concussion management plan is provided for the free and personal use of the public to help school districts or various youth sport organizations comply with Idaho Code Section 33-1625. However, this document does not provide legal advice and is not a substitute for legal advice. Individuals or organizations with compliance concerns are encouraged to consult legal counsel.

# Section 1: Mandatory Parent/Athlete Meeting

- (a) Prior to the start of each athletic season, a meeting shall be organized by the athletic director or other appropriate designated official to discuss the topic of concussion in youth sports.
- (b) Each athlete planning on participating in the sport shall attend the meeting with the parent or legal guardian of the athlete.
  - (i) Parents, athletes, and coaches should review the following material and have the opportunity to ask questions:
    - a. The definition of concussion
    - b. Signs and symptoms of the injury
    - c. Tips for prevention of the injury
    - d. Risks associated with continued play with a concussion
    - e. What to do if you suspect someone has sustained a concussion for emergency and non-emergency situations
    - f. The Centers for Disease Control and Prevention (CDC) 4 step action plan:
      - 1. Remove suspected injured athletes from play.
      - 2. Ensure the athlete is evaluated right away by an appropriate health care professional.
      - 3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
      - 4. Allow the athlete to return to sport only with permission from a health care professional with experience in evaluating concussion.
    - g. Any additional concussion resources provided to parents, athletes and coaches
- (c) **Required Parent/Guardian Written Consent Form**
  - (i) Prior to beginning practice the athlete and the athlete's parent or guardian must receive and sign a "Parent/Guardian Written Consent Form" regarding concussion in youth sports. This form is an acknowledgement by the parent and athlete that they have received the education detailed under subsection (3) of section 33-1625, Idaho Code, that they understand the material and have had an opportunity to ask questions.
    - a. Parent/Guardian Written Consent forms should be kept on file for no less than seven (7) years by the Athletic Director.

## Section 2: Recommended Baseline Testing

- (a) Athletes ages 12+ participating in football, volleyball, wrestling, basketball, soccer, lacrosse, baseball, softball, rugby, pole vaulting, and cheer are encouraged to receive a baseline neurocognitive test every other year. It is recommended athletes also establish baselines using tests such as the Balance Error Scoring System (BESS), the Standardized Assessment of Concussions (SAC), or other standardized assessment tests at least once in their junior high and high school careers.
- (i) Baseline tests can be utilized by a qualified health care professional trained in the evaluation and management of concussion and who has received training in interpreting the test results to aid in the evaluation and treatment of all injured athletes exhibiting cognitive deficits.

## Section 3: Biennial Concussion Training

### *Athletic Trainers, Coaches, and Staff*

- (a) Coaches & Staff:
  - (i) All coaches and staff must receive online concussion training upon hire and biennially thereafter.
    - a. Completion of the IHSAA/St. Luke's Concussion Course for Coaches/Officials online education mandated by the Idaho High School Activities Association shall satisfy this requirement.
    - b. The course can be found at the following link:  
[http://idhsaa.org/safetywellness/concussion\\_certification.aspx](http://idhsaa.org/safetywellness/concussion_certification.aspx)
  - (ii) Evidence of training must be kept on file by the Athletic Director.
- (b) Athletic trainers:
  - (i) All athletic trainers employed by the organization must receive online concussion training upon hire and biennially thereafter.
    - a. Athletic trainers must complete the St. Luke's Concussion Training Course that can be found at the following link: <https://www.stlukesonline.org/concussioneducation>
  - (ii) Evidence of training must be kept on file by the Athletic Director.

# Section 4: Removal from Play Strategy

## *Coaches & Non-Medical Staff*

### STEP 1: REMOVE FROM PLAY

If at any time it is suspected an athlete has sustained a concussion during practice or game play, the youth athlete shall be immediately removed from play and not be allowed to return to sport the same day. Once removed an athlete shall not be allowed to return to sport until authorized to return by a qualified health care professional.

