



**NORTHGATE**  
**SCHOOL DISTRICT**  
Middle / High School

**STUDENT ACTIVITIES**  
**and ATHLETICS**  
**HANDBOOK**

**Grades 7 -12**

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NORTHGATE SCHOOL DISTRICT  
2025-2026 ACADEMIC YEAR

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## ADMINISTRATION/OFFICE PERSONNEL

A FULL STAFF DIRECTORY CAN BE FOUND AT [NORTHGATESD.NET](http://NORTHGATESD.NET)

Northgate Middle/Senior High School  
 589 Union Ave., Pittsburgh, PA 15202  
 412-732-3300 – Ext. 3000  
 Fax: 412-734-8086  
 Office Hours: 7:30 am - 3:30 pm

District Office Personnel		
Dr. Caroline Johns Superintendent 412-732-3300 Ext. 2110 <a href="mailto:caroline.johns@northgatesd.net">caroline.johns@northgatesd.net</a>	Dr. Michael Amick Secondary Student Services Principal 412-732-3300 ext. 1001 <a href="mailto:michael.amick@northgatesd.net">michael.amick@northgatesd.net</a>	Mr. Zach Burns Guidance Counselor, Grades 10-12 412-732-3300 Ext. 1013 <a href="mailto:zachary.burns@northgatesd.net">zachary.burns@northgatesd.net</a>
Dr. Christopher Caton Director of Curriculum & Assessment Coordinator 412-732-3300 Ext. 1101 <a href="mailto:chris.caton@northgatesd.net">chris.caton@northgatesd.net</a>	Dr. Nancy Bowman Secondary Instructional Principal 412-732-3300 Ext. 1001 <a href="mailto:nancy.bowman@northgatesd.net">nancy.bowman@northgatesd.net</a>	Mrs. Stacy Gallagher Guidance Counselor, Grades 7-9 412-732-3300 Ext. 1014 <a href="mailto:stacy.gallagher@northgatesd.net">stacy.gallagher@northgatesd.net</a>
Dr. Christina Garczewski Director of Student Services & Special Education 412-732-3300 Ext. 2000 <a href="mailto:Christina.Garczewski@northgatesd.net">Christina.Garczewski@northgatesd.net</a>	Mr. Michael Wagstaff Secondary Assistant Principal 412-732-3300 Ext. 1001 <a href="mailto:michael.wagstaff@northgatesd.net">michael.wagstaff@northgatesd.net</a>	Mrs. Linda Haag Guidance Administrative Assistant 412-732-3300 – ext. 1012 <a href="mailto:linda.haag@northgatesd.net">linda.haag@northgatesd.net</a>
Ms. Sarah Outly Administrative Assistant to Student Services 412-732-3300 Ext. 2000 <a href="mailto:sarah.outly@northgatesd.net">sarah.outly@northgatesd.net</a>	Mrs. Amy Pizzica Administrative Assistant & Attendance 412-732-3300 Ext. 1001 <a href="mailto:amy.pizzica@northgatesd.net">amy.pizzica@northgatesd.net</a>	Ms. Sarah Pawlik Secondary School Nurse 412-732-3300 – ext. 1020 <a href="mailto:sarah.pawlik@northgatesd.net">sarah.pawlik@northgatesd.net</a>
Mr. Todd Goble Athletic Director 412-732-3300 Ext. 1000 <a href="mailto:Todd.Goble@northgatesd.net">Todd.Goble@northgatesd.net</a>	Mx. Rhen Basil Athletic Administrative Assistant 412-732-3300 Ext. 1000 <a href="mailto:rhen.basil@northgatesd.net">rhen.basil@northgatesd.net</a>	Mr. Zack Quince Athletic Trainer 412-667-1237 <a href="mailto:zachary.quince@ahn.org">zachary.quince@ahn.org</a>

# **NORTHGATE VISION, MISSION & PHILOSOPHY**

## **VISION**

Students First and Foremost

## **MISSION**

The Northgate School District provides a challenging academic program that prepares students to value learning, think critically and creatively and embrace diverse viewpoints. With a focus on developing the whole child, the district provides experiences that encourage the development of empathy, integrity and resilience to prepare all students to meet with success.

## **ATHLETIC PHILOSOPHY**

It is the objective of the Northgate School District to provide its students with the opportunity to participate in interscholastic athletics and activities while maintaining the priority that the student meets his/her academic potential. It is to this end that the District wishes to achieve this goal through the cooperative efforts of the students, parents/guardians, coaches, counselors, faculty, and administration. Northgate supports students participating in multiple activities and efforts will be made to maintain schedules that allow for students to share time between activities. Individualized time-sharing plans will be made among the coaches and sponsors to support multisport athletes.

## **ATHLETIC CODE OF CONDUCT**

Every time Northgate participates in a competitive way, we are evaluated in all aspects of the competition – players, students, and adults. We expect all involved to demonstrate sound sportsmanship at all times and do their share to uphold the name of Northgate in a positive, exemplary way. Those people who do not demonstrate acceptable behavior will be removed from the contest and restricted from attending future athletic events and other extracurricular activities.

## **ATHLETICS & EXTRACURRICULAR ACTIVITIES**

### **HIGH SCHOOL ATHLETIC TEAMS**

Fall Sports	Winter Sports	Spring Sports
Girls' & Boys' Cross Country	Wrestling	Girls' & Boys' Track
Football	Boys' Basketball	Softball
Girls' Volleyball	Girls' Basketball	Baseball
Fall/Football Cheerleading	Winter/Basketball Cheerleading	
Band	Girls' & Boys' Swimming	
Band Front	Hockey	
	Unified Bocce	

### **MIDDLE SCHOOL ATHLETIC TEAMS**

Fall Sports	Winter Sports	Spring Sports
Girls' & Boys' Cross Country	Wrestling	Girls' Volleyball
Football	Boys' Basketball	Girls' & Boys' Swimming
Girls' Basketball	Winter/Basketball Cheerleading	Softball
Fall/Football Cheerleading		Baseball
Band		
Band Front		

### **MIDDLE SCHOOL/HIGH SCHOOL EXTRA-CURRICULAR ACTIVITIES**

<b>MIDDLE SCHOOL</b>	<b>HIGH SCHOOL</b>
Art Club	Art Club
Audio Visual Club	Audio Visual Club
Choir	Choir
eSports Club	Entrepreneurship Club
Forensics Club	eSports Club
Journalism Club	Foreign Language Club
No Place for Hate	Journalism Club
Spring Musical	National Honor Society
Student Council	Nerd Club
Weight Lifting Club (8th only)	No Place for Hate
Yearbook	Spring Musical
	Student Council
	Weight Lifting Club
	Yearbook
	Drone Soccer

**ACADEMIC ELIGIBILITY & ATTENDANCE**  
**INFORMATION & POLICIES**

## **PROGRESS REPORTS & REPORT CARDS**

- Parents/guardians will be notified when a progress report is available using Parent Portal after the first 4 ½ weeks of every 9-week grading period.
- Parents/guardians, should they desire, can access a student's current progress at any time using the Parent Portal.

## **ELIGIBILITY FOR ATHLETIC & EXTRACURRICULAR ACTIVITIES**

In order to be eligible for interscholastic competition or extracurricular participation, a Northgate student may fail only one (1) scheduled course.

Eligibility lists will be run each Friday. Students, parents, and coaches will be informed via email if their student/player is failing two (2) or more classes and is ineligible. A student who is failing two (2) or more classes shall not be eligible to participate in athletics for that week. Students declared ineligible will not be permitted to play from Sunday through the end of Saturday. Once ineligibility is established, a student must sit out of competitions for an entire week. When a student is failing one or more classes, the student **MUST** attend Advisory each day during the week of ineligibility in order to continue to participate in practices.

Students who have not passed two (2) classes for high school (grades 9-12) and four (4) classes for middle school (grades 7 and 8) at the end of each quarter will be ineligible for 15 school days. At the end of the school year, the student's final grades in his/her subjects, rather than his/her grades from the last grading period, shall be used to determine eligibility for the following fall athletic season. Students must pass and earn four (4) full credits at the end of each year in order to maintain eligibility.

All additional WPIAL and PIAA age requirements and participation regulations will be adhered to and can be found at [wpial.org](http://wpial.org) and [piaa.org](http://piaa.org).

## **ATTENDANCE GUIDELINES FOR ATHLETIC & EXTRACURRICULAR ACTIVITIES**

All students are to be in attendance at school on the day of activities. Upon arrival at school, students are expected to remain in school the entire day. Students who are absent from school or tardy after 9:00 a.m. will not be eligible to participate in any

extracurricular activities, practices, or games on that day. Students who have a late start are expected to arrive at the time of their designated late start. If the activity or game occurs on a Saturday, the student must be in attendance by 9:00 a.m. on Friday. Exceptions will only be made at the discretion of the administration.

Students who have early dismissals are ineligible to participate in practice or games unless they have prior approval from the Athletic Director or building administrator.

School Holidays/Break: It is expected that student-athletes meet the aforementioned attendance parameters on the last school day prior to all district holidays or breaks. Students must be in school by 9:00 a.m. and remain in school for the remainder of the day. Any student who does not meet this attendance requirement will be ineligible for the entire duration of the holiday and/or school break. Exceptions will only be made at the discretion of the administration.

A student who has been absent from school during one semester for a total of twenty or more days shall not be eligible to participate in any athletic or extracurricular event until he/she has been in attendance for a total of sixty school days following the twentieth day of absence. Exceptions will be made where there is an excused absence due to death in the immediate family or of a near relative as defined in Section 1154 of the Public School Code of 1949~as amended, court subpoena, quarantine, or to attend a religious activity/function which the church requires its members to attend or an excused absence of five or more school days due to the same confining illness or injury. Such excused absence may be waived from the application of this rule by the Principal. Attendance at summer school does not count toward the sixty days required. When computing total days absent during a semester, days absent during a period of suspension shall count as part of the twenty-day absence total in a given semester.

## **ELIGIBILITY INFORMATION FOR PHYSICAL ACTIVITIES**

No student shall be eligible to participate in practices, inter-school practices, scrimmages, and/or contests unless the student has completed a Comprehensive Initial

Pre-Participation Physical Evaluation ("CIPPE") performed by an Authorized Medical Examiner, and the Authorized Medical Examiner has completed the PIAA Comprehensive Initial Pre-Participation Physical Evaluation Form ("CIPPE Form").

By signing the PIAA CIPPE form, the Authorized Medical Examiner certifies that the student is physically fit to commence practice and participate in inter-school practices, scrimmages, and/or contests in the sport(s) approved by the student's parent. The CIPPE may not be signed earlier than May 1st (as of the 2024-2025 academic year) and shall be effective, regardless of when performed during a school year, until the following April 30th.

