Athletic Contract for Student-Athletes

Purpose

This athletic contract is designed to explain and inform athletes, parents, and coaches of certain expectations relative to participation in interscholastic athletics at Calhoun Middle School. Please always refer to the Parent/Student Handbook for all rules, regulations, and policies.

Procedures

1. All participants must have a signed Physical and Student-Athlete Contract on File in the athletic office to participate in the interscholastic sports program.
2. All injuries should be reported immediately to your coach and the Athletic Trainer for the proper examination and if needed, a referral to appropriate medical personnel. For injuries treated by a doctor, athletes must provide a doctor's release before they can resume playing.
3. Students are to be in school by 10:30am if they wish to participate in a scheduled practice or game on that day. Any exceptions must be approved by the Principal.

Conduct

All CMS student-athletes are expected to adhere to all rules and responsibilities as outlined by the school and coach. Athletes are expected to understand that incidents of misconduct in or out of school may have a definite effect on participation on the athletic team. Areas of concerns, such as, but not limited to:

1) Tobacco use in any form,
2) Alcohol use in any form,
3) Use of drugs, depressants, stimulants, performance enhancing drugs, or any controlled substance,
4) Verbal harassment of teachers or students,
5) Sexual harassment of teachers or students,
6) Theft and vandalism,
7) Public displays of affection at school or in uniform,
8) Bullying/harassing other students or talking ill-willed about the school, teachers, staff, or students on social media.
9) Leadership and preparation in the classroom.

An athlete may be suspended for all or part of the sports season for demonstrating behavior that is detrimental to the team. Suspensions will be dealt with on an individual basis.

Student-athletes will be held to the highest standards for all students in the classroom. If an athlete is removed from the classroom for disruptive behavior, they will be reported to the head coach of their

sport and the athletic director. The coach will carry out punishment as deemed fit to correct the disruptive behavior. This is in addition punishment from student services. If the behavior becomes a pattern and the athlete is removed from any CMS classroom a total of four times during a semester, then they will not be allowed to participate in any sports that semester.

Any extreme behavior that results in a suspension will be reviewed by the athletic director, assistant principals, and head coaches to determine if the athlete should be removed from sports for the year. Extreme behaviors include, but are not limited to:

1) Provoking a fight
2) Drugs
3) Weapons
4) Disrespect towards staff

Equipment and Uniforms

The student athlete is expected to keep all equipment CLEAN and/or in good repair. It is important for the equipment to remain in good condition to ensure the safety of the athletes. ALL EQUIPMENT AND UNIFORMS MUST BE REUTRNED CLEAN AND IN GOOD REPAIR NO LATER THAN ONE (1) WEEK AFTER THE LAST CONTEST.

The student-athlete is financially responsible for all equipment issued. Should he or she fail to return issued item(s), the athlete must reimburse the school for the reimbursement cost. THE STUDENT WILL NOT BE PERMITTED TO CONTINUE PARTICIPATION IN THE SPORTS PROGRAM UNTIL THE ITEM(S) IS RETURNED OR REIMBURSEMENT IS MADE.

Protocol to Discuss Concerns with Your Coach

We are here to serve you and your child. The following is the protocol we expect EACH parent to abide by:

1) Have student-athlete discuss issue with the coach. Most of the time this will resolve the problem. If not, proceed to #2.
2) Parent may call the coach directly to set up a meeting. Please ***DO NOT*** approach the coach before, during, or after a game/practice to discuss a concern unless the concern is an immediate emergency to the team. Complaints are usually emotional in nature at first.
3) If you are not satisfied with the outcome of your meeting please contact the Principal.

Riding To and From Games

All CMS athletes will ride to all athletic contests on the team buses unless prior approval has been given by Athletic Director or Head Coach.

CMS football players will ride the team bus back to the school so they can return uniforms to wash and equipment returned to the locker room. Other sports will have a sign-out sheet for parents to check their child out. After the contest it is the responsibility of the parent and student to sign out before they leave. Failure to do so will result in extra conditioning after practice or possible suspension from the next contest.

