

Dear Parent/Guardian,

Enclosed you will find the documentation required in order for your child to participate in middle school and high school athletics in Richland School District Two. Please read this information completely, and feel free to contact the athletics department at your child's school should you have any questions or concerns. All forms must be completed prior to participation in any athletics related activity. This includes but is not limited to tryouts, conditioning, weightlifting, practice, matches, meets, events, or games.

Please use the following checklist as a guideline to ensure your child's participation in athletics is not delayed.

Middle School Sports

IMPORTANT: If your child will or is thinking about playing a sport at the high school please see the High School packet for instructions on how to create a Student Central account and upload/complete forms there BEFORE submitting physical to middle school.

- _____ Sports Health & Participation Form - Includes Concussion Information Acknowledgement (Concussion Fact Sheets must be reviewed by parents and athletes prior to signing this form.)
- _____ SCHSL Physical form (2 pages).
**History completed thoroughly and accurately, athlete marked as "cleared" and physical signed by an MD, DO, PA, or NP, dated after April 1 of the previous school year. Preferably an original document.*
*** If your child has received the COVID-19 vaccination please indicate so and when shots were received in Explain Yes Answers section.*
- _____ Copy of Birth Certificate turned in to Athletic Director.
**Submitted one time to verify student's age.*
- _____ Athletic Participation Fee \$50.00
**Paid once per school year regardless of number of sports played (covers all 3 seasons).*

Special Forms – Check with the school's Athletic Director to determine specific requirements.

- _____ Transfer Forms (New students to the school.)
- _____ Middle School Eligibility Form
(MS playing HS sports – submitted each semester – see MS AD for requirements)

COMPLETING THE RICHLAND TWO PHYSICALS PACKET

Paperwork must meet the following MINIMUM criteria for an athlete to be cleared:

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sports: _____

Last past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollen, food, stinging insects): _____

| General Questions | Yes | No | Medical Questions | Yes | No |
|---|-----|----|--|-----|----|
| 1. Do you have any concerns that you would like to discuss with your provider? | | | 16. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | | 17. Are you missing activities, on days, a routine injury, your system, or any other organ? | | |
| 3. Do you have any ongoing medical issues or recent illness? | | | 18. Do you have gone or tests to pain or a painful injury or trauma in the past year? | | |
| Heart Health Questions About You | Yes | No | 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)? | | |
| 4. Have you ever passed out or nearly passed out (fainting) or AFTER exercise? | | | 20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 21. Have you ever had weakness, tingling, or numbness in your arms or legs, or been unable to move your arms or legs after being hit or falling? | | |
| 6. Does your heart ever race, flutter, or skip beats (irregular beats) during exercise? | | | 22. Have you ever become ill while exercising to the point? | | |
| 7. Has a doctor ever told you that you have any heart problems? | | | 23. Do you or someone in your family have sickle cell trait or thalassemia? | | |
| 8. Has a doctor ever ordered a test for your heart? (for example, Electrocardiogram (ECG) or echocardiogram) | | | 24. Have you ever had or do you have any problems with your eyes or vision? | | |
| 9. Do you get lightheaded or feel short of breath that you think is during exercise? | | | 25. Do you worry about your weight? | | |
| 10. Have you ever had a seizure? | | | 26. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| Health Questions About Your Family | Yes | No | 27. Are you on a special diet or do you avoid certain types of foods? | | |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)? | | | 28. Have you ever had a menstrual period? | Yes | No |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | | 29. How old were you when you had your first menstrual period? | | |
| 13. Does anyone in your family have a pacemaker or implanted defibrillator before age 55? | | | 30. When was your most recent menstrual period? | | |
| Bone and Joint Questions | Yes | No | 31. How many teeth have you had all the past 12 months? | | |
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice? | | | 32. How many teeth have you had all the past 12 months? | | |
| 15. Do you have a bone, muscle, ligament or joint injury that bothers you? | | | | | |