The CIPPE shall be returned to the Athletic Office for retention. Parents and students are encouraged to notify coaches of allergies or medical conditions that require monitoring and/or management.

Subsequent Sport(s) in the Same School Year: A student who submitted an initial CIPPE form and seeks to participate in tryouts, practices, inter-school practices, scrimmages, and/or contests in subsequent sport(s) in the same school year must complete Section 7 of the CIPPE form and hand in the form no sooner than 6 weeks prior to the first tryout. This page must be turned into the Athletic Office for retention before being able to participate. The trainer or Athletic Office will confirm Section 8 completion as needed.

## **INJURIES**

When an injury of consequence occurs that might require medical attention, please notify the coach and the athletic trainer. If medical treatment for an injury is prescribed outside of the District, please notify the athletic trainer immediately so they are aware of such treatments. Any time a student is seen by a doctor or recommended to be seen by the doctor or athletic trainer as a result of a possible injury, a medical release must be provided to the athletic office—by the treating doctor—indicating the student is “cleared to return to full participation with no limitations” before the student may resume participation.

## **CONCUSSION TESTING**

Any student interested in competing on an interscholastic athletic team must take a concussion baseline test every other school year, as administered by the Athletic Trainer, prior to tryouts or competition. In addition, both student and parent/guardian must

confirm their receipt and understanding of the District's annual concussion education program.

## **CONCUSSION MANAGEMENT PROTOCOL-SCHOOL SPONSORED ATHLETICS**

1. Student-athlete who sustains a possible concussion during competition (school-sponsored game, practice, or conditioning session) shall be removed from activity immediately.
  - a. The state law in Pennsylvania regarding concussions states that any athlete exhibiting the signs and symptoms of a concussion or traumatic brain injury must be removed from the game or practice and must be evaluated by the appropriate medical professional before returning to play.
2. Coach immediately removes the student-athlete from participation and informs the Northgate athletic trainer of injury. If the team is off the Northgate campus, coach shall notify host school district's medical professionals for evaluation.
  - a. If no medical professional is present on or off campus, coach automatically withholds the athlete from all competition (game, practice) until evaluation by the Northgate athletic trainer takes place.
  - b. NO student-athlete returns to competition unless cleared by the Northgate athletic trainer or host school medical professional.
3. Northgate athletic trainer or host school district's medical professional performs a sideline Head Injury evaluation.
4. If a concussion is suspected:
  - a. Parents are notified of the injury.
  - b. Northgate athletic trainer will review with the student-athlete and his/her parent(s) information pertaining to concussions (signs & symptoms, concussion protocol, ER/Physician Referral, etc.).
  - c. Student-athletes with a suspected or actual concussion or head injury must be evaluated by a licensed physician of medicine or neuropsychologist trained in the management of concussions.
  - d. Northgate athletic trainer will work closely with the treatment protocol prescribed by a licensed physician of medicine or neuropsychologist trained in the management of concussions, to ensure proper treatment and a gradual, safe return to full activity.
  - e. Student-athlete is not permitted to return to play until treating physician or neuropsychologist provides a "Return to Full Participation without any limitations" clearance to the athletic director's office.

5. Student-athletes symptomatic of a concussion or traumatic brain injury must be evaluated by a licensed physician of medicine or neuropsychologist trained in the management of concussions.
  - a. Northgate athletic trainer will follow all protocols as prescribed by treating licensed physician or neuropsychologist.
  - b. Student-athlete may not return to competition (games, practice) until the Athletic Director receives a clearance for “Return to Full Activity without any limitations” from treating licensed physician or neuropsychologist.
  - c. Upon student-athlete’s return, Northgate athletic trainer and coaches will work collaboratively to ensure a gradual return to competition (games, practice).
6. For any concussion or traumatic brain injury sustained from a non-Northgate School District competition/event, all treatment must be prescribed and administered by a licensed physician of medicine or neuropsychologist trained in the management of concussions.
  - a. Northgate athletic trainer is not responsible for evaluation and/or treatment of any injury, including possible concussions, which occurred at a non-Northgate event.
  - b. Student-athlete may not return to competition (games, practice) until the Athletic Director receives a clearance for “Return to Full Activity without any limitations” from treating licensed physician or neuropsychologist.
  - c. Upon student-athlete’s return, Northgate athletic trainer and coaches will work collaboratively to ensure a gradual return to competition (games, practice.)

## **MEDICAL & INSURANCE INFORMATION**

### **SCHOOL INSURANCE**

- School accident insurance is made available to students at a group rate, which lowers the premium considerably.
- Announcements regarding the availability of student insurance will be made to all students at the beginning of the year. Students may obtain brochures in the Middle/High School Main Office. Should you have any questions or concerns with respect to the policies offered and their procurement, please contact Mrs. Amy Pizzica in the Northgate Middle/High School Main Office at (412) 732-3300 Ext. 1001.
- Parents are advised to read the insurance brochure carefully because, like all insurance policies, there are exclusions. Any expenses that occur and are exclusions under the policy are the parents' financial responsibility.
- *Note: The School District will provide insurance for all students participating in middle or high school interscholastic athletics because these activities are excluded from the regular school student insurance.*

### **MEDICATION PROCEDURES AT AFTER-SCHOOL EVENTS**

- Please provide a copy of your student's physical exam to our school nurse along with any medical/medication plans provided by your student's physician.
- Every effort should be made to administer medication at home or, if needed, by our school nurse during school hours. If it becomes necessary for a student to receive any kind of medication during an after-school activity, please work with your student's physician and our school nurse to develop a plan.
- Students may carry and use asthma inhalers, epinephrine auto-injectors (epi-pens), and other emergency medications as needed in accordance with state law and Board policy. If your student requires any kind of emergency medication, please provide a plan from your student's physician to our school nurse.
- If you have questions regarding medication or if you have any medical concerns for your student participating in an after-school event, please contact our school nurse, Sarah Pawlik, at (412) 732-3300 Ext. 1020.

**SCHOOLWIDE EXPECTATIONS FOR  
EXTRACURRICULAR ACTIVITIES AND ATHLETICS**



**WE ARE THE FLAMES:**

**Focused** - Students remain focused on their social and academic goals.

**Leaders** - Students showcase strong skills used to motivate others in positive ways.

**Accountable** - Students are accountable for their choices.

**Motivated** - Students set goals and make decisions in order to achieve success.

**Extraordinary** - Students go above and beyond to create a positive school culture.

**Safe** - Students promote a safe and healthy environment at all times.

## BEHAVIOR EXPECTATIONS IN SCHOOL & IN THE COMMUNITY

<b>We Are the FLAMES!</b>		
	<b>SCHOOL</b>	<b>COMMUNITY</b>
<p><b>Focused</b> Students remain focused on their social and academic goals.</p>	<ul style="list-style-type: none"> <li>● Stay attentive during classes and activities.</li> <li>● Participate actively in class discussions.</li> <li>● Complete assignments on time.</li> </ul>	<ul style="list-style-type: none"> <li>● Set personal and academic goals and work towards them.</li> <li>● Avoid distractions and stay committed to tasks.</li> </ul>
<p><b>Leaders</b> Students showcase strong skills used to motivate others in positive ways.</p>	<ul style="list-style-type: none"> <li>● Encourage and support classmates.</li> <li>● Take initiative in group projects.</li> <li>● Demonstrate respect for teachers, admin, staff, and peers.</li> </ul>	<ul style="list-style-type: none"> <li>● Volunteer in community service activities.</li> <li>● Lead by example in positive behavior.</li> </ul>
<p><b>Accountable</b> Students are accountable for their choices.</p>	<ul style="list-style-type: none"> <li>● Take responsibility for actions and choices.</li> <li>● Follow school rules and guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>● Admit mistakes and make amends when necessary.</li> <li>● Be reliable and dependable in commitments.</li> </ul>
<p><b>Motivated</b> Students set goals and make decisions in order to achieve success.</p>	<ul style="list-style-type: none"> <li>● Set and pursue academic and personal goals.</li> <li>● Participate in extracurricular activities.</li> <li>● Demonstrate a positive attitude towards learning.</li> </ul>	<ul style="list-style-type: none"> <li>● Show initiative in community projects and goals.</li> <li>● Encourage others to set and achieve their goals.</li> <li>● Stay dedicated and persistent in facing challenges.</li> </ul>
<p><b>Extraordinary</b> Students go above and beyond to create a positive school culture.</p>	<ul style="list-style-type: none"> <li>● Go above and beyond in helping others.</li> <li>● Contribute to creating a positive school culture.</li> <li>● Show kindness and respect to everyone.</li> </ul>	<ul style="list-style-type: none"> <li>● Engage in activities that enhance community well-being.</li> </ul>
<p><b>Safe</b> Students promote a safe and healthy environment at all times.</p>	<ul style="list-style-type: none"> <li>● Follow all safety guidelines and protocols.</li> <li>● Report unsafe behaviors to authorities.</li> <li>● Promote mental and physical well-being.</li> </ul>	<ul style="list-style-type: none"> <li>● Promote a healthy and safe environment in public spaces.</li> <li>● Encourage others to make safe choices.</li> </ul>

## **WPIAL POLICY ON RACIAL & SOCIAL EXPECTATIONS**

The WPIAL is committed to the principles of equity, which includes fostering, cultivating, and preserving a culture of diversity, inclusion, and cultural competency in all aspects of interscholastic athletics. Our students are our most precious asset and education about respect and cultural awareness is a vital component in helping to aid in their development. We encourage our member schools and those affiliated with them to respect and honor differences in age, color, disability, ethnicity, family status, gender identity or expression, language, national origin, physical and mental ability, race, religion, sexual orientation, socio-economic status and any other characteristic that makes them unique. WPIAL's social initiatives are applicable, but not limited to, interscholastic athletic scrimmages, events, and participation in championship tournaments.

In accordance to the PIAA ATHLETIC COURTESY section of the PIAA By-Laws, the WPIAL and by extension Northgate expects:

- Respectful communication and cooperation between all individuals.
- Proper treatment of Officials.
- Courtesy shown to opponents.
- Proper behavior exhibited by spectators.
- Every person to treat others with dignity and respect at all times.
- School and team programming that promotes inclusion and respect.

Any person found to have exhibited inappropriate conduct or behavior against others will be subject to disciplinary action as provided for in the PIAA Constitution and By-Laws under Article XIII Penalties. Any person affiliated with a member school who believes they have been subjected to any kind of discrimination that conflicts with the League's diversity policy and initiatives should complete the appropriate report.