In the event a student-athlete needs to ride home with someone other than their parent, advanced planning is required. A written note must be given in person to the Head

Coach at least 24 hours prior to the event. The Head Coach will approve the note and keep a copy. Otherwise, student-athletes will be released to their parent/guardian **ONLY.**

In the event of an emergency occurs where advanced permission is not granted the coach will use his or her discretion and judgment as whether to release the student-athlete or not. Forgetting to use advanced permission does not constitute an emergency.

Practice

Attendance during practice is mandatory for all student-athletes. They are expected to be at all scheduled practices to ensure the success of our programs. Coaches are not allowed to schedule mandatory practice on Sunday. Wednesday practices will end by 5pm to allow athletes to attend church. Coaches are expected to practice Monday-Friday and must complete their practices by 6pm. Student who miss practice without a doctor's excuse, prior approval by the head coach, a death in the family, or some other extenuating emergency will face the following consequences:

- **1st offense**- Miss 1/4th of an event.
- **2nd offense**- Miss ½ of an event.
- **3rd offense**- Miss entire event.
- **4th offense**- Coach has the option to remove the athlete from the team.

Grades

Student-athletes must maintain passing averages in 6 out of 7 classes to be eligible to play sports at CMS. Additionally, each student-athlete must have a passing average in both Reading and Math in order to maintain eligibility. Grades will be checked at the end of each grading period and if the athlete has failing averages in 2 or more subjects or in either Reading or Math, they will not be allowed to play until they have a report card that meets the academic standards for CMS student-athletes.

Sport Participation & Commitment

When playing a sport you are making a commitment to yourself, your family, your school, and most importantly your team. All participants are to fulfill this commitment for the entire season. The season can be long and grueling but it is your commitment and dedication that will get you through it. In certain situations, a student-athlete may feel that he or she wants to quit. We encounter many challenges in our adult lives and learning how to deal with adversity builds and shapes our character. Athletic participation can be a great tool in helping us deal with different types of adversity. Every athlete is encouraged to finish what has been started. Athletes that quit are also "giving up" on themselves and those that depend on them.

Commitment to being a Chieftain or Lady Chieftain is one of the most valuable lessons learned in athletics. Concerns and frustrations can usually be worked out with proper communication between the athlete and coach.

Once a commitment to a school team has been made, a player must follow through with this commitment. It is also unfair to other aspiring players who have failed to earn a place on the team.

1) Any athlete wishing to quit a sport must notify the head coach in writing by completing a Request to Quit form. A conference will be scheduled and the Athlete, Parent, Coach, and Athletic Director must all sign this form.
2) If an athlete quits a sport or is dismissed from the sport at any time without justifiable cause (academics, injury, or family hardship) as determined by the athletic director and head coach, **the athlete will not be allowed to participate in any sports for the remainder of the semester.**
3) The athlete will be allowed the first 5 practices of the season to remove him or herself safely from a sport without the consequence.

Please sign the following and acknowledge that you have read this Athletic Contract and agree to make a firm commitment to your teammates, your coach, your school, your community, and most importantly yourself.

_____ _____

Student-Athlete Date

_____ _____

Parent/Guardian Date

_____ _____

Coach Date

_____ _____

Athletic Director Date

OUACHITA PARISH SCHOOLS
Building Bridges to the Future

1600 North 7th Street ◦ West Monroe, Louisiana 71291 ◦ Phone: (318) 432-5000 ◦ www.opsb.net

Protecting the health and welfare of students is a concern that all school administrators face each and every day. Student Accident Insurance helps ease those concerns by providing benefits for injuries that occur during school hours and or school sponsored and supervised activities (i.e. athletics, gym class, playground, field trips, JROTC, etc.) Student Accident Insurance serves to reduce or eliminate any out of pocket expenses not paid by primary coverage including copays, deductibles, coinsurance, etc., and will pay on a primary basis in the absence of other collectible coverage. With the increasing trend of high deductible plans, and more of the cost share shifted to the insured, Student Accident Insurance coverage has become more important than ever! This means that even if you have health insurance, you should consider purchasing this accident plan as a secondary insurance!