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

Date

Athlete Signature

Parent Signature

Preparticipation Physical Evaluation - Physical Form

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____

| Examination | Weight | BP | Pulse | Visuals | R: 20" | L: 20" | Extremities | Yes | No |
|--|--------|----|-------|---------|--------|--------|-------------|-----|----|
| Medical | | | | | | | | | |
| Appearance: | | | | | | | | | |
| Marfan stigmata (hyperflexible, high-arched palate, pectus excavatum, grade 1 scoliosis, hyperlordosis, arched, mild valve prolapse (MVP), and aortic insufficiency) | | | | | | | | | |
| Eyes / Ears / Nose / Throat | | | | | | | | | |
| - Pupils equal - Hearing | | | | | | | | | |
| Lymph Nodes | | | | | | | | | |
| Heart | | | | | | | | | |
| Murmurs (systolic-diastolic, auscultation signs) and - Valve noises | | | | | | | | | |
| Lungs | | | | | | | | | |
| Abdomen | | | | | | | | | |
| Skin | | | | | | | | | |
| - Rashes (simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or flea bites) | | | | | | | | | |
| Neurologic | | | | | | | | | |
| Musculoskeletal: | | | | | | | | | |
| - Neck | | | | | | | | | |
| - Back | | | | | | | | | |
| - Shoulders/Arm | | | | | | | | | |
| - Elbow/Forearm | | | | | | | | | |
| - Wrist/Hand/Fingers | | | | | | | | | |
| - Hip/Thigh | | | | | | | | | |
| - Knees | | | | | | | | | |
| - Leg/Ankle | | | | | | | | | |
| - Foot/Toe | | | | | | | | | |
| - Functional: Double-leg squat test, single-leg squat test, and foot drop or step down test | | | | | | | | | |

Consider: electrocardiogram (ECG), echocardiography, and refer to cardiologist for abnormal electrocardiogram or a statement of fitness or a statement of fitness.

Preparticipation Physical Evaluation

Medically eligible for all sports without restriction: ☐ **"Cleared"**

Medically eligible for all sports without restriction with restrictions: ☐ evaluation

Medically eligible for certain sports: ☐

Not medically eligible pending further evaluation: ☐

Not medically eligible for all sports: ☐

Recommendation: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ M.D. P, or PA

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Date

Athlete information completed.

RICHLAND DISTRICT 2 SPORTS HEALTH FORM

Please print clearly. Please do not leave any blanks (mark "n/a" as appropriate).

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

RS2 Email: _____ City: _____ Grade: _____ Sex: _____

Mailing Address: _____ Zip: _____

Athlete's Cell # () _____ Home # () _____ Personal Email: _____

Family Doctor: _____ Phone # () _____ Preferred Hospital: _____

Family Orthopedist: _____ Relation: _____ Cell # () _____ Work # () _____

Guardian Name: _____ Relation: _____ Cell # () _____ Work # () _____

Emergency Contact Name (other than parent/guardian): _____ Relation to Athlete: _____

Home # () _____ Cell # () _____ Work # () _____ Other # () _____

PERMISSION TO PARTICIPATE, ASSUMPTION OF RISK, SECONDARY INSURANCE ACKNOWLEDGEMENT

As the parent or legal guardian of the above named student-athlete, I/we give my/our permission for his/her participation in athletic activities and pre-participation physical evaluation (PPE) by a physician, physician's assistant, or nurse practitioner for that participation. I/we understand that the PPE is simply a screening evaluation and not a substitute for regular healthcare. I/we know that the risk of injury/illness to any child comes with participation in sports and during travel to/from activities. I/we have led the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means and give my/our permission to participate in interscholastic athletics. Richland School District 2 carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to pay after the athlete's primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing RS2, the athlete should seek the attention of their school's Sports Medicine staff as soon as possible. A staff member will fill out the top portion of the insurance claim form. The parent/guardian should complete the remainder of the form, follow the attached directions, and mail the completed form to the insurance company. Medical care must be initiated within 60 days, and forms must be submitted directly to Bollinger Insurance Company by the PARENT within 90 days of the date of injury to be eligible for coverage. RS2 or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics.