### **Social Media Tips/Reminders**

- Nothing is really private! Even though you may utilize privacy tools, everything you post is public information.
- Your content is your thumbprint! Once you post it, it is forever and it is you.
- Your audience is global. Consider the appropriateness as your audience is young, old, and everywhere. And they are watching!

Who is watching? Just a reminder that college coaches and prospective employers often review social media sites to gauge the character of the student.

## **PERMISSION FOR USE OF THE SCHOOL LOCKER ROOM & LOCKERS**

- For the convenience and security of students, students are granted permission by the School District to place their personal property within the lockers.
- The School District prohibits the use of such lockers for storage of any article, the possession or control of which by the student, would violate Federal, State or local law, or would violate School Board Policy.
- It is the policy of the School District, that the School District shall not conduct any search of any student's locker unless a Building Principal, or a person authorized by the Building Principal to act on the Principal's behalf, has a reasonable belief that a student's locker contains an article, the possession of which by a student, would be in violation of Federal, State or local law, or would be in violation of School Board Policy.

## **SEARCH AND SEIZURE**

- The Administrative Staff has the right and authority to search a student's possessions on school property, his/her locker and any boxes and other containers brought by the student on school premises, and to seize such possessions if, in either such case, there is a reasonable suspicion that a student is involved in any criminal activities such as the possession of or use of dangerous weapons, the possession, sale or other transfer or exchange of, or use of unauthorized drugs or controlled substances or alcoholic beverages or any other acts of misconduct which seriously disrupt the health, safety and/or welfare of fellow students, teachers, administrators, other school personnel or members of the public.
- Reasonable Suspicion – means that there are reasonable grounds for suspecting that a student's locker and/or possessions will contain or include evidence that the student has violated or is violating either the law of those rules of the School District which affect the health, safety and/or welfare of fellow students and/or any other persons on school property. Reasonable suspicion further is defined as a conclusion arrived at by a reasonable, prudent and conscientious person from the facts at hand; it is not caused by such improper motives as dislike for the student or malice but only from the facts which are known. If the facts as known lead a reasonable, prudent and discreet person to conclude that a student has illegal material on school property or on his/her person, or among his/her possessions, this is a reasonable suspicion.
- It is prohibited for any student, while at school or on school property, to possess or have on his/her person or in a locker or container, any illegal material, to use, to sell or in any manner to transfer, exchange or otherwise dispose of any illegal

material, or to engage in any conduct which will or may seriously disrupt the health, safety and/or welfare of fellow students and/or any other persons on school property.

- If the student uses force to resist, the police shall be called immediately.
- The Principal or designee may search the possessions and/or locker and/or container of a specific student, or groups of students, if reasonable suspicion exists for the search. The Principal or designee may search vehicles.
- The Principal shall have authority to institute appropriate disciplinary action concerning any student violating the Northgate Search and Seizure Policy and/or these Administrative Procedures and to cause the same to be carried out.

### **SCHOOL BUS EXPECTATIONS & SAFETY**

- It is expected that students ride to and from Northgate events on the District provided transportation.
- Students are subject to the same disciplinary guidelines while riding on a school bus as they are while attending Northgate Middle/High School. Students are to follow all instructions of the bus driver. Any violation of these guidelines may result in the loss of transportation privileges as deemed necessary by the school administrator.

### **SCHOOL BOARD POLICIES REGARDING BEHAVIOR & DISCIPLINE**

*Note: In all situations listed in this section, parent or guardian notification will occur as soon as possible.*

#### **SUSPENSIONS AND EXPULSIONS (BOARD POLICY NO. 233)**

- The Board recognizes that exclusion from the educational program of the schools, whether by suspension or expulsion, is the most severe sanction that can be imposed on a student and one that cannot be imposed without due process. The Board shall define and publish the types of offenses that would lead to exclusion from school. Exclusions affecting students with disabilities shall be governed by applicable state and federal law and regulations.

#### **POSSESSION OF WEAPONS OR FACSIMILE**

- Weapons and replicas of weapons, including toys, are forbidden on school property, while traveling to and from school or at school-sanctioned events.
- Weapons shall include, but are not limited to, the following: firearms, knives, metal knuckles, straight razors, explosives, or other items fashioned with the intent to use, sell, harm, threaten or harass students, staff members, parents, and patrons.

- “Dangerous weapon” means any weapon, device, instrument, material or substance, animate or inanimate, which under the circumstances in which it is used, attempted to be used or threatened to be used, is readily capable of causing death or serious physical injury.
- Any loaded or unloaded firearm or dangerous weapon possessed on or about a person while on District property is subject to seizure or forfeiture and will automatically be turned over to the police.
- Consequences for possession of a weapon:
  - Incidents of anyone possessing weapons shall be documented and reported to the appropriate authorities, including parents or legal guardians when appropriate, and to the police chief.
  - Immediate suspension will be in force and due process hearings arranged. Expulsion may be recommended.
  - Proper disciplinary and/or legal action will be taken against individuals who possess weapons and with anyone who assists possession in any way.
- For purposes of this policy, school property means the school, school grounds, school buses or any premises, grounds or vehicles used for official school purposes.
- The Superintendent has the right to oversee and judge the discipline process and weapons violations.

### **USE OF TOBACCO AND TOBACCO VAPING PRODUCTS**

- The Northgate School District is committed to the protection of the public health and comfort of all parties by requiring and controlling tobacco use in its school buildings, buses and on school property owned or leased by the District. To this end, and to be in compliance with Act 168 of 1988 and Act 145 of 1996, the District has enacted this Tobacco Use Policy.
- All students enrolled in a course of study in the District, including pupils age 18 or over, are strictly prohibited from engaging in tobacco use or possession of tobacco products in school buildings and buses and on school property owned or controlled by the District. School property includes all of the grounds and parking facilities adjacent to the District’s school buildings.
- For purposes of this policy, tobacco includes a lighted or unlighted cigarette, cigar, pipe or other smoking product or material and smokeless tobacco in any form, and e-cigarettes and/or vaping devices
- Legal consequences for possessing or using tobacco or vaping product:
  - In 1996, the Pennsylvania Legislature approved, and Governor Thomas Ridge signed into law, Act 145 of 1996, subjecting students to potential criminal prosecution for possession of tobacco. Under this amendment to

the State's Criminal Code, a pupil – any student between the ages of 6 and 21 enrolled in school – who possesses or uses tobacco in a school building, school bus or on school property owned, leased or under the control of a school district, commits a summary offense.

- Student violators are subject to prosecution initiated by the local school district and shall, upon conviction, be sentenced to pay court costs plus a fine of not more than \$50.00 for the benefit of the school district in which the offending pupil resides. In lieu of imposing a fine, courts may admit offenders to an Adjudication Alternative Program (such as a community service or counseling). Act 145, though, expressly states that a summary offense under this legislation will neither be a criminal offense of record, be as a criminal act, nor be placed on the criminal record of the offender.
- School consequences for possessing or using tobacco or vaping product:
  - A first offense violating the Smoking Policy in school buildings will result in progressive discipline as determined by the principal. In lieu of discipline, the student may opt to participate in an anti-smoking program approved by the school district. Any fees associated with the program are the responsibility of the student/parent. This option is only available after the first offense. Any subsequent offenses will result in disciplinary action.
  - Students found using tobacco outside the school buildings on school property or at school activities may be suspended from future after school activities.
- Any faculty member who witnesses cigarette smoke coming from a restroom stall has the authority to report the student(s) to the office for further disciplinary action. In short, if there is smoke coming from a stall, the student(s) will be referred to the office for smoking violations.

### **ALCOHOL AND OTHER DRUG ABUSE**

- Possession , use or abuse of any alcohol, drug, narcotic, look alike substance or other health-endangering compound on school grounds or at school-sponsored activities for the first time shall be subject to the following action(s):
  - Parents or guardians shall be immediately contacted by building administration and the student shall be sent home or removed from the school for medical attention if necessary. If parents or guardians cannot be reached, the decision to get medical attention for the student or to isolate the student from other students shall be made by the administration.

- The police department having jurisdiction over the area in which the school is located shall be notified by the Building Principal or his/her designee and that student shall be referred for appropriate action.
- The student initially will be given a suspension if necessary for a minimum of three (3) days. Within the three (3) day suspension period, an informal hearing will be scheduled and held with the student and his/her parents or guardians.

### **DISTRIBUTION**

- If a student is caught distributing an illicit substance there will be a temporary suspension, followed by an informal hearing. The minimum will be a ten (10) day out-of-school suspension with automatic referral to the School Board, which could result in expulsion.

### **VIOLATION OF SUBSTANCE ABUSE GUIDELINES AT SCHOOL SPONSORED FUNCTION**

- If a student violates any portion of the Northgate Board Policy and Administrative Guidelines as they relate to substance abuse at a school sponsored function the student will be appropriately disciplined, which may include referral to local authorities.

### **POSSESSION OF DRUG PARAPHERNALIA**

- Possession of drug paraphernalia with the intent to use, sell or transfer will subject the student to the appropriate disciplinary actions of Northgate's Board Policy and Administrative Guidelines.

### **GAMING/GAMBLING**

- No gaming, gambling or wagering is permitted in school, on school property or at school events.

### **STUDENT HARASSMENT**

- Harassment is defined as any verbal, written, visual or physical act(s) of a sexual nature or conduct designed to reduce the dignity of that individual with respect to race, color, creed, religion, national origin, gender, age or disability. Harassment is further defined as offensive, intimidating, unwelcome actions that could reasonably be taken as objectionable by another individual.
- Harassment is strictly forbidden and will not be tolerated. Harassment of any student(s) by any other student(s) or any member of the staff is contrary to the School's commitment to provide a physically and psychologically safe

environment in which to learn. Additionally, such actions are a violation of Federal and State Law.

- Harassment violators shall be subject to suspension or expulsion procedures.
- Procedures:
  - Any student who feels that he or she has been the subject of alleged harassment must contact the school Principal, Guidance Counselor or School Resource Officer as soon as the alleged conduct occurs, or otherwise as soon as possible after the incident. This report can be oral or written, but the complaining student must submit a written and signed statement of the complaint within three (3) days of the initial report.
  - Upon receipt of the written complaint, the Principal, Guidance Counselor or School Resource Officer will contact the person who initiated the alleged harassment, and inform the person on the basis of the complaint, as well as provide the opportunity to respond in writing to the allegations set forth in the complaint.
  - The Principal, Guidance Counselor or School Resource Officer will conduct an investigation of the factual allegations of the complaint as expeditiously as possible. Witnesses (if any) will be interviewed when appropriate. The complainant and the individual identified as the person charged with alleged harassment will also be interviewed. All of the information obtained by the Principal, Guidance Counselor or School Resource Officer during the investigation will be kept in confidence.
  - If it is determined that harassment by a student has occurred, appropriate disciplinary action will be taken. Violations by students will be dealt with according to the guidelines of student conduct/behavior/interventions. The severity and frequency of the offense, or other relevant conditions surrounding the incident, will determine the discipline.
  - It must be recognized that an individual's failure to report an incident of harassment within ten (10) days of its occurrence may impair the School's ability to investigate and deal with any unlawful harassment. Similarly, an individual's failure to submit a written complaint within three (3) days of his or her verbal report of harassment addressing the alleged unlawful activity may affect the credibility of the person making the charge. If the individual against whom the complaint of harassment is filed fails to respond to the complaint within seven (7) days of notification by the School, the School may, nevertheless, pursue the investigation of the complaint and impose appropriate discipline.