**Please Note:** Most athletes who experience concussion will exhibit any one or more of a variety of symptoms. A loss of consciousness is **NOT** always present. Headache is the most common symptom, but not all athletes experience concussion in the same way. Symptoms of a concussion may not be evident until several minutes, hours or days later. The severity of the symptoms will also vary along with their duration. The following are a list of possible common symptoms by general category:

Signs and Symptoms			
<u>Physical</u>			
<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea	<input type="checkbox"/> Dizziness	<input type="checkbox"/> "Don't feel right"
<input type="checkbox"/> Pressure in head	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Sensitivity to noise
<input type="checkbox"/> Neck pain	<input type="checkbox"/> Balance problems	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Visual problems or blurred vision
<u>Cognitive</u>		<u>Emotional</u>	<u>Sleep</u>
<input type="checkbox"/> Confusion	<input type="checkbox"/> Irritability	<input type="checkbox"/> Drowsiness	
<input type="checkbox"/> Feeling "slowed down"	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sleeping more than usual	
<input type="checkbox"/> Feeling "in a fog"	<input type="checkbox"/> More emotional	<input type="checkbox"/> Sleeping less than usual	
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Nervousness or anxious	<input type="checkbox"/> Trouble falling asleep	
<input type="checkbox"/> Difficulty remembering			

## STEP 2: MONITOR

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately**.

1. Headache that gets worse or does not go away
2. Weakness, numbness, or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places
6. Is getting more and more confused, restless, or agitated

## STEP 3: IS THERE AN EMERGENCY?

If the condition of the athlete continues to deteriorate or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your organization's emergency action plan**:

1. Repeated vomiting or nausea
2. Has one pupil (the black part in the middle of the eye) larger than the other
3. Experiences convulsions or seizures
4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*)

## STEP 4: ENSURE ATHLETE RECEIVES A MEDICAL EVALUATION

If not an emergency, ensure the injured athlete is evaluated by a proper medical professional. **DO NOT** try to judge the seriousness of the injury yourself. Coaches should seek assistance from the site athletic trainer or other appropriate medical personnel if available at a competition, and should always seek the assistance from an appropriate medical provider when an injury occurs at practice. If a medical provider is not available on site, ensure that the parents or guardians of the athlete follow-up with an appropriate medical provider.

## STEP 5: COMMUNICATE

Contact the athlete's parents or guardians as soon as possible to inform them of the potential injury and provide them a factsheet on concussion available online by the Centers for Disease Control and Prevention. Communicate the injury to your organization's director or other appropriate personnel in a timely fashion.

## Section 5: Removal from Play Strategy

### *Athletic Trainers or Other Appropriate Medical Providers*

#### **ATTENTION**

Only individuals deemed a “qualified health care professional” under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:

- (a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
- (b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or
- (c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer)

*The following strategy (Section 5) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, please use the removal from play strategy in section (4).*

#### **STEP 1: REMOVE FROM PLAY**

If at any time it is suspected an athlete has sustained a concussion, the youth athlete shall be immediately removed from play. No same day return to sport.



### STEP 2: MONITOR

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

1. Headache that gets worse or does not go away
2. Weakness, numbness or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places
6. Is getting more and more confused, restless, or agitated

### STEP 3: IS THERE AN EMERGENCY?

If the condition of the athlete continues to deteriorate, or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your organization's emergency action plan:**

1. Repeated vomiting or nausea.
2. Has one pupil (the black part in the middle of the eye) larger than the other.
3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness (a brief loss of consciousness should be taken seriously and the person should be carefully monitored).

### STEP 4: SIDELINE EVALUATION

If it is determined the situation is not an emergency, the medical provider may choose to use simple sideline cognitive tests to determine whether or not the athlete has any cognitive deficits.

- (a) A medical provider may choose to forego sideline cognitive testing if, in their best judgment, they feel the athlete is concussed. In this instance proceed to step 5.
- (b) Sideline tests include the latest version of the Sports Concussion Assessment Tool (SCAT), the Standardized Assessment of Concussion (SAC) or other standardized tools for sideline cognitive testing used with appropriate training.
  - (i) If the athlete has no cognitive or other identifiable deficits, it is reasonable for the individual to conclude a concussion did not occur and that it is safe for the athlete to return to sport after 24 hours. In this instance the individual may forego the remainder of this strategy, as well as section (6) and section (7) of this management plan.
  - (ii) If the athlete is experiencing cognitive or other identifiable deficits, proceed to step 5.