The school district does not provide any type of health or accident insurance for injuries incurred by your child at school.

REASONS TO PURCHASE THIS COVERAGE:

1. **Deductibles and copays in your health plan. Many health plans have increased the amount of out-of-pocket expenses. This plan will pay all or most of the deductibles and copays in the event of an injury.**
2. **No insurance.**

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, our benefits will be applied to your deductible or copay. If you have no other insurance, this will become your primary accident plan.

To purchase coverage:

1. Go to website: www.sas-mn.com
   a. Click under K12 'Find My School'
   b. Choose State
   c. Choose School District
   d. Follow instructions to choose plan and make payment online
   e. Print proof of coverage

2. Coverage will become effective at 12:01 a.m. following the date the enrollment is made online and premium is paid.

3. All questions regarding the coverage may be directed to Student Assurance Services, Inc., at 800-328-2739.

Rates for Voluntary Coverage

Basic Plan		**Premier Plan**	
Full Time Coverage (grades PK-12)		Full Time Coverage (grades PK-12)	
- Excludes Football	$85.00	- Excludes Football	$152.00
School-Time Coverage (grades PK-8)		School-Time Coverage (grades PK-8)	
- Excluded Varsity Football	$15.00	- Excluded Varsity Football	$ 28.00
School-Time Coverage (grades 9-12)		School-Time Coverage (grades 9-12)	
- Excluded Varsity Football	$48.00	- Excluded Varsity Football	$ 90.00
Football Coverage	$116.00	Football Coverage	$240.00
(grades 10-12 & grades 7-9 if practicing or participating in 10-12 Football)		(grades 10-12 & grades 7-9 if practicing or participating in 10-12 Football)	
Extended Dental Coverage (grades PK-12)	$ 9.00	Extended Dental Coverage (grades PK-12)	$ 9.00

Note: Full Time is 24-hour coverage which extends to accidents which may occur at home or anywhere else not school related.

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PARENTAL INSURANCE WAIVER

Student's Name _____

We have adequate insurance to protect our son/daughter in case of an accident. We decline the voluntary insurance offered by the school and will be responsible for any medical expenses incurred.

Parent's Signature _____

STUDENT ASSURANCE SERVICES INCORPORATED

Student Injuries Can Happen

Medical Expenses Can Be a Financial Hardship When the Unexpected Occurs

Approved By Your School/School District - Available for All Students PK-12

What is Student Accident Insurance?

- Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- High Deductible/Copayments to your Family's Primary Health Insurance
- No Health Insurance for your Student
- Your Student participates in a interscholastic sport where an unexpected injury is more likely to occur.
- Your Student is prone to injuries

Coverage Options Available Through Your School

- School Time Coverage
- 24-Hour/Full-Time Coverage
- Interscholastic Sports Coverage
- Football Coverage
  (Grades 9-12 for the football season)
- Extended Dental Coverage

Choose from Two Affordable Plans

Premium Paid Once a School Year

To Enroll Your Student & Review Medical Benefits

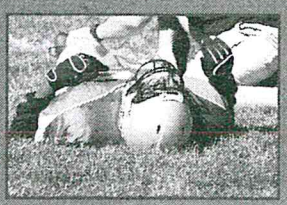
Go to: www.sas-mn.com

or scan this QR code with your smart phone to be directed to our website

Please locate "K-12 Students & Parents" on our homepage. Within this division, you will be able to search for your student's school district. Once located, you will have access to the following information:

- Purchase Coverage
  (Managed Online or by Printing/Mailing Enrollment Form and premium)
- Brochure (English & Spanish)
  (Explains medical benefits, exclusions and coverage options)
- Claim Form
  (fillable form when enrolled student sustains injury)

For Questions, Call Student Assurance Services at (800) 328-2739



Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Service's student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company

LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.