RELEASE OF MEDICAL INFORMATION

I/we grant permission to Nurses, Certified Athletic Trainers, Coaches, Physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to all necessary medical information. I/we grant the school's Sports Medicine staff access to medical information concerning my son/daughter by a physician or their staff. Likewise, the school's Sports Medicine staff may release medical information to Physicians' offices, Coaches, Nurses, Administrators, and school/District Faculty/Staff.

CONCUSSION ACKNOWLEDGEMENT

I have received and understood information in some means regarding concussions and brain injury, which has informed me of the nature and risk of concussion and brain injury, including the risks associated with continuing to participate in physical activity after a concussion or brain injury. I understand that any symptoms of a concussion should be reported to my child's coach immediately, and that any child should not participate in any physical activity, driving of a motor vehicle, or strenuous manual activity until evaluated for concussion and cleared by an appropriate healthcare provider (physician, athletic trainer, physician assistant, or nurse practitioner). If diagnosed with a concussion, I understand that any child must be symptom free, cleared by a licensed physician, and complete a gradual return to play protocol supervised by a qualified medical professional prior to resuming physical activity in accordance with South Carolina State Law. It is highly recommended that the clearing physician be specifically trained in the management of sports related concussion.

CONSENT FOR MEDICAL TREATMENT

I/we give consent for Certified Athletic Trainers and Coaches to use their own judgment in either providing or securing medical care or ambulance services during a medical emergency, when a parent/guardian cannot be reached. Furthermore, I/we give permission for our son/daughter to receive medical care, without explicit parental notification, from the school's Sports Medicine staff and/or Team Physicians if he/she becomes injured while participating in athletics.

By signing below, I attest that the provided information is correct, and that I understand and agree to the statements above regarding Permission to Participate, Assumption of Risk, Secondary Insurance Acknowledgement, Release of Medical Information, Concussion Acknowledgement, and Consent for Medical Treatment. I/we consent to reporting ALL injuries and illnesses to the Sports Medicine staff, especially any symptoms of a possible concussion. Please contact the school's Sports Medicine Staff prior to scheduling any appointments for injuries sustained as a result of participation in athletics. I/we also understand that the Sports Medicine staff requires written documentation and clearance from any medical care received prior to returning to activities, even if it is not the result of participation in athletics. When the Sports Medicine staff determines that additional medical care is required, the athlete must provide written clearance from an appropriate provider, prior to returning to participation. I/we will not condone participation in any activities against medical advice or until the athlete is cleared by an appropriate medical provider (as determined by the school's Sports Medicine staff).

Parent's Signature _____ Student's Signature _____ Date _____

Parent Signature

Athlete Signature

Date x 2

Additional Information

RICHLAND DISTRICT 2 SPORTS HEALTH FORM

Please print clearly. Please do not leave any blanks (mark "n/a" as appropriate).

Last Name: _____ First Name: _____ MI: _____ Date of Birth: ____/____/____

HEALTH INFORMATION

Does the above athlete receive Medicaid benefits? ☐ (Yes, RS2 insurance becomes primary coverage.)

Providing insurance information is optional, but may assist in more accurate processing in the event of an emergency when parents are not present. RS2 does not file claims to private insurance companies, and it is ultimately the parent's responsibility to provide this information to all medical providers at the time of service.

Insurance Provider: _____ Policy # _____ Group # _____

Claims Mailing Address: _____ City: _____ State: _____ Zip: _____

Policy Holder's Name: _____ Date of Birth: ____/____/____ Relation to Athlete: _____

Referral required prior to specialist care? ☐ Yes ☐ No

Richland School District 2 carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to pay after the athlete's primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing RS2, the athlete should seek the attention of their school's Sports Medicine staff as soon as possible. A staff member will fill out the top portion of the insurance claim form. The parent/guardian should complete the remainder of the form, follow the attached directions, and mail the completed form to the insurance company. Medical care must be initiated within 60 days, and forms must be submitted directly to AIG Insurance Company by the PARENT within 90 days of the date of injury to be eligible for coverage. RS2 or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics.

CONCUSSION INFORMATION

Further information regarding the recognition and management of concussion may be requested directly from the Head Athletic Trainer at any RS2 high school. Parents of middle school students may request the assistance of an RS2 high school athletic trainer in securing appropriate medical care if their child exhibits the signs or symptoms of concussion.