- Cases that involve charges against a student will be subject to the student discipline policies and procedures and all applicable State and Federal Laws.

### **DISCRIMINATION/TITLE IX SEXUAL HARASSMENT AFFECTING STUDENTS (BOARD POLICY NO. 103)**

- **Authority:** The Board declares it to be the policy of this district to provide an equal opportunity for all students to achieve their maximum potential through the programs and activities offered in the schools without discrimination on the basis of race, color, age, creed, religion, sex, sexual orientation, ancestry, national origin, marital status, pregnancy or handicap/disability.
- The Board also declares it to be the policy of this district to comply with federal law and regulations under Title IX prohibiting sexual harassment, which is a form of unlawful discrimination on the basis of sex. Such discrimination shall be referred to throughout this policy as Title IX sexual harassment. Inquiries regarding the application of Title IX to the district may be referred to the Title IX Coordinator, to the Assistant Secretary for Civil Rights of the U.S. Department of Education, or both.
- The district is committed to the maintenance of a safe, positive learning environment for all students that is free from discrimination by providing all students course offerings, counseling, assistance, services, employment, athletics and extracurricular activities without any form of discrimination, including Title IX sexual harassment. Discrimination is inconsistent with the rights of students and the educational and programmatic goals of the district and is prohibited at or, in the course of, district sponsored programs or activities, including transportation to or from school or school-sponsored activities.
- Violations of this policy, including acts of retaliation as described in this policy, or knowingly providing false information, may result in disciplinary consequences under applicable Board policy and procedures.

### **DATING VIOLENCE (BOARD POLICY NO. 252)**

- **Purpose:** The purpose of this policy is to maintain a safe, positive learning environment for all students that is free from dating violence. Dating violence is inconsistent with the educational goals of the district and is prohibited at all times.
- **Definitions:** Dating partner shall mean a person, regardless of gender, involved in an intimate relationship with another person, primarily characterized by the expectation of affectionate involvement, whether casual, serious or long-term. Dating violence shall mean behavior where one person uses threats of, or actually

uses, physical, sexual, verbal or emotional abuse to control the person's dating partner.

- **Authority:** The Board encourages students who have been subjected to dating violence to promptly report such incidents. The district shall investigate promptly all complaints of dating violence and shall administer appropriate discipline to any student who violates this policy.
- **Title IX Sexual Harassment and Other Discrimination:** Every report of alleged dating violence that can be interpreted at the outset to fall within the provisions of policies addressing potential violations of laws against discrimination shall be handled as a joint, concurrent investigation into all allegations and coordinated with the full participation of the Compliance Officer and Title IX Coordinator. If, in the course of a dating violence investigation, potential issues of discrimination are identified, the Title IX Coordinator shall be promptly notified, and the investigation shall be conducted jointly and concurrently to address the issues of alleged discrimination as well as the incidents of alleged dating violence.
- **Discipline of Student Convicted or Adjudicated of Sexual Assault:** Upon notification of a conviction or adjudication of a student in this district for sexual assault against another student enrolled in this district, the district shall comply with the disciplinary requirements established by state law and Board policy.
- **Complaint Procedure:** When a student believes that they have been subject to dating violence, the student is encouraged to promptly report the incident, orally or in writing, to the building principal, guidance counselor, and classroom teacher. The building principal shall conduct a timely, impartial, and comprehensive investigation of the alleged dating violence. The building principal shall prepare a written report summarizing the investigation and recommending disposition of the complaint. The complainant and the accused shall be informed of the outcome of the investigation. If the investigation results in a substantiated finding of dating violence, the building principal shall recommend appropriate disciplinary action, as circumstances warrant, in accordance with the Code of Student Conduct. The district shall document the corrective action taken and, where not prohibited by law, inform the complainant.
- This policy on dating violence shall be:
  - Published in the Code of Student Conduct.
  - Published in the Student Handbook.
  - Made available on the district's website, if available.
  - Provided to parents/guardians.

### **BULLYING/CYBERBULLYING (BOARD POLICY NO. 249)**

- The Board is committed to providing a safe, positive learning environment for district students. The Board recognizes that bullying creates an atmosphere of fear and intimidation, detracts from the safe environment necessary for student learning, and may lead to more serious violence. Therefore, the Board prohibits bullying by district students.
- **Bullying** means an intentional electronic, written, verbal or physical act or series of acts directed at another student or students, which occurs in a school setting that is severe, persistent or pervasive and has the effect of doing any of the following:
  - Substantially interfering with a student's education.
  - Creating a threatening environment.
  - Substantially disrupting the orderly operation of the school.
- Bullying, as defined in this policy, includes cyberbullying. School setting means in the school, on school grounds, in school vehicles, at a designated bus stop or at any activity sponsored, supervised or sanctioned by the school.

### **HAZING (BOARD POLICY NO. 247)**

- The purpose of this policy is to maintain a safe, positive environment for students and staff that is free from hazing. Hazing activities of any type are inconsistent with the educational goals of the district and are prohibited at all times.

### **VANDALISM**

- Tax dollars are expended each year to provide the student body with the most pleasant environment possible. It is the civic responsibility of each of us to keep our school clean and attractive for everyone. Students committing vandalism will be subject to suspension and/or expulsion. Students are also responsible for restitution for any damage they cause.

### **DISPLAY OF AFFECTION**

- Excessive displays of affection (kissing, embracing, etc.) are prohibited in school. Violators will be referred to the Administration for appropriate action.

## **STUDENT RIGHTS & RESPONSIBILITIES**

The Northgate School District does not discriminate on the basis of race, color, age, creed, religion, gender, sexual orientation, ancestry, national origin, marital status, pregnancy or handicap/disability, or limited English proficiency in its educational programs, services, facilities, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Titles VI and VII of the Civil Rights Act of 1964 as amended, Section 504 Regulations of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 204 Regulations of the 1984 Carl D. Perkins Act or any applicable federal statute.

The Board has the authority and responsibility to establish reasonable rules and regulations for the conduct and deportment of district students. At the same time, no student shall be deprived of equal treatment and equal access to the educational program, due process, a presumption of innocence, and free expression and association, in accordance with Board policy and school rules.

Attendant upon the rights established for each student are certain responsibilities, which include regular attendance; conscientious effort in classroom work and homework; conformance to Board policies and school rules and regulations; respect for the rights of teachers, students, administrators and all others who are involved in the educational process; and expression of ideas and opinions in a respectful manner.

It shall be the responsibility of the student to:

1. Be aware of all policies, rules and regulations for student behavior and conduct him/herself accordingly. Each student shall assume that, until a rule is waived, altered or repealed in writing, it is in effect.
2. Volunteer information in matters relating to the health, safety and welfare of the school community and the protection of school property.
3. Dress and groom to meet standards of safety and health, and not to cause substantial disruption to the educational processes.
4. Assist the school staff in operating a safe school.
5. Comply with federal, state and local laws.
6. Exercise proper care when using district facilities, school supplies and equipment.
7. Attend school daily and be on time to all classes and other school functions.
8. Make up work when absent from school.

9. Pursue and attempt to satisfactorily complete the courses of study prescribed by local school authorities.
10. Report accurately in student media.
11. Not use obscene language in student media or on school property.

Violations of this policy may result in disciplinary action, consistent with the Code of Student Conduct and Board policy.

## **COMPLIANCE STATEMENT**

The Northgate School District will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Americans with Disabilities Act of 1990.

For information regarding grievance procedures, services, activities, programs and facilities that are accessible to and usable by handicapped persons or, for inquiries regarding compliance with the above nondiscriminatory policies, please contact the Coordinator of Special Services, 591 Union Ave., Pgh., PA 15202. Phone – 412-732-3300, ext. 2000.

Northgate School District will make reasonable accommodations to its programs & services to assure access to all persons. If, because of a disability, you require an accommodation, please contact the Coordinator of Special Services, Americans with Disabilities Act Coordinator – 412-732-3300, ext. 2000.

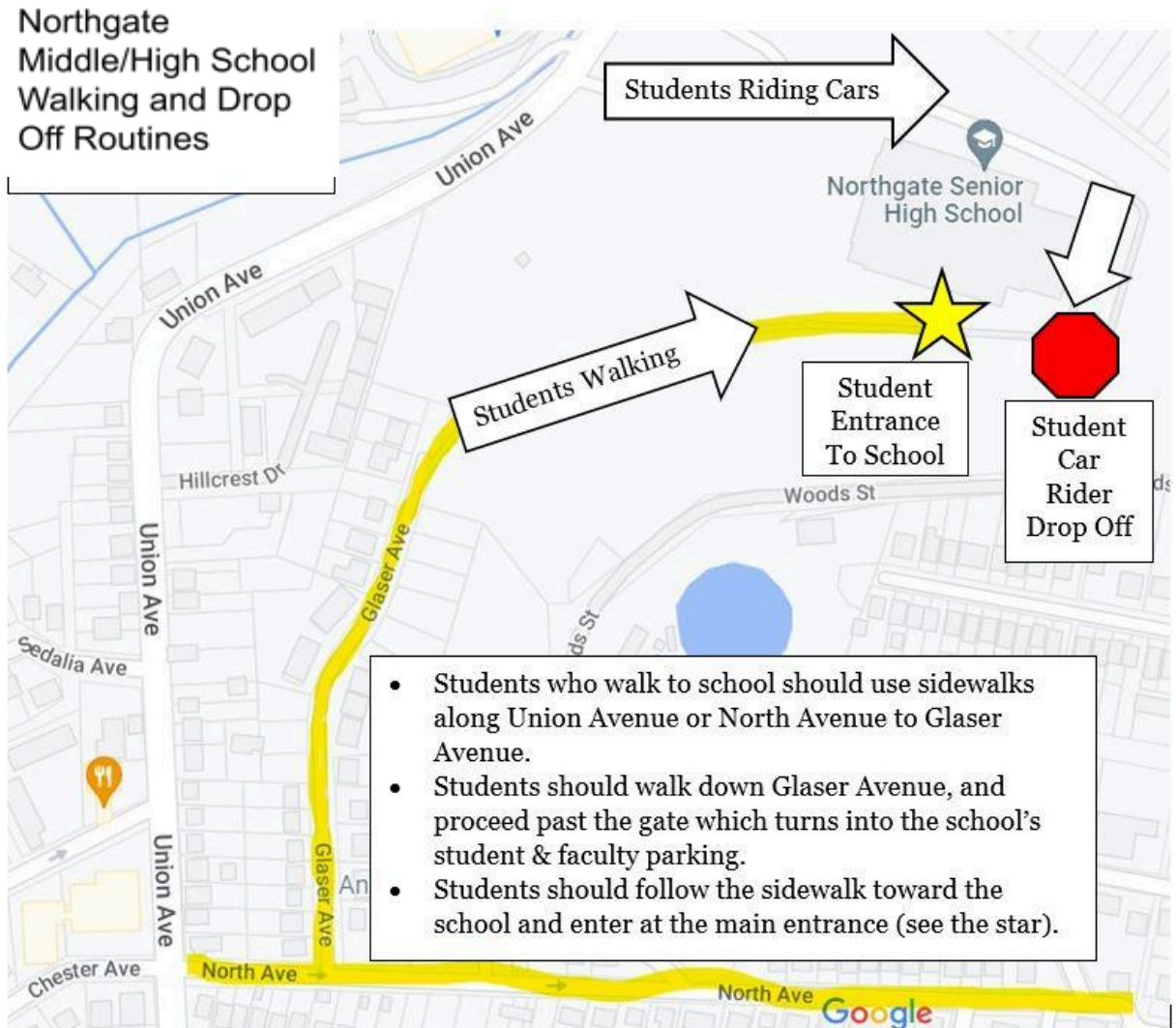
## **SCHOOL DELAYS & CANCELLATIONS DUE TO INCLEMENT WEATHER**