As an LHSAA athlete, I, _____, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, _____, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: _____ _____
Student Athlete

Dated: _____ _____
Parent/Guardian

Dated: _____ _____
Principal

Dated: _____ _____
Head Coach or AD

1.10 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

1.10.1 The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:
1. A school shall be fined $50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed $500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.

OUACHITA PARISH SCHOOL BOARD
STUDENT DRUG TESTING CONSENT FORM

PARENT

I understand that the Ouachita Parish School Board has a policy against the possession, use, sale, or transfer of illegal drugs. I further understand that the Ouachita Parish School Board has adopted a drug testing program for students as one method of implementing the policy. As a parent and/or guardian, I consent to have my child participate in the drug testing program, to have my child tested, and to have the results released by the drug testing laboratory to the school administrator designated by the Ouachita Parish School Board.

I indemnify and hold harmless the Ouachita Parish School Board, the laboratory, their employees, agents, and representatives from any and all liabilities arising from the authorized release or use of the information derived from or contained in my child's confidential test results.

Should my child test positive and such results are validated as positive by a confirmation test, I acknowledge that my child will be disciplined according to standards set forth in the policy. I am aware that I will be notified of my child's test results, whether negative or positive.

STUDENT

As a student, I consent to participate in the drug testing program, to be tested, and to agree to all standards of the Ouachita Parish School Board Student Drug Testing Policy.

Student's Name _____ School _____
(Please Print)

Student Signature _____ Date _____

Student Social Security #_____ Grade _____

Please check your status with the student drug testing program:

Athlete (list sports participating) _____

Cheerleader _____ Dance/Drill Team _____ Band (performance group) _____

Choir (performance group) _____ Volunteer _____

Parent/Guardian Name _____ Phone # _____
(Please Print)

Parent/Guardian Signature _____

Parent/Guardian Address _____

_____

**Please list any medication the student is/has been taking and designate the prescribing physician

Medications: _____

Physician: _____ Physician Phone #: _____

West Ouachita High School Sports Medicine

Ouachita Parish School Board

Medical Consent Form/Authorization to Release Health Information

Student/Athlete Name_____ Date of Birth_____ Grade_____
Social Security Number_____ School West Ouachit High School Sports_____
Address _____
Provider authorized to release/receive the health information (Athletic Trainer/Physician): _____
Entity to receive/release the Health Information (Coach's Name): _____
Address _____
Attention: _____

MEDICAL CONSENT

Consent is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student/athlete. In the event of serious illness, the need for major surgery or significant accidental injury (the "Injury"), I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said attending physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. In the event a major emergency surgery is indicated, the procedure will not be performed unless another licensed physician concurs, consent is also hereby granted to the athletic trainer to provide the needed emergency treatment and first aid to the athlete prior to his referral to the attending physician or admission to the medical facilities. It is specifically understood and agreed by the undersigned that Ouachita Parish School Board is not responsible for any such medical expenses incurred by the student/athlete, whether as a result of an injury referral, regardless of the provider, or during any Ouachita Parish School Board athletic event.

AUTHORIZATION TO RELEASE HEALTH INFORMATION

The undersigned patient (parent or Legal Guardian) hereby authorizes the Provider named above to release the Health Information to the Recipient named above. The patient (parent or legal guardian) has the right to refuse to sign this authorization. This authorization to release the health information listed above can be revoked at any time (upon written notification) except to the extent that (I) Provider has already released the health information before being notified of the revocation, or (2) Provider has taken action in reliance on this authorization. Provider's Notice of Privacy contains more information on how to revoke this authorization. This authorization will expire one year from date of signature. When the Patient's health information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the Recipient or any of its agents and/or employees. Appropriate patient information related solely to the Injury and its corresponding prognosis may be communicated by the physician or physicians staff to the athletic trainers and school coaches for the purpose of determining the athlete's ability to play sports, or any reduced level of sports related activity.