Signs and Symptoms			
Physical			
<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea	<input type="checkbox"/> Dizziness	<input type="checkbox"/> "Don't feel right"
<input type="checkbox"/> Pressure in head	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Sensitivity to noise
<input type="checkbox"/> Neck pain	<input type="checkbox"/> Balance problems	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Visual problems or blurred vision
Cognitive	Emotional	Sleep	
<input type="checkbox"/> Confusion	<input type="checkbox"/> Irritability	<input type="checkbox"/> Drowsiness	
<input type="checkbox"/> Feeling "slowed down"	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sleeping more than usual	
<input type="checkbox"/> Feeling "in a fog"	<input type="checkbox"/> More emotional	<input type="checkbox"/> Sleeping less than usual	
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Nervousness or anxious	<input type="checkbox"/> Trouble falling asleep	
<input type="checkbox"/> Difficulty remembering			

## STEP 5: COMMUNICATE WITH PARENT/GUARDIAN

Contact the athlete's parents or guardians as soon as possible to inform them of the injury and give them the fact sheet on concussion provided online by the Centers for Disease Control and Prevention. Discuss the content of the factsheet and answer any questions or concerns the parent or guardian may have. Provide written and verbal home and follow-up care instructions.

- (a) In the event an athlete's parents or guardians cannot be reached and the athlete is able to be sent home, the athletic trainer, coach, or other appropriate personnel should ensure the athlete will be with a responsible adult capable of monitoring the athlete and who understands the home care instructions before allowing the athlete to go home.

Additional steps to take are:

- (i) Continue efforts to reach the parents or guardians.
- (ii) If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach, athletic trainer, or other appropriate personnel should accompany the athlete and remain with the athlete until the parents or guardians arrive.
- (iii) Athletes with suspected concussions should not be permitted to drive home.

## Section 6: Return-to-Learn Strategy

- (a) Under subsection (7) of section 33-1625, Idaho Code it reads "Students who have sustained a concussion and return to school may need informal or formal accommodations, modifications

of curriculum, and monitoring by a medical or academic staff until the student is fully recovered. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to sport by a qualified health care professional as defined in subsection (6) of this section

- (b) The athletic trainer, school nurse, school counselor or other appropriate designated school administrator shall communicate and collaborate with the athlete, parents or guardians of the athlete, coaches, teachers and any necessary and pertinent outside medical professionals of the athlete, to create a plan that will support the athlete's academic and personal needs while symptomatic.
  - (i) Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, parents or guardians of the athlete, as well as the athlete themselves, as s/he may need accommodations during recovery. Keep in mind that the accommodations that worked for one athlete may not work for another.
  - (ii) If symptoms persist, accommodations for the student such as a 504 plan may be pertinent. A 504 plan is implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include environmental adaptations, curriculum modifications, and behavioral strategies. The decision to implement a 504 plan should be arrived at through collaboration of all parties involved.
  - (iii) Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. Students who return to school after a concussion may need to:
    - a. Take rest breaks as needed
    - b. Spend fewer hours at school
    - c. Be given more time to take tests or complete assignments
    - d. Receive help with schoolwork
    - e. Reduce time spent on the computer, reading, or writing
  - (iv) It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually as decided on by the team involved.
- (c) As the athlete returns to academic and athletic activities the athletic trainer, school nurse, school counselor or other appropriate school personnel shall follow-up with the athlete periodically to ensure symptoms are decreasing, have been eliminated and have not returned,

or to address any additional concerns of the athlete and the athlete's parents or guardians, and to adjust the academic and return to school strategy for the athlete if needed until the athlete has been fully reintegrated into normal academic activities.

- (d) The following 4-step progression is available as a general guideline for the athlete, the parents or guardians of the athlete, medical providers, and school professionals to reference for return to school purposes.