- When conditions warrant, students, parents and guardians should check online at [www.KDKA.com](http://www.KDKA.com). Select School Closings and Delays for an accurate listing of any delay/cancellation.
- When school is closed, all activities and athletic practices and events are cancelled. The buildings will be closed.
- Please check our website at **[www.northgatesd.net](http://www.northgatesd.net)**, KDKA-TV, KDKA Radio or **[www.kdka.com](http://www.kdka.com)** for all school delays/closures.

# SAFETY PROCEDURES

## WALKING TO AND FROM SCHOOL

- Students are to use the public thoroughfares only. Walking through private property is a violation of the rights of the property owner and may result in arrest for illegal trespass. The main entrance and exit to school by pedestrian traffic is Glaser Avenue. Students walking to school are not to enter the school grounds via Union Avenue and Century Drive.



## **AWARDS & RECOGNITIONS**

- ★ **Middle School Participation Award**
  
- ★ **Middle School Scholar Athlete Award**
  
- ★ **Middle School Triathlete Award**
  
- ★ **High School Participation Award**
  
- ★ **High School Scholar Athlete Award**
  
- ★ **High School Triathlete Award**
  
- ★ **High School Letter Award**
  
- ★ **Senior Award**

## **APPENDIX**

**A**  
**Grade Authorization Form for Coaches & Parents**

**B**  
**Branding Guidelines**

**C**  
**CIPPE (Physical) English and Spanish Version**

**D**  
**Signature page - Statement of read, understand, agree**

# APPENDIX A

## Grade Authorization Form for Coaches & Parents

### POWERSCHOOL ACCESS GUIDELINES FOR COACHES AND ADVISORS

#### 1. Acquiring *PowerSchool* Access

- *PowerSchool* access will only be granted to the head coach/advisor or the head coach/advisor's designee (e.g. a board-approved assistant) of a specific team/club/organization. Each team/club/organization is permitted only one *PowerSchool* access.
- Read the documents, *Student Privacy and Extracurricular Advisor/Athletic Coach Confidentiality*, *Extracurricular Advisor/Athletic Coach Student Information System Access Guidelines*, and *Privacy and Confidentiality Guidelines*.
- Sign a *Confidentiality Agreement*.
- Attach a student roster for the team/club/organization for which you are requesting *PowerSchool* access to student grades and attendance information.
- Submit the signed *Confidentiality Agreement* and student roster to the building principal.
- The coach/advisor will be notified by the building's technology director when his/her account has been set up.
- Coaches/Advisors needing training in the use of *PowerSchool* should contact either the building guidance secretary or technology coordinator.

#### 2. Using *PowerSchool*

- Log into *PowerTeacher* at <https://northgatesd.powerschool.com/teachers/pw.html> using your assigned login and password.
- From the start page, click on the "Backpack" for the group that you advise/coach.
- Click on a student's name
- The drop-down menu will provide different screens to access the desired student information
  - The Quick Lookup screen provides information about a student's last two weeks of attendance, as well as, his/her current grades. (The grades posted are not necessarily the grades used to determine eligibility.)
  - For more information on grades, click on a specific grade for specific assignment details.

## **Student Privacy and Extracurricular Advisor/Athletic Coach Confidentiality**

Individual student data are collected, maintained, and managed by the Northgate School District in accordance with state and federal laws. The U.S. Congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (more commonly known as “FERPA” or the “Buckley Amendment”). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the Northgate School District, which disseminates a student’s education records without his or her parent’s consent. In addition, the Individuals with Disabilities Education Act (IDEA) and Pennsylvania statutes, regulations and policies govern the confidentiality of, and access to, students’ educational records.

It is the responsibility of the Northgate School District and its employees to ensure the confidentiality of student information and data maintained by the district. Students in the Northgate School District have the right to expect that all professional employees, athletic coaches, and extracurricular advisors will keep information about them confidential.

It is expected that district employees, including athletic coaches and extracurricular advisors, shall keep in confidence information obtained in confidence in the course of their duties unless required to be disclosed by law or by clear and compelling necessity as determined by the employee/coach/advisor. Information that is not considered to be confidential includes: student name, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and the most recent school attended.

### **Definitions and Background Information Related to Confidentiality**

NSD adheres to the confidentiality requirements of both federal and state laws, including but not limited to; FERPA, IDEA, the Protection of Pupil Rights Amendment (PPRA), the National School Lunch Act, and 22 Pa. Code §12.31- §12.32. The following definitions are derived from these laws and other related documents that are relevant to the implementation of this policy.

*Access* means viewing, editing, printing, downloading, copying, or retrieving data from a computer, computer system, computer network, or other medium.

*Confidential data* includes personally identifiable information about a student that is prohibited from disclosure pursuant to state or federal law or information that is intended for the use of a particular person/group and whose unauthorized disclosure could be prejudicial to the individual it identifies.

*Confidentiality* refers to NSD’s obligation not to disclose or transmit personally identifiable information about individual student to unauthorized parties.

*Disclosure* means permitting access to, revealing, releasing, transferring, or otherwise communicating personally identifiable information contained in education records to any party, by any means, including oral, written, or electronic.

## **Extracurricular Advisor/Athletic Coach Student Information System Access Guidelines**

1. Access to confidential student data and the use of the NSD student information system are privileges. If misuse occurs, access privileges will be terminated.
2. Information found in the student information system is considered to be confidential and must be treated as such.
3. Extracurricular Advisors/Athletic Coaches are to use information found in the student information system for purposes of eligibility ONLY.
4. If there is a question about a possible clerical error affecting eligibility status, all inquiries MUST be directed to building administration.
5. Please note that the current grades posted may not necessarily be those that were used when the weekly eligibility was run. A copy of the weekly eligibility report is kept in the guidance office and would reflect grades used when the report was run.

### **Privacy and Confidentiality Guidelines**

1. Each student with whom a coach/advisor works has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school employees, as designated by building administrators. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, coaches/advisors may not share otherwise confidential data/information with them unless it is relevant to the student's educational growth, safety, or well being.
2. Coaches/Advisors may only use confidential student data/information for the purpose authorized by the principal. Coaches/Advisors may not use confidential data/information for any unauthorized purpose even if he/she believes that doing so is in the best interest of the student.
3. Coaches/Advisors may not share confidential data/information about a student with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student's care, is the only exception). Thus, coaches/advisors must refer all such questions to the school employees so authorized, typically the student's teacher or principal.
4. Parents, friends, or community members may in good faith ask questions about a student's problems or academic progress. Again, coaches/advisors must refer all such questions to the authorized school employee. Coaches/Advisors may not share confidential data/information about a student even with members of their own families or the student's family.
5. Before speaking, coaches and advisors should always remember that violating a student's confidentiality isn't just impolite, it's against the law!
6. If the building principal determines that a district employee, including coaches and advisors, has inappropriately disclosed confidential data/information the individual may be subject to disciplinary action(s).

## Confidentiality Agreement

I, (print name) \_\_\_\_\_, as an athletic coach/extracurricular advisor for Northgate School District acknowledge that I have read and agree to comply with the requirements established in the **Extracurricular Advisor/Athletic Coach Student Information System Access Guidelines** and the **Privacy and Confidentiality Guidelines**.

- I agree never to disclose information about a student’s records to anyone other than an authorized school employee.
- I will refer all requests for such information from those not directly involved in the student’s education to the school principal.
- I will use confidential student information only for the purpose of monitoring student attendance and grades as it pertains to eligibility.
- I will not distribute and/or reproduce any record or information outside of the intended and approved use necessary to carry out my job duties.
- I will not discuss verbally or distribute in electronic or printed formats confidential student information except as needed to conduct NSD business as required by my position.
- I will not share my user ID and password with anyone nor use anyone else’s user ID or password in an attempt to gain access to student, employee, or other district data.
- I understand that if I violate this agreement my access may be terminated and additional consequences may result, including termination from my coaching/advising responsibilities.

Coach/Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Coach/Extracurricular Advisor for (identify team/club/organization) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

- **A student roster and parental consent documents must accompany this document.**

### Administrative Authorization and Acknowledgement

The above-signed athletic coach/extracurricular advisor may have access to and use confidential student information (attendance and grades) for his or her Board Approved responsibilities as  
(position).

<b><i>PowerSchool</i> Access Start Date</b>		<b><i>PowerSchool</i> Access End Date</b>	
<b>Building Administrator Signature</b>		<b>Date</b>	

## Parental Consent for Coach's Access to Student Grades

I, (print name) \_\_\_\_\_, parent of (student's name) for Northgate \_\_\_\_\_ consent to the head coach or designee of (name of sport(s) <please list all anticipated sports for the entire school year>) \_\_\_\_\_ to have access to my student's grades and attendance. I acknowledge that I have read and understand the privacy and confidentiality guidelines below which have been explained to the coaches.