_____ _____
Signature of Student/Athlete Date

_____ _____
Signature of Parent/ Legal Guardian Date

Phone Numbers where parents/Legal Guardian can be contacted:

Mother: Home_____ Work_____ Cell_____
Father: Home_____ Work_____ Cell_____
Emergency Contact: _____
Family Physician Information: _____
Known Allergies to medication or other conditions:
_____
Name of Primary Insurance Company: _____
Policy # _____
Address of Insurance Company: _____

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed <u>each year</u> prior to a student's participation in an athletic contest and shall be kept on file with the school. This form is subject to inspection by the LHSAA Rules Compliance Team.

<u>PART I: To be completed and signed by student-athlete</u> ***(Please Print)***

Name: (Last, First, Middle) _____ School Year: _____

Home Address: _____ Parents' Home Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Date of Birth: _____ Date of Last Physical Exam: _____

I entered ninth grade in _____(month and year). Last semester/year I attended _____ _____ School.

I certify the preceding information is correct, I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards.

Date: _____ **Student's Signature:** _____

Telephone No: _____

ARE YOU ELIGIBLE?

As a student athlete in an LHSAA school, you must meet the following rules to be eligible for interscholastic athletic competition:

RULE	COMMENTS
BONA FIDE STUDENT	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8th grade or below. You must be counted as a student on the daily attendance records at your school. Attendance in one class makes you a student at that school.
ENROLLMENT	You be enrolled and attending a school in the first 11 school days of the school semester at any school or you will be ineligible for the first 30 school days.
AGE	You cannot become 19 years of age prior to September 1 of this year.
PROOF OF AGE	You must provide legal proof of age, which meets the provisions of the LHSAA handbook, to your school administrator to be kept on file at school.
CONSECUTIVE SEMESTERS	Once you enter the ninth grade, you have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.20.6 of the LHSAA handbook)
SCHOLASTIC	For regular education high school students at the end of the first semester you must pass at least six subjects in all subjects taken. At the end of the year and prior to the next school year, you must have earned at least six units with an overall "C" average for the entire previous school year as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester. Special education students must consult the school principal, athletic director, or coach for scholastic information.
RESIDENCE AND SCHOOL TRANSFERS	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.

(OVER)

UNDUE INFLUENCE	If you have been recruited to a school for athletic purposes, you will remain ineligible as long as you attend that school.
AMATEUR	You cannot play high school athletics if you lose your amateur status.
INDEPENDENT TEAM	In certain sports you cannot play on a school team and an independent team during the same sport season.
MEDICAL EXAMINATION	You must annually pass a physical examination given by a licensed physician/nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.
ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM	A school shall be required to have this form completed and signed every year prior to a student's participation in LHSAA athletics at the school.
SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM	A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.
SUSPENDED AND INELIGIBLE STUDENTS	Cannot participate in any interscholastic contest on any team at any school at any level.

LHSAA ELIGIBILITY RULES APPLY TO STUDENT ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting standards outlined on this form and other regulations and policies set by the LHSAA and your school. If you have questions or do not fully understand an eligibility rule, check with your principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize you, your team and/or your school.

ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW YOUR ELIGIBLITY RULES

PART II – PARENTAL PERMISSION - To be completed and signed by parent

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my student athlete. I understand additional questions /explanations and specific circumstances should be directed to my student's principal, athletic director or coach.

I certify the parents' home address, on the reverse, is my sole bona fide residence and will notify the school principal immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information on the reverse is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or it representative(s) permission to review my child's scholastic records and all required eligibility forms.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

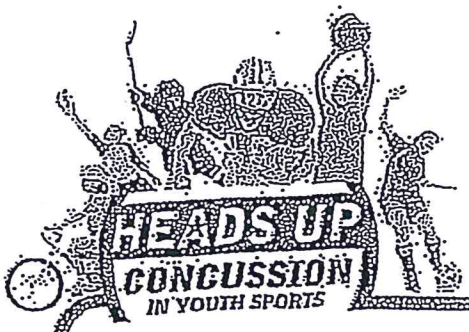
I hereby give my consent and approval for the student named on this form to participate in any of the following LHSAA sports:

BASEBALL	GOLF	SWIMMING
BASKETBALL	GYMNASTICS	TENNIS
BOWLING	POWERLIFTING	TRACK AND FIELD
CROSS COUNTRY	SOCCER	VOLLEYBALL
FOOTBALL	SOFTBALL	WRESTLING

Date: _____ Parent's Signature: _____

(Print Name) _____

Telephone No: (____) _____



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
CDC

A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

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

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

Louisiana High School Athletic Association
Parent and Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

Parent Initial	Student Initial	
_____	_____	A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or team physician.
_____	_____	A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance
_____	_____	You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
_____	_____	If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.
_____	_____	I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
_____	_____	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
_____	_____	In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____ _____
Signature of Student-Athlete Date

_____
Printed name of Student-Athlete

_____ _____
Signature of Parent/Guardian Date

_____
Printed name of Parent/Guardian

COVID-19 RELEASE AND WAIVER FOR EXTRACURRICULAR ACTIVITIES

IMPORTANT LEGAL DOCUMENT: PLEASE READ CAREFULLY

In consideration of the undersigned Student being allowed to participate in the Ouachita Parish School Board's extracurricular programs, clubs, events, and/or activities, ("Extracurricular Activity" or "Extracurricular Activities") the undersigned parent/guardian, on his/her own behalf, and that of the Student in his/her legal custody, or Student, if a major, acknowledges and agrees that:

The Student's participation in any of the school district's Extracurricular Activities is not mandated by the school, and the Student's participation is purely voluntary. I understand that I may withdraw the Student from participation in any Extracurricular Activity at any time. The Student's participation in an Extracurricular Activity may increase the likelihood that the Student, myself, or a members of my family could be exposed to the COVID-19 virus;

I, for myself, and on behalf of the Student, my heirs, assigns, personal representatives, and next of kin, HEREBY KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS RELATED TO COVID-19 AND RELEASE AND HOLD HARMLESS THE OUACHITA PARISH SCHOOL BOARD, its officers, officials, agents and/or employees, insurers, competitors, other participants, competing schools/school districts, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Released Parties"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property in any way related to COVID-19, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and

I also agree to indemnify the Released Parties from any and all COVID-19 related claims, liabilities, judgments, attorney fees, and costs incurred as a result of or incident to Student's involvement or participation in these Extracurricular Activities as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and

I HAVE READ THIS DOCUMENT, BEFORE SIGNING BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE STUDENT, AND I SIGN IT KNOWINGLY, FREELY, AND VOLUNTARILY WITHOUT ANY PROMISE OR INDUCEMENT.

STUDENT NAME	STUDENT SIGNATURE	SCHOOL

PARENT/GUARDIAN SIGNATURE

DATE

Illustrative listing of Extracurricular Activities:

Football	Soccer	Golf
Basketball	Cross Country	Equestrian
Baseball	Swim	Bowling
Softball	Volleyball	Archery
Track/Field	Cheerleading/Dance/Pep Squad	E-Sports
Wrestling	Wrestling	Fishing
Volleyball	Band/Choir	Powerlifting
Clubs	Tennis	Gymnastics
Spirit	ROTC	Ag Competition Team

Calhoun Middle School Athletics

Warning and Assumption of Risk Form

Both student and parent/guardian must read carefully and sign.

Sport (Check all that apply)

___Football ___Basketball ___Track ___Cross Country

___Softball ___Soccer ___Dance ___Cheer

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF SERIOUS INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in the above checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing or participating to play/participate in the above checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above checked sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey all such instruction. I also agree to obey all rules and regulations of the above checked sport(s) which are governed by the LHSAA.

I hereby understand and assume all risks associated with participation in above checked sport(s).

Date_____ Student Signature _____

Date_____ Parent/Guardian Signature _____

OUACHITA PARISH SCHOOL BOARD
EMPLOYEE REQUEST FORM TO CONTACT STUDENTS THROUGH THE USE OF TELECOMMUNICATION AND/OR WIRELESS INTERNET

Form A

(not required for JCampus use)

Employee Name: TEACHER / COACH / STAFF School: CALHOUN MIDDLE SCHOOL

Reason for request: COMMUNICATION WITH EXTRACURRICULAR ACTIVITIES - INFORMATION, DATE/TIME CHANGES, MEETINGS, ONLINE VIDEO STUDY/REVIEW, PRACTICE, TREATMENT, ETC.