DISTRICT ATHLETIC TRAINER INFORMATION

The Richland Two Sports Medicine Team is dedicated to providing excellent medical services to athletes throughout the District. All parents (including parents of middle school athletes) should feel free to contact a High School Athletic Trainer should you have any health or injury related questions or concerns regarding your child's participation in athletics in Richland Two.

Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Students who want to become certified athletic trainers must earn a degree from an accredited athletic training curriculum. Accredited programs include formal instruction in areas such as injury/illness prevention, first aid and emergency care, assessment of injury/illness, human anatomy and physiology, therapeutic modalities, and nutrition. Classroom learning is enhanced through clinical education experiences. More than 70 percent of certified athletic trainers hold at least a master's degree. For more information about the education and qualifications of Athletic Trainers, visit www.nata.org.

| High School | Athletic Trainer | Email | Phone |
|--------------------|------------------|--|-------------------------|
| Bluffview | Steve Meisel | smeisel@richland2.org | 803-691-4090 ext. 28932 |
| Richland Northeast | Nicole Barton | nbarton@richland2.org | 803-699-2800 ext. 79867 |
| Ridge View | Mike Crook | mcrook@richland2.org | 803-699-2999 ext. 69908 |
| Spring Valley | Julie Sandy | jsandy@richland2.org | 803-699-3300 ext. 69908 |
| Westwood | Jason Nussbaum | jnussbaum@richland2.org | 803-691-4049 ext. 36829 |

Doctor's Signature and Information

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

| General Questions. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer. | Yes | No | Medical Questions | Yes | No |
|---|------------|-----------|---|------------|-----------|
| 1. Do you have any concerns that you would like to discuss with your provider? | | | 16. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | | 17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 3. Do you have any ongoing medical issues or recent illness? | | | 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | |
| Heart Health Questions About You | Yes | No | 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)? | | |
| 4. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | 20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling? | | |
| 6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise? | | | 22. Have you ever become ill while exercising in the heat? | | |
| 7. Has a doctor ever told you that you have any heart problems? | | | 23. Do you or someone in your family have sickle cell trait or disease? | | |
| 8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography. | | | 24. Have you ever had or do you have any problems with your eyes or vision? | | |
| 9. Do you get lightheaded or feel shorter of breath than your friends during exercise? | | | 25. Do you worry about your weight? | | |
| 10. Have you ever had a seizure? | | | 26. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| Health Questions About Your Family | Yes | No | 27. Are you on a special Diet or do you avoid certain types of foods? | | |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)? | | | 28. Have you ever had an eating disorder? | | |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | | Females Only | Yes | No |
| 13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35? | | | 29. Have you ever had a menstrual period? | | |
| Bone and Joint Questions | Yes | No | 30. How old were you when you had your first menstrual period? | | |
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice? | | | 31. When was your most recent menstrual period? | | |
| 15. Do you have a bone, muscle, ligament or joint injury that bothers you? | | | 32. How many periods have you had in the past 12 months? | | |

Explain a "Yes" answer here: _____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

| Examination | | | |
|-----------------------------|---------|----------------------------|--------------------------|
| Height: | Weight: | | |
| BP: / (/) | Pulse: | Vision: R 20/ L 20/ | Corrected ___ Yes ___ No |

| Medical | Normal | Abnormal Findings |
|--|--------|-------------------|
| Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency) | | |
| Eyes / Ears / Nose / Throat - Pupils equal / Hearing | | |
| Lymph Nodes | | |
| Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis | | |
| Neurologic | | |
| Musculoskeletal: | | |
| - Neck | | |
| - Back | | |
| - Shoulders/Arm | | |
| - Elbow/Forearm | | |
| - Wrist/Hand/Fingers | | |
| - Hip/Thighs | | |
| - Knees | | |
| - Leg/Ankles | | |
| - Foot/Toes | | |
| - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test | | |

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

☐ Medically eligible for all sports without restriction.
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
☐ Medically eligible for certain sports: _____
☐ Not medically eligible pending further evaluation.
☐ Not medically eligible for any sports.
 Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

RICHLAND DISTRICT 2 SPORTS HEALTH FORM

Please print clearly. Please do not leave any blanks (mark "n/a" as appropriate).