	<b>Mental Activity</b>	<b>Activity at Each Step</b>	<b>Goal of Each Step</b>
	<b>An initial period of 24-48 hours of both relative physical and cognitive rest is recommended before beginning the Return-to-Learn and Return-to-Sport Strategies.</b>		
	<b>*The Return-to-Learn strategy is an individualized process. The graph below is a general example and may not apply to every student.</b>		
<b>1</b>	Daily activities that do not increase the athlete's symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g., reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
<b>2</b>	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
<b>3</b>	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities
<b>4</b>	Return to School full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

Source: SCAT 5  
Davis, GA, et al. *Br J Sports Med* 2017; 0:1-8. Doi 10.1136/bjsports-2017-097506SCAT5

## Section 7: Return to Sport Strategy

### *Athletic Trainers or Other Appropriate Medical Providers*

#### **ATTENTION**

**Only individuals deemed a “qualified health care professional” under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:**

- (a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;**
- (b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or**
- (c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer).**

*The following return to play process (Section 7) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, the athlete must be referred to a medical professional who is deemed qualified to provide medical clearance for concussion injuries under Idaho law.*

- (a) An injured athlete should only be allowed to start the following return to sport strategy once the athlete is successfully tolerating their normal cognitive workload at school.
- (b) An athlete cleared to play by a qualified medical professional only provides clearance for the athlete to begin the stepwise return to sport strategy as set forth in section (d) below, unless the athlete has been directed through the stepwise return to sport progression by the outside medical provider(s) prior to being cleared. Administrators, coaches and parents must act reasonably and to the best of their ability to ensure an athlete is cleared by a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (6) of section 33-1625, Idaho Code.
  - (i) Clearance by a medical provider must be in written form and kept on file with the Athletic Director for no less than seven (7) years.

- (c) If at any time, the athletic trainer or other qualified medical personnel feel the injury is beyond their expertise, scope of practice or comfort level, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.
  - (i) It is the responsibility of the athletic trainer or other on-site medical personnel to ensure that proper and sufficient communication takes place with any/all outside medical professionals to ensure medical providers have all pertinent medical information, are accurately informed of the details and severity of the injury, and that the medical provider receiving the referral is qualified to evaluate and manage concussions.
- (d) The return of an athlete to sport shall be done in a stepwise fashion in accordance with the recommended return to sport strategies of the CDC and the NFHS. Proper instruction and supervision of an outside medical provider should be used if necessary. A parent or legal guardian should supervise each step of the return to sport process and should communicate regularly with coaches of the athlete to inform them of the athlete's progress.
  - (i) The return to return to sport strategy includes the following stepwise progression allowing the athlete 24 hours between each step as long as the athlete remains symptom free. If any symptoms return, the athlete should return to the previous step and resume the progression again following 24 hours without symptoms.

**The athlete should not Return to Sport unless they have resumed all normally scheduled academic activities without restrictions or the need for accommodations prior to receiving authorization to Return to Sport by a qualified healthcare professional as defined in subsection (6) of section 33-1625, Idaho code.**

Graduated Return-to-Sport Strategy			
Stage #	Aim	Activity	Goal of Each Step
Initial period of 24-48 hours of both relative physical & cognitive rest is recommended before beginning the Return to Sport Progression.			
1	Symptom-limited activity	Daily activities that do not worsen symptoms	Gradual reintroduction of work/school activities
If symptoms worsen with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage.			
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage.			
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage.			
4	Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training	Exercise, coordination, and increased thinking
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage.			
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
<b>If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage with physician clearance.</b>			
6	Return to Sport	Normal game play	Fully back to sport

McCrory P, et al. Br J Sports Med 2017;0:1-10.doi:10.1136/bjssports-2017-097699.







Physician's Name \_\_\_\_\_

Free Physical Night

## HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to **each year**.  
Idaho. The exam is at the expense of the student and may not be taken prior to May 1,  
physician's assistant or nurse practitioner under optimal conditions.

The interscholastic (9-12) athletic program in the State of  
This examination is to be done by a licensed physician,

Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Sports: \_\_\_\_\_ Participation Grade: \_\_\_\_\_

### MEDICAL HISTORY

Fill in details of "YES" answers in space below:

- |                                                                                                                                                                                                                                                        | Yes                      | No                                                       |                                                                                              | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you ever been hospitalized?                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>                                 | 6. Have you ever had a head injury?                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery?                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                 | Have you ever been knocked out or unconscious?                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medication or pills?                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>                                 | Have you ever been diagnosed with a concussion?                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees, other insects)?                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                 | Have you ever had a seizure?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                 | Have you ever had a stinger, burned or pinched nerve?                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise?                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                                 | 7. Have you ever had heat or muscle cramps?                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise?                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | Have you ever been dizzy or passed out in the heat?                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you tire more quickly than your friends during exercise?                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                 | 8. Do you have trouble breathing or do you cough during or after exercise?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure?                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>                                 | 9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been told you have a heart murmur?                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                 | 10. Have you ever had problems with your eyes or vision?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats?                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                 | Do you wear glasses, contacts or protective eyewear?                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems or a sudden death before age 50?                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                                 | 11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rash, acne)?                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>                                 |                                                                                              |                          |                          |
| 12. Have you had a medical problem or injury since your last evaluation?                                                                                                                                                                               | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                                              |                          |                          |
| 13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?                                                                                                               |                          |                                                          |                                                                                              |                          |                          |
| <input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle |                          |                                                          |                                                                                              |                          |                          |
| <input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot  |                          |                                                          |                                                                                              |                          |                          |
| 14. Were you born without a kidney, testicle, or any other organ?                                                                                                                                                                                      | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                                              |                          |                          |
| 15. When was your first menstrual period?                                                                                                                                                                                                              | _____                    |                                                          |                                                                                              |                          |                          |
| When was your last menstrual period?                                                                                                                                                                                                                   | _____                    |                                                          |                                                                                              |                          |                          |
| What was the longest time between your periods last year?                                                                                                                                                                                              | _____                    |                                                          |                                                                                              |                          |                          |

Explain "YES" answers: \_\_\_\_\_

### CONSENT FORM

(Parent or guardian and student permission and approval)

I herby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

# Idaho High School Activities Association Physical Examination Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R 20 / _____ L 20 / _____		Corrected: Y N	
	Normal	Abnormal findings	
<b>Medical</b>			
Pulses			
Heart			
Lungs			
Skin			
Ears, nose, throat			
Pupils			
Abdomen			
Genitalia (males)			
<b>Musculoskeletal</b>			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

## CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:

C. NOT cleared to participate in the following IHSAA sponsored sports /activities:

baseball    basketball    cheer/dance    cross country    football    golf  
soccer    softball    swimming    tennis    track    volleyball    wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

D. Student is NOT permitted to participate in high school athletics.

Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician/medical provider: \_\_\_\_\_ Date: \_\_\_\_\_

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)

## **WEISER HIGH SCHOOL ATHLETICS/ACTIVITIES CODE OF CONDUCT**

The conduct of a Weiser High School student is closely observed by many people. A student who participates in extra-curricular activities at WHS is a representative of the team/group, school, and community. Therefore, it is important that students who participate in activities that are extra-curricular in nature while at Weiser High School maintain high standards in all aspects of life.

Weiser High School activities participants are expected to follow all training rules as outlined by their coaches/advisors, as well as those of the school administration.

Students participating in extra-curricular activities sponsored by the Idaho High School Activities Association shall not use, have in possession, sell, or distribute alcohol, tobacco (including vaping), or illegal drugs, or abuse prescription or non-prescription drugs during their extra-curricular seasons. These rules are in effect 24 hours a day. If a student is charged with possession, or is reported using or being in the presence of other students using tobacco, alcohol, or illicit drugs, the student will be subject to the disciplinary actions outlined below:

### **First Offense:**

- A. A coach/advisor-participant conference will be held.
  - a. Student will be informed of the alleged violation.
  - b. Student will be given opportunity to speak in their own defense.
  - c. Student will be given opportunity to appeal any disciplinary measure.\*
- B. Student will be placed on probation for the remainder of the school year.
- C. Student will be suspended for one week of competition.
- D. During the suspension, the coach/advisor will decide whether or not the participant is to practice and what the student's practice will be composed of, if allowed to practice.

### **Second Offense (within an academic year):**

- A. A coach/advisor conference will be held with the student.
  - a. Student will be informed of the alleged violation.
  - b. Student will be given opportunity to speak in their own defense.
  - c. Student will be given opportunity to appeal any disciplinary measure.\*
- B. Student will be suspended for 40 practice days or to the end of the semester, whichever is greater.

\*When an appeal is made, a council of three voting members will be formed by administration for the purpose of hearing the appeal.

Council will consist of:

1. Administration (Principal or Assistant Principal)
2. One coach/advisor outside sport/activity involved
3. Athletic Director

- If a student is found to be guilty of a third offense within the same academic year, the student in question will be ineligible for extra-curricular activities for the remainder of the school year.
- It is understood that any serious breach of school standards may result in a student being suspended from participation for a period of time to be determined by the principal or designee.