A list of students contacted must be attached

Signature of employees' supervisor: Richard M Hearn Ed.D

Request is: (✓) Approved ( ) Denied Date: 4-28-23

This request form is to be filed by the supervisor whether approved or denied

If approved, the requesting employee will make a copy of the approval for each student to be contacted and attach it to the Parent Permission Form. After all required signatures have been obtained; the forms will be turned in to the approving supervisor to be kept on file for documentation.

Terms of agreement:

1. Employee will adhere to Cell Phone and Computer Acceptable Use Policies already in place.

2. All employee-student communications will comply with all Board policies in regard to this issue.

3. Employee will not contact student after 9:00pm on any day except in the case of a justifiable emergency. In the event of such a contact, the employee is required to notify his/her supervisor at the first reasonable opportunity.

4. Employee-student communications, whether verbal, written, or wireless will be limited to topics that are school-related with wording that is widely accepted as wholesome in nature, and would be viewed by any reasonable person to be harmless and acceptable in contend. Such communications are required to be void of: simple fraternization, derogatory, sexual or lewd content; and comments that are threatening, harassing, discriminatory, or immorally suggestive in nature.

5. The duration of this agreement shall be one calendar year from the date of parental approval and requires annual approval. Exception: in the event of the student being withdrawn from this school for any reason, this agreement will immediately be voided.

OUACHITA PARISH SCHOOL BOARD
EMPLOYEE REQUEST FORM TO CONTACT STUDENTS THROUGH THE USE OF TELECOMMUNICATION AND/OR WIRELESS INTERNET

Form B – Parent Permission

To the Parent:

You are being provided a copy of an approved request by _____

To contact your student through the use of telecommunication and/or wireless internet, attached as "Form A". He/she and the approving supervisor have agreed that there is a legitimate need for this request. Please read this document carefully, giving specific attention to the selection titled "Terms of Agreement", for a complete understanding of this arrangement being made with your student. Your signature, indicating your approval, is required for this request to be finalized. Should you have any questions in regard to this matter, please feel free to contact the approving school supervisor.

Parental approval is granted: ( ) YES ( ) NO

_____ _____

Student name Student signature

_____ _____

Parent/guardian name Parent/guardian signature

Date:_____

If at any time, a parent wishes to rescind approval of this agreement, the parent must contact both the approving supervisor and employee with a written, signed, and dated request to void this agreement. The request to do so will be documented by the Supervisor on the original Form B authorization.

LHSAA MEDICAL HISTORY EVALUATION

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

Please Print

Name:_____ School:_____ Grade:_____ Date:_____

Sport(s):_____ Sex: M / F Date of Birth:_____ Age:_____ Cell Phone:_____

Home Address:_____ City:_____ State:____ Zip Code:_____ Home Phone:_____

Parent / Guardian:_____ Employer:_____ Work Phone:_____

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

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	Epilepsy	_____

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

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

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

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

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

PARENTS' WAIVER FORM

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

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

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

_____ Date Signed by Parent

_____ Signature of Parent

_____ Typed or Printed Name of Parent

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

Height _____ Weight _____ Blood Pressure_____ Pulse_____

GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Hernia *(if Needed)*	☐	☐

COMMENTS: _____

OPTIONAL EXAMS:

VISION:

L:_____ R:_____ Corrected: _____

DENTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐
II. Upper Extremity		
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Hand / Fingers		
III. Lower Extremity		
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐

From this limited screening I see no reason why this student cannot participate in athletics.

[ ] Student is cleared

[ ] Cleared after further evaluation and treatment for:___

[ ] Not cleared for: __contact __non-contact

_____ Printed Name of MD, DO, APRN or PA

_____ Signature of MD, DO, APRN or PA

_____ Date of Medical Examination

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

Revised 6/18