Last Name _____ First Name _____ MI _____ Date of Birth ____/____/____
School Year ____ - ____ Grade ____ Age ____ Sex ____ School _____
Guardian Name _____ Relation: _____ Cell # _____ Other # _____
Guardian Name _____ Relation: _____ Cell # _____ Other # _____
Emergency Contact Name (other than parent/guardian) _____ Relation to Athlete _____
Cell # _____ Other# _____

HEALTH INSURANCE INFORMATION

Do you have health insurance? **Y / N** Do you have Medicaid? **Y / N** Medicaid Number _____
Name of Company _____ Mailing Address _____
Insured's Name _____ Policy # _____

Does your insurance plan require you to be seen by your primary care physician before being seen by a specialist? **Y / N**

Does your insurance require a second opinion before surgery? **Y / N**

***Richland School District2 carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to help pay secondarily to the athlete's primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing a RSD2 School, the athlete should seek the attention of the sports medicine staff as soon as possible. A staff athletic trainer will fill out the top portion of the insurance claim form (AKA Notification of Injury Form). If the injury is a non-emergency, the form should be filled out prior to a physician visit. The parent/ guardian should complete the claim form, follow the attached directions, and mail the completed form to the insurance company. RSD2 or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics

*** Sports Medicine staff should be notified of injury immediately or claim may be invalid. Please note the claim must be filed within 90 days of injury.

CONCUSSION ACKNOWLEDGEMENT

I have received and understood information in some means regarding concussions and brain injury, which has informed me of the nature and risk of concussion and brain injury, including the risks associated with continuing to participate in physical activity after a concussion or brain injury. I understand that any symptom(s) of concussion should be reported to my child's coach immediately, and that my child should not participate in any physical activity, driving of a motor vehicle, or strenuous mental activity until evaluated for concussion and cleared by an appropriate healthcare provider (physician, athletic trainer, physician assistant, or nurse practitioner). If diagnosed with a concussion, I understand that my child must be symptom free, cleared by a licensed physician, and complete a gradual return to play protocol supervised by a qualified medical professional prior to resuming physical activity in accordance with South Carolina State Law. It is highly recommended that the clearing physician be specifically trained in the management of sports related concussion.

CONSENT TO PARTICIPATE IN ATHLETICS AND RISK WAIVER

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that the pre-participation physical examination is simply a screening evaluation and not a substitute for regular healthcare. I know that the risk of injury to my child comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means.

CONSENT FOR MEDICAL TREATMENT/RELEASE OF INFORMATION/DUTY TO REPORT INJURIES

I/We give consent for certified athletic trainers, coaches, and physicians to use their own judgment in securing medical aid and ambulance service in the case the parents/guardians cannot be reached. In the event of an accident requiring immediate medical attention, I hereby grant permission to physicians, certified athletic trainers, and/or appropriate healthcare professionals to attend to my son/daughter. It is understood that the school cannot be held responsible for any medical bills incurred because of illness or injury. Furthermore, I/We give permission for our son/ daughter to be evaluated and treated by the on-site home or away certified athletic training staff and/or team physicians if he/she becomes injured while participating as an athlete of a RSD2. I/We also authorize the school's sports medicine staff to be given medical information concerning my son/daughter by a physician or their staff. Likewise, the school's sports medicine staff may release medical information to physician's offices, coaching staff, nurses, administrators and faculty at the school as they see appropriate. I also commit to reporting ALL injuries to the Sports Medicine Staff, including but not limited to any symptoms related to a concussion. I/We also understand that the Sports Medicine staff requires written documentation and clearance from any medical care received prior to returning to activities, even if it is not the result of participation in athletics. I/we will not condone participation in any activities against medical advice or until the athlete is cleared by an appropriate medical provider (as determined by the school's Sports Medicine staff). I also understand that the sports medicine staff will follow return to play protocols for all injuries.