### Privacy and Confidentiality Guidelines

1. Each student with whom a coach/advisor works has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school employees, as designated by building administrators. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, coaches/advisors may not share otherwise confidential data/information with them unless it is relevant to the student's educational growth, safety, or well being.
2. Coaches/Advisors may only use confidential student data/information for the purpose authorized by the principal. Coaches/Advisors may not use confidential data/information for any unauthorized purpose even if he/she believes that doing so is in the best interest of the student.
3. Coaches/Advisors may not share confidential data/information about a student with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student's care, is the only exception). Thus, coaches/advisors must refer all such questions to the school employees so authorized, typically the student's teacher or principal.
4. Parents, friends, or community members may in good faith ask questions about a student's problems or academic progress. Again, coaches/advisors must refer all such questions to the authorized school employee. Coaches/Advisors may not share confidential data/information about a student even with members of their own families or the student's family.
5. Before speaking, coaches and advisors should always remember that violating a student's confidentiality isn't just impolite, it's against the law!
6. If the building principal determines that a district employee, including coaches and advisors, has inappropriately disclosed confidential data/information the individual may be subject to disciplinary action(s).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

# Appendix B

## Branding Guidelines

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**NORTHGATE**  
**SCHOOL DISTRICT**  
*Students First and Foremost*

Branding Guidelines  
Updated: February 2023

# District Logos

## OVERVIEW

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### ACADEMIC LOGO

The Northgate Academic Logo is the primary logo to be used on visual communications and positioned prominently on screen displays and signage. In the case of multi-page documents, it will appear on both the front and back. This back cover should also include the school website address ([www.northgatesd.net](http://www.northgatesd.net)). The primary logo uses the district's approved colors. It may also appear in one of the approved reverse alternates.

In the primary Academic Logo, "Northgate" is set in Bookman Old Style Bold font, and "School District" is set in Gotham Bold. In the logo these typefaces have been converted to art and are not editable.

This logo is available with horizontal and vertical wordmarks, as well as with no wordmark. It also features variant versions with school buildings listed below the school district name, which can be used in building-specific communications.

There are reverse color variants of the logo, including black and white versions. These logos can be used when the logo appears on a dark background.



### ATHLETICS LOGO

The Northgate Athletics Logo is used to promote all district athletics. It can also be used as a non-academic spirit mark. Again, it uses the district's official colors that should not be altered.

The primary version of the logo features Northgate Flames below the phoenix, while an alternate version features only the phoenix. Like the academic logo, there are color variations of the primary version of the logo.



### DISTRICT SEAL

The Northgate District Seal, which features the torch graphic, is to be used in specific purposes determined by administration. This logo will appear in the district's official letterhead and on its high school diplomas. Use of this seal must be approved by administration.

# Logo Variations

## ACADEMIC VERTICAL

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The preferred identity for Northgate School District



**NORTHGATE**  
**SCHOOL DISTRICT**  
*Students First and Foremost*



**NORTHGATE**  
**SCHOOL DISTRICT**  
Avalon Elementary



**NORTHGATE**  
**SCHOOL DISTRICT**  
Bellevue Elementary



**NORTHGATE**  
**SCHOOL DISTRICT**  
Middle School



**NORTHGATE**  
**SCHOOL DISTRICT**  
High School



**NORTHGATE**  
**SCHOOL DISTRICT**  
Middle/High School

# Logo Variations

## ACADEMIC HORIZONTAL

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## ACADEMIC N ONLY

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# Logo Color Variations

## ACADEMIC

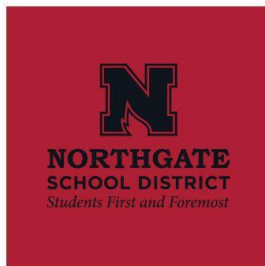
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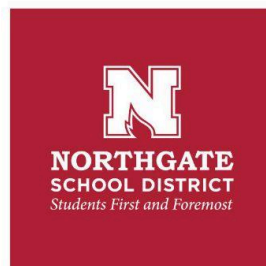
FULL COLOR



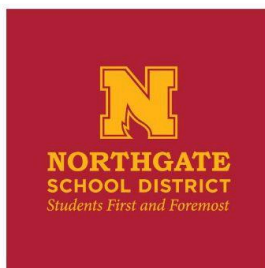
FULL COLOR REVERSE



BLACK



REVERSE



REVERSE GOLD

## Logo Variations

### OFFICIAL SEAL VERTICAL

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Reserved for diplomas and official institutional documents



### OFFICIAL SEAL HORIZONTAL

---



### OFFICIAL SEAL TORCH ONLY

---



# Logo Color Variations

## OFFICIAL SEAL

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**NORTHGATE**  
SCHOOL DISTRICT

FULL COLOR



**NORTHGATE**  
SCHOOL DISTRICT

FULL COLOR REVERSE



**NORTHGATE**  
SCHOOL DISTRICT

BLACK



**NORTHGATE**  
SCHOOL DISTRICT

REVERSE

## Logo Variations

### ATHLETIC

---

Used for athletic teams and as a non-academic spirit mark



### ATHLETIC PHOENIX ONLY

---



# Logo Color Variations

## ATHLETIC

---



FULL COLOR



FULL COLOR REVERSE



BLACK



REVERSE



REVERSE GOLD

## Logo File Naming Structure

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### NGlogo\_AcademicAvalon\_FullColor\_Vertical\_RGB.eps

Prefix	Description	Description	Color Version	Orientation	Color Model	File Format
	Academic	Avalon	Full Color	Vertical		
	Official Seal	Bellevue	Full Color Reverse	Horizontal	RGB	EPS
	Athletic	Middle	Black		CMYK	JPG
		High	Reverse		PMS	SVG
		Middle/High				PNG
		Tagline				
		N Only				
		Torch Only				
		Phoenix Only				

#### Use this naming structure to select the correct logo for reproduction.

- EPS files are always preferred for print. They can be scaled infinitely for high-resolution. While they can't be opened directly, EPS files can be placed in most software including Word, InDesign, Photoshop, and Illustrator. Do not use EPS files in PowerPoint.
- PNG and SVG files are for screen applications. PNG files should not be enlarged beyond 100% of original file size or they will lose resolution. SVG files are scalable.
- JPG files can be used in screen (RGB) and print (CMYK) applications. JPG files should not be enlarged beyond 100% of original file size or they will lose resolution.
- Be sure to use the correct color model for your project:
  1. RGB = screen applications
  2. CMYK = printing
  3. PMS = printing with Pantone inks
- Relevant copies of the logo files will be distributed to coaches and club leaders. For additional access to logo files, please contact Dr. Nicole Smith.

# Logo Colors

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Primary



RED  
CMYK (4-COLOR  
PROCESS PRINTING):  
**C=7, M=100, Y=68, K=32**

RGB (DIGITAL):  
**R=177, G=34, B=53**

HEX (WEB):  
**#b12235**

PMS (PANTONE  
COLOR PRINTING  
SYSTEM):  
**PMS 201**

Secondary



YELLOW  
CMYK (4-COLOR  
PROCESS PRINTING):  
**C=0, M=30, Y=75, K=0**

RGB (DIGITAL):  
**R=255, G=182, B=18**

HEX (WEB):  
**#ffb612**

PMS (PANTONE  
COLOR PRINTING  
SYSTEM):  
**PMS 1235**

Tertiary



BLACK  
CMYK (4-COLOR  
PROCESS PRINTING):  
**C=100, M=40,  
Y=0, K=100**

RGB (DIGITAL):  
**R=16, G=24,  
B=32**

HEX (WEB):  
**#101820**

PMS (PANTONE  
COLOR PRINTING  
SYSTEM):  
**PMS 6**

Tertiary



WHITE  
CMYK (4-COLOR  
PROCESS PRINTING):  
**C=0, M=0, Y=0,  
K=0**

RGB (DIGITAL):  
**R=255, G=255,  
B=255**

HEX (WEB):  
**#FFFFFF**

## Logo Fonts

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### **BOOKMAN OLDSYLE BOLD**

"NORTHGATE" Serif – Historic/Traditional

### **Gotham Bold**

"School District" Sans Serif – Clean/Contemporary

### Gotham Book

Sub Brand ("High School" etc...) Lighter-Weight Sans Serif – Clean/Contemporary

### *Minion Pro Medium Italic*

Vision Statement Italic Serif – Historic/Traditional

# Uniforms, Apparel and Equipment

## OVERVIEW

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### UNIFORMS

Uniforms for athletic teams must be approved by the district's Athletics Committee and Board of Directors. All uniforms must follow the district branding guidelines listed below.

Jerseys must be either Northgate red or white.

- Red jerseys must have a secondary color of Northgate gold and may have black or white accents.
- White jerseys must have a secondary color of Northgate red and may have Northgate gold accents.

The red and gold colors used must be as close to the district's official colors as possible. Companies like Nike, Adidas and Under Armor each have the colors available. If ordering from vendors who do not offer the district's colors, a clothing sample must be approved by the Athletics Committee. Please prepare samples from multiple vendors if the district's colors are not available.

Please email Dr. Nicole Smith to schedule a meeting with the Athletic Committee.

### SPIRIT APPAREL

The Northgate School District launched the Official Northgate Spirit Store through Shields Embroidery in February 2023. This is the preferred vendor for all district clothing, including apparel for school clubs and extracurricular activities.

The Spirit Store is available here:

<https://shieldsembroidery.tuosystems.com/stores/northgate23>

Orders for clothing featuring the district's name and/or logo from other vendors must be approved by a building principal. Clothing should follow the district's official colors as closely as possible. Either the Academic or Athletic Logos may be used on clothing.

The Reverse Gold logos should be used on red clothing.

# Email Signatures

## OVERVIEW

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### EMAIL SIGNATURES

All Northgate employees should follow the format outlined below for email signatures.

#### Dr. Caroline Johns

Superintendent of Schools  
Northgate School District

589 Union Avenue  
Pittsburgh, PA 15202  
(412) 732-3300 ext. 2110



#### Name (In Bold)

Title

District or School Building

Building Address

Address Line 2

Phone number and extension

School District Logo with Lighthouse Designation

# Logo Size and Scaling

## OVERVIEW

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### SIZE

For reproduction purposes, the Northgate logo with text should never be less than 1" in width for the vertical version and 1" in height for the horizontal version.

There are times when the logo will run with only the "N" omitting "Northgate School District." This would happen where there is limited space, or if the district name is prominently displayed elsewhere on the communication.

### SCALING

The Northgate logo must be proportionally balanced. To scale the logo correctly, hold down the shift key while dragging a corner of the logo to the desired size. When finished, let go of the mouse first and then lift your finger off the shift key.