**\*\*THIS FORM MUST BE SIGNED AND TURNED IN BEFORE PARTICIPATING\*\***

- It is understood that students are subject to all regulations of the IHSAA, which includes having passed the minimum number of required classes the previous semester.
- It is understood that before participation takes place, a student-athlete must pass a physical exam and show proper insurance coverage EACH YEAR.
- It is understood that the student accepts responsibility for all equipment issued, and shall provide for its proper care, storage, and return. Students shall assume responsibility for equipment not returned when due, and shall be suspended from participation in further activities until all equipment is either returned, paid for, or arrangements have been made for replacement of such equipment.
- It is understood that a student must be in school all day of any scheduled competition to be eligible to participate in that activity. Absences for such things as funerals or doctor's appointments must be cleared by the principal or athletic director prior to the day of competition.
- It is understood that students are required to travel to and return home from school activities in school-provided transportation. Parents or guardian may request that their child ride home with them by following the approved procedures for checking their student out after the activity has ended.
- It is understood that The Wolverine Way expects student participants to demonstrate good sportsmanship and its many facets, such as loyalty to school, staff and team members, respect for all officials, modesty in victory, graciousness in defeat, and that pride in giving maximum effort will be shown at all times.
- The participant understands and agrees that it is important to notify a coach/advisor immediately if he/she cannot make a scheduled practice or considers dropping from a program. No student may drop a sport/activity and begin participating in another until the former regular season has been completed. Exceptions to this requirement must be approved by both coaches/advisors involved.
- Any issue not covered by this code shall be resolved by the coach/advisor and/or school administration.
- **NOTE:** It is understood that additional rules and regulations may be required of a student by the coach/advisor for different activities. Any such additions will be included as an attachment to this code.

**THEREFORE**

We have read and thoroughly understand the rules stated above and any additional attachment regarding the conduct of a Weiser High School activities participant.

We understand that these rules are important in supporting the educational value of participating in co-curricular and interscholastic competitions and in helping the student become a good citizen with a high sense of moral integrity, competitive spirit, and the ability to be honest and forthright in all endeavors. We understand and agree to abide by these rules as an activities participant of Weiser High School.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
STUDENT PARENT/GUARDIAN

Date: \_\_\_\_\_

To: WEISER HIGH SCHOOL

This is certify that \_\_\_\_\_ is covered by

Insurance Company: \_\_\_\_\_

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

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

PLEASE NOTE: Enclose a copy of your insurance card if you can! Thanks

**Weiser School District No. 431**

**ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES**

**Parent's/Guardian's Signature**

I, (print name) \_\_\_\_\_, acknowledge that I am the parent or guardian of the student (below), that I have received information related to student athlete concussions from the District, including information from the Idaho High School Activities Association in conjunction with The Centers for Disease Control and Prevention , and District Policy 504.10, and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Weiser School District, No. 431, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

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

\_\_\_\_\_  
Date

**Student's Signature**

I, (print name) \_\_\_\_\_, acknowledge that I am a student of Weiser School District, No. 431, or otherwise am allowed to participate in school athletics leagues or sports, that I have received information related to student athlete concussions from the District, including information from the Idaho High School Activities Association in conjunction with The Centers for Disease Control and Prevention, and District Policy 504.10, and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**NOTE: All signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school athletic leagues or sports.**

**Assumption of the Risk and Waiver of Liability**  
**Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Weiser School District (WSD) has put in place protective measures to reduce the spread of COVID-19; however, the WSD cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of WSD or other school districts could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities on WSD campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that participation in and/or attendance at extracurricular activities is optional, and the risk of becoming exposed to or infected by COVID-19 while on WSD campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WSD employees, classified staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance in activities or participation in WSD programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the WSD, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the WSD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any WSD activity.

The safety of our employees, students, families and visitors remains the WSD's priority. Parents and students can help with that by being selfless and considerate of others if one is not feeling well. Your participation and cooperation is important to help us take precautionary measures to protect you, your child(ren), and everyone on campus.

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

Print Name of  
Parent/Guardian \_\_\_\_\_ Activities \_\_\_\_\_

Name of Student-Athlete \_\_\_\_\_