By signing below, I attest that the provided information is correct, and that I understand and agree to the above statements.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

RICHLAND DISTRICT 2 PARENT INFORMATION SHEET

HEALTH INSURANCE INFORMATION

*Richland School District 2 carries athletic accident insurance on all its athletes, intended to be an “excess” policy designed to pay after the athlete’s primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing RSD2, the athlete should seek the attention of their school’s Sports Medicine staff as soon as possible. A staff member will fill out the top portion of the insurance claim form. The parent/guardian should complete the remainder of the form, follow the attached directions, and mail the completed form to the insurance company. **Medical care must be initiated within 30 days, and forms must be submitted directly to Team Assure Insurance Company by the PARENT within 90 days of the date of injury to be eligible for coverage. RSD2 or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics.***

CONCUSSION INFORMATION

Further information regarding the recognition and management of concussion may be requested directly from the Head Athletic Trainer at any RSD2 high school. Parents of middle school students may request the assistance of any RSD2 high school athletic trainer in securing appropriate medical care if their child exhibits the signs or symptoms of concussion.

DISTRICT ATHLETIC TRAINER INFORMATION

The Richland Two Sports Medicine Team is dedicated to providing excellent medical services to athletes throughout the District. All parents (including parents of middle school athletes) should feel free to contact a High School Athletic Trainer should you have any health or injury related questions or concerns regarding your child’s participation in athletics in Richland Two.

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| High School | Athletic Trainer | Email | Phone |
|--------------------|------------------|--|-------------------------|
| Blythewood | Steve Meisel | smeisel@richland2.org | 803-691-4090 ext. 28932 |
| Richland Northeast | Hannah Stoltz | hstoltz@richland2.org | 803-699-2800 ext. 79867 |
| Ridge View | Kanisha Jenkins | kajenkins@richland2.org | 803-699-2999 ext. 69908 |
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A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



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CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead. What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP



A FACT SHEET FOR Middle School Athletes



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

What Should I Do If I Think I Have a Concussion?

Report It.

Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.



Get Checked Out by a Doctor.

If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other healthcare provider can tell whether you have a concussion and when it's OK to return to school and play.



Give Your Brain Time to Heal.

Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.



**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



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How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  **Get a headache**
-  **Feel dizzy, sluggish, or foggy**
-  **Are bothered by light or noise**
-  **Have double or blurry vision**
-  **Vomit or feel sick to your stomach**
-  **Have trouble focusing or problems remembering**
-  **Feel more emotional or “down”**
-  **Feel confused**
-  **Have problems with sleep**

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

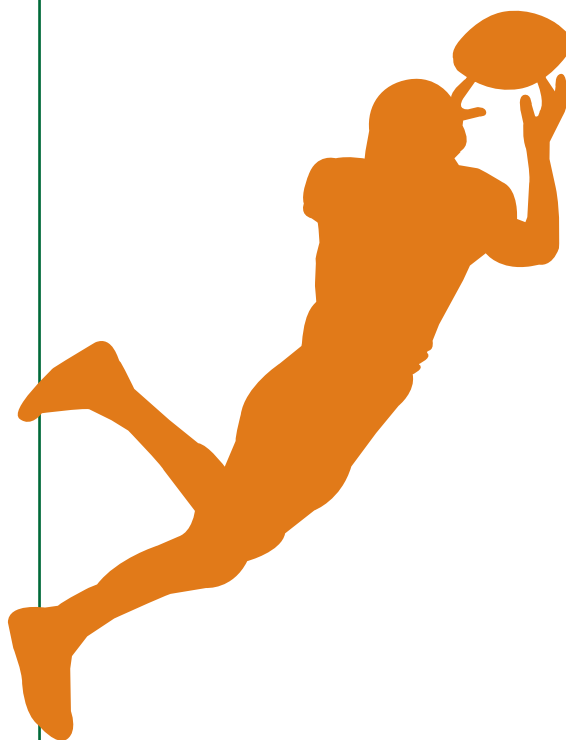
How Can I Help My Team?

Protect Your Brain.

All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

Be a Team Player.

If one of your teammates has a concussion, tell them that they're an important part of the team and they should take the time they need to get better.



The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

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To learn more,
go to cdc.gov/HEADSUP