NEVER change the logo by compressing, expanding, distorting or changing in any manner.



### **QUESTIONS?**

If you have any question about use of the Northgate logo, please contact:

Dr. Caroline Johns  
Superintendent  
[caroline.johns@northgatesd.net](mailto:caroline.johns@northgatesd.net)

Dr. Nicole Smith  
High School Principal  
[nicole.smith@northgatesd.net](mailto:nicole.smith@northgatesd.net)



**NORTHGATE**  
**SCHOOL DISTRICT**  
*Students First and Foremost*  
[www.northgatesd.net](http://www.northgatesd.net)



**PIAA COMPREHENSIVE INITIAL  
PRE-PARTICIPATION PHYSICAL EVALUATION**



**INITIAL EVALUATION:** Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first seven Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, 5 and 6 by the student and parent/guardian; and Section 7 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the latter of the next May 31<sup>st</sup> or the conclusion of the spring sports season.

**SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR:** Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 8 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 9 need be completed.

**SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

**PERSONAL INFORMATION**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Date of Student's Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age of Student on Last Birthday: \_\_\_ Grade for Current School Year: \_\_\_

Current Physical Address \_\_\_\_\_

Current Home Phone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

Fall Sport(s): \_\_\_\_\_ Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Prescription Medications and conditions of which they are being prescribed \_\_\_\_\_

\_\_\_\_\_

**Revised: February 23, 2022 BOD approved**

**SECTION 2: CERTIFICATION OF PARENT/GUARDIAN**

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for \_\_\_\_\_ born on \_\_\_\_\_ who turned \_\_\_\_\_ on his/her last birthday, a student of \_\_\_\_\_ School and a resident of the \_\_\_\_\_ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20\_\_\_\_ - 20\_\_\_\_ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian	Winter Sports	Signature of Parent or Guardian	Spring Sports	Signature of Parent or Guardian
Cross Country		Basketball		Baseball	
Field Hockey		Bowling		Boys' Lacrosse	
Football		Competitive Spirit Squad		Girls' Lacrosse	
Golf		Girls' Gymnastics		Softball	
Soccer		Rifle		Boys' Tennis	
Girls' Tennis		Swimming and Diving		Track & Field (Outdoor)	
Girls' Volleyball		Track & Field (Indoor)		Boys' Volleyball	
Water Polo		Wrestling		Other	
Other		Other			

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at [www.piaa.org](http://www.piaa.org), include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 7 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

F. **Confidentiality:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information

**(ATTACHMENT 1C)**

contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

#### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

#### What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

#### What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  - The right equipment for the sport, position, or activity;
  - Worn correctly and the correct size and fit; and
  - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

##### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

##### How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student-athletes and the leading cause of death on school campuses.

##### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as

- Dizziness or lightheadedness when exercising;
- Fatigue (extreme or recent onset of tiredness)
- Fainting or passing out during or after exercising;
- Weakness;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Chest pains/pressure or tightness during or after exercise.
- Racing, skipped beats or fluttering heartbeat (palpitations)

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results off physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

##### What are the risks of practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

##### Act 73 – Peyton's Law - Electrocardiogram testing for student-athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

##### Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

##### What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and non-invasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

##### Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

**The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.**

##### Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PA Department of Health/CDC: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet Acknowledgement of Receipt and Review Form. 7/2012 PIAA Revised October 28, 2020

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_  
Print Parent/Guardian's Name

**Section 5: SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19**

The COVID-19 pandemic presents athletes with a myriad of challenges concerning this highly contagious illness. Some severe outcomes have been reported in children, and even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of being infected with or furthering the spread of COVID-19, PIAA has urged all member schools to take necessary precautions and comply with guidelines from the federal, state, and local governments, the CDC and the PA Departments of Health and Education to reduce the risks to athletes, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, PIAA reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure to athletes, coaches and other involved persons. Additionally, each school has been required to adopt internal protocols to reduce the risk of transmission.

The undersigned acknowledge that they are aware of the highly contagious nature of COVID-19 and the risks that they may be exposed to or contract COVID-19 or other communicable diseases by permitting the undersigned student to participate in interscholastic athletics. We understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. We acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others. The undersigned further acknowledge that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, these risks do exist. Additionally, persons with COVID-19 may transmit the disease to others who may be at higher risk of severe complications.

By signing this form, the undersigned acknowledge, after having undertaken to review and understand both symptoms and possible consequences of infection, that we understand that participation in interscholastic athletics during the COVID-19 pandemic is strictly voluntary and that we agree that the undersigned student may participate in such interscholastic athletics. The undersigned also understand that student participants will, in the course of competition, interact with and likely have contact with athletes from their own, as well as other, schools, including schools from other areas of the Commonwealth. Moreover, they understand and acknowledge that our school, PIAA and its member schools cannot guarantee that transmission will not occur for those participating in interscholastic athletics.

NOTWITHSTANDING THE RISKS ASSOCIATED WITH COVID-19, WE ACKNOWLEDGE THAT WE ARE VOLUNTARILY ALLOWING STUDENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITH KNOWLEDGE OF THE DANGER INVOLVED. WE HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY AND/OR DEATH RELATED TO COVID-19, ARISING FROM SUCH PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF PIAA OR OTHERWISE.

We hereby expressly waive and release any and all claims, now known or hereafter known, against the student's school, PIAA, and its officers, directors, employees, agents, members, successors, and assigns (collectively, "Releasees"), on account of injury, illness, disability, death, or property damage arising out of or attributable to Student's participation in interscholastic athletics and being exposed to or contracting COVID-19, whether arising out of the negligence of PIAA or any Releasees or otherwise. We covenant not to make or bring any such claim against PIAA or any other Release, and forever release and discharge PIAA and all other Releasees from liability under such claims.

Additionally, we shall defend, indemnify, and hold harmless the student's school, PIAA and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification and the cost of pursuing any insurance providers, incurred by/awarded against the student's school, PIAA or any other Releasees in a final judgment arising out of or resulting from any claim by, or on behalf of, any of us related to COVID-19.

We willingly agree to comply with the stated guidelines put forth by the student's school and PIAA to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student is, to the best of our knowledge, in good physical condition and allow participation in this sport at our own risk. By signing this Supplement, we acknowledge that we have received and reviewed the student's school athletic plan.

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

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

\_\_\_\_\_  
Print Student's Name

Signature of Parent/Guardian  
Revised – October 7, 2020

Print Parent/Guardian's Name

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**SECTION 6: HEALTH HISTORY**

**Explain "Yes" answers at the bottom of this form.**

**Circle questions you don't know the answers to.**

- |                                                                                                                                 | Yes                      | No                       |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like asthma or diabetes)?                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise?                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise?                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise?                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply):                                                             |                          |                          |
| <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection                                              |                          |                          |
| 10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason?                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan Syndrome?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital?                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                                                    | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you regularly use a brace or assistive device?                                              | <input type="checkbox"/> | <input type="checkbox"/> |

16. Have you ever had surgery?
- |                                                                                                                                                                                   |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:      | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |

- | Head                                     | Neck                     | Shoulder                 | Upper arm | Elbow | Forearm   | Hand/<br>Fingers | Chest         |
|------------------------------------------|--------------------------|--------------------------|-----------|-------|-----------|------------------|---------------|
| Upper back                               | Lower back               | Hip                      | Thigh     | Knee  | Calf/shin | Ankle            | Foot/<br>Toes |
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> |           |       |           |                  |               |

- |                                                                                                |                          |                          |
|------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                | Yes                      | No                       |
| 23. Has a doctor ever told you that you have asthma or allergies?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma?                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you ever had a herpes skin infection?                                                 | <input type="checkbox"/> | <input type="checkbox"/> |

**CONCUSSION OR TRAUMATIC BRAIN INJURY**

- |                                                                                                        |                          |                          |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Do you experience dizziness and/or headaches with exercise?                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever had a seizure?                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill?                       | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                                                            |                          |                          |
|------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision?                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you unhappy with your weight?                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight?                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits?                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat?                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

**FEMALES ONLY**

- |                                                                |                          |                          |
|----------------------------------------------------------------|--------------------------|--------------------------|
| 47. Have you ever had a menstrual period?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? | _____                    |                          |
| 49. How many periods have you had in the last 12 months?       | _____                    |                          |
| 50. Are you pregnant?                                          | <input type="checkbox"/> | <input type="checkbox"/> |

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**SECTION 7: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION  
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School Sport(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ ) RP \_\_\_\_\_

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

**Age 10-12:** BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: YES NO (circle one) Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

**CLEARED**  **CLEARED** with recommendation(s) for further evaluation or treatment for: \_\_\_\_\_

**NOT CLEARED** for the following types of sports (please check those that apply):

COLLISION   
  CONTACT   
  NON-CONTACT   
  STRENUOUS   
  MODERATELY STRENUOUS   
  NON-STRENUOUS

Due to \_\_\_\_\_

Recommendation(s)/Referral(s) \_\_\_\_\_

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE \_\_\_/\_\_\_/\_\_\_

**SECTION 8: RE-CERTIFICATION BY PARENT/GUARDIAN**

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

**SUPPLEMENTAL HEALTH HISTORY**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Date of Student's Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age of Student on Last Birthday: \_\_\_\_ Grade for Current School Year: \_\_\_\_

Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):**

Current Home Address \_\_\_\_\_

Current Home Telephone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

**CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

If any SUPPLEMENTAL HEALTH HISTORY questions below are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

**Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.**

- |                                                                                                                                                                                             |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                             | Yes                      | No                       |
| 1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> |

An additional note to item #1. if serious illness or serious injury was marked "Yes", please provide additional information below.

- |                                                                                                                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|

- |                                                                                                                                      |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                      | Yes                      | No                       |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills?                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any concerns that you would like to discuss with a physician?                                                         | <input type="checkbox"/> | <input type="checkbox"/> |

#s	Explain yes answers; include injury, type of treatment & the name of the medical professional seen by student

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 9: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE**

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 9 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

**NOTE: The physician completing this Form must first review Sections 6 and 7 of the herein named student's previously completed CIPPE Form. Section 8 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 8.**

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School \_\_\_\_\_

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. GENERAL CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 7 of that student's CIPPE Form.

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_

**B. LIMITED CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 7 of that student's CIPPE Form, the following limitations/restrictions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_

**Section 10: CIPPE MINIMUM WRESTLING WEIGHT**

**INSTRUCTIONS**

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner (AME) and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season (See NOTE 1). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator (OPC) (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the student must obtain an AME's consent to participate.

For all wrestlers, the MWW must be certified to by an AME.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Enrolled in \_\_\_\_\_ School \_\_\_\_\_

**INITIAL ASSESSMENT**

I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA OPC, and have determined as follows:

Urine Specific Gravity/Body Weight \_\_\_\_\_ / \_\_\_\_\_ Percentage of Body Fat \_\_\_\_\_ MWW \_\_\_\_\_

Assessor's Name (print/type) \_\_\_\_\_ Assessor's I.D. # \_\_\_\_\_

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CERTIFICATION**

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is certified to wrestle at the MWW of \_\_\_\_\_ during the 20\_\_\_\_ - 20\_\_\_\_ wrestling season.

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP Date of Certification \_\_\_\_/\_\_\_\_/\_\_\_\_  
(circle one)

For an appeal of the Initial Assessment, see NOTE 2.

**NOTES:**

1. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15<sup>th</sup> and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.

2. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment.

Este formulario se tradujo utilizando Google Translate. Si tiene alguna pregunta, consulte a su escuela.

## INICIAL INTEGRAL DE PIAA EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN

**EVALUACIÓN INICIAL:** Antes de que cualquier estudiante participe en Prácticas, Prácticas entre escuelas, jugadores y / o Concursos, en cualquier escuela miembro de PIAA en cualquier año escolar, se requiere que el estudiante (1) completa una evaluación física de pre-participación inicial integral. (CIPPE); y (2) hacer que las personas apropiadas completan las primeras siete secciones del formulario CIPPE. Al completar las Secciones 1 y 2 por el padre / tutor; Secciones 3, 4, y 5 por el estudiante y el padre / tutor; y la Sección 6 por un médico autorizado (AME), esas secciones deben entregarse al director, o la persona designada por el director, de la escuela del estudiante para que la escuela las retenga. El CIPPE no podrá ser AUTORIZADO más antes que de uno de mayo y será efectivos, independientemente de cuando ocurren durante un año escolar, hasta el próxima 30 de abril o la finalización de la deportiva primavera.

**DEPORTE(S) POSTERIORES** en el mismo año escolar: Después de completar de un CIPPE, el mismo estudiante que desea participar en prácticas, prácticas interescolares, Partidos Amistosos y / o Concursos en deporte subsiguiente(s) en el mismo año escolar, debe completar la Sección 7 de este formulario y debe entregar esa Sección al Director, o la persona designada por el Director, de su escuela. El director, o la persona designada por el director, determinará si es necesario completar la Sección 9.

### SECCIÓN 1: INFORMACIÓN PERSONAL Y DE EMERGENCIA

#### INFORMACION PERSONAL

Nombre del estudiante \_\_\_\_\_ Masculino / Femenino (circule uno)  
Fecha de nacimiento del estudiante: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Edad del estudiante en el último cumpleaños: \_\_\_\_\_  
Grado del año escolar actual: \_\_\_\_\_  
Dirección física actual \_\_\_\_\_  
Número de teléfono de casa actual ( ) \_\_\_\_\_  
Padre/tutor número de teléfono celular actual ( ) \_\_\_\_\_  
Deporte (s) de otoño: \_\_\_\_\_ Deporte (s) de invierno: \_\_\_\_\_ Deporte(s) de primavera: \_\_\_\_\_

#### INFORMACIÓN DE EMERGENCIA

Nombre del padre / tutor \_\_\_\_\_ Relación \_\_\_\_\_  
Dirección física actual \_\_\_\_\_  
Número de teléfono de contacto de emergencia ( ) \_\_\_\_\_  
Nombre de contacto de emergencia secundaria \_\_\_\_\_  
Relación \_\_\_\_\_  
Dirección de contacto de emergencia \_\_\_\_\_  
Número de teléfono de contacto de emergencia ( ) \_\_\_\_\_  
Número y nombre de póliza de la compañía de seguros médicos \_\_\_\_\_  
Dirección \_\_\_\_\_ Número de teléfono ( ) \_\_\_\_\_  
Nombre del médico de familia \_\_\_\_\_, MD o DO (circule uno)  
Dirección \_\_\_\_\_ Número de teléfono ( ) \_\_\_\_\_  
Alergias del estudiante \_\_\_\_\_  
Condición de salud del estudiante (s) del cual un médico de emergencia u otro médico personal debe conocer  
\_\_\_\_\_  
\_\_\_\_\_  
Medicamentos recetados del estudiante y las condiciones para las que se le recetan \_\_\_\_\_  
\_\_\_\_\_

Revisado: 25 de marzo de 2024 Aprobado por BOD

## SECCIÓN 2: CERTIFICACIÓN DE PADRE / TUTOR

**Los padres / guardianes de estudiante debe completar todas las partes de esta forma.**

**A.** Por la presente doy mi consentimiento para \_\_\_\_\_ nacido el \_\_\_\_\_ en su último cumpleaños, un estudiante de la escuela \_\_\_\_\_ y un residente del distrito escolar público \_\_\_\_\_, para participar en Prácticas, Prácticas entre escuelas, Scrimmages, y/o concursos durante el 20\_\_\_\_ - año escolar 20\_\_\_\_ en los deporte(s) según lo indicado por mi firma (s) a continuación del nombre de dicho deporte (s) aprobado a continuación.

Deportes de Otoño	Firma del padre o guardián	Deportes de Invierno	Firma del padre o guardián	Deportes de Primavera	Firma del padre o guardián
Campo a través		Baloncesto		Béisbol	
Campo Hockey		Bolos		Niños' Lacrosse	
Fútbol Americano		Equipo de espíritu competitivo		Chicas' Lacrosse	
Golf		Chicas' Gimnasia		Softbol	
Fútbol		Rifle		Niños' Tenis	
Chicas' Tenis		Natación y Buceo		Pista y campo (Exterior)	
Chicas' Vóleybol		Pista y campo (Interior)		Niños' Vóleybol	
Agua Polo		Lucha		Otro	
Otro		Otro			

**B. Comprensión de las reglas de elegibilidad:** Por la presente reconozco que estoy familiarizado con los requisitos de PIAA con respecto a la elegibilidad de los estudiantes de las escuelas miembros de la PIAA para participar en prácticas interescolares, juegos y / o concursos que involucren a las escuelas miembros de la PIAA. Dichos requisitos, que se publican en el sitio web de PIAA en [www.piaa.org](http://www.piaa.org), incluyen, entre otros, la edad, la condición de aficionado, la asistencia a la escuela, la salud, la transferencia de una escuela a otra, las reglas y regulaciones de temporada y fuera de temporada, semestres de asistencia, temporadas de participación deportiva y rendimiento académico.

Firma del padre / guardián \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**C. Divulgación de registros necesarios para determinar la elegibilidad:** Para permitir que PIAA determine si el estudiante aquí mencionado es elegible para participar en deportes interescolares que involucren a las escuelas miembros de PIAA, por la presente doy mi consentimiento para la divulgación a PIAA de cualquier y todas las partes de los archivos de registros escolares, comenzando el séptimo grado, del estudiante aquí mencionado incluyendo específicamente, sin limitar la generalidad de lo anterior, registros de nacimiento y edad, nombre y dirección de residencia de los padres o tutores, dirección de residencia del estudiante, registros de salud, trabajo completado, calificaciones recibidas y datos de asistencia.

Firma del padre / guardián \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**D. Permiso para usar nombre, semejanza e información atlética:** Doy mi consentimiento para que PIAA use el nombre, semejanza e información relacionada con el deporte del estudiante aquí mencionado en transmisiones de video y retransmisiones, transmisiones por Internet e informes de prácticas entre escuelas, jugadas y / o Concursos, literatura promocional de la Asociación y otros materiales y comunicados relacionados con el atletismo interescolar.

Firma del padre / guardián \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**E. Permiso para administrar atención médica de emergencia:** Doy mi consentimiento para que un proveedor de atención médica de emergencia administre cualquier atención médica de emergencia que se considere aconsejable para el bienestar del estudiante aquí mencionado mientras el estudiante está practicando o participando en Prácticas inter-escolares, Scrimmages y / o Concursos. Además, esta autorización permite, si los esfuerzos razonables para contactarme no han tenido éxito, que los médicos hospitalicen, aseguren la consulta apropiada, ordenen inyecciones, anestesia (local, general o ambas) o cirugía para el estudiante aquí mencionado. Por la presente, acepto pagar los honorarios de los médicos y / o cirujanos, los cargos hospitalarios y los gastos relacionados por dicha atención médica de emergencia. Además, doy permiso a la administración atlética de la escuela, los entrenadores y el personal médico para consultar con el Profesional Médico Autorizado que ejecuta la Sección 7 con respecto a una condición médica o lesión al estudiante aquí mencionado.

Firma del padre / guardián \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**F. Confidencialidad:** El personal de la escuela tratará la información de este CIPPE como confidencial. Puede ser utilizado por la administración atlética de la escuela, los entrenadores y el personal médico para determinar la elegibilidad atlética, para identificar afecciones médicas y lesiones, y para promover la seguridad y la prevención de lesiones. En caso de una emergencia, la información contenida en este CIPPE puede compartirse con el personal médico de emergencia. La información sobre una lesión o condición médica no se compartirá con el público o los medios de comunicación sin el consentimiento por escrito de los padres o tutores.

Firma del padre / guardián \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### SECCIÓN 3: COMPRENSIÓN DEL RIESGO DE CONMOCIÓN CEREBRAL Y LESIÓN CEREBRAL TRAUMÁTICA

#### ¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión cerebral que:

- Es causado por un golpe, golpe o sacudida en la cabeza o el cuerpo.
- Puede cambiar la forma en que funciona normalmente el cerebro de un estudiante.
- Puede ocurrir durante Prácticas y / o Concursos en cualquier deporte.
- Puede suceder incluso si un estudiante no ha perdido el conocimiento.
- Puede ser grave incluso si un estudiante acaba de ser "golpeado" o "han sonado la campana".

Todas las conmociones cerebrales son graves. Una conmoción cerebral puede afectar la capacidad de un estudiante para hacer el trabajo escolar y otras actividades (como jugar videojuegos, trabajar en una computadora, estudiar, conducir o hacer ejercicio). La mayoría de los estudiantes con una conmoción cerebral mejoran, pero es importante darle tiempo al cerebro del estudiante conmoción cerebral para que se recupere.

#### ¿Cuáles son los síntomas de una conmoción cerebral?

Las conmociones cerebrales no se pueden ver; sin embargo, en un estudiante con potencial conmoción cerebral, uno o más de los síntomas enumerados a continuación pueden volverse evidentes y / o que el estudiante "no se sienta bien" poco después, unos días después o incluso semanas después de la lesión.

- Dolor de cabeza o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio o mareos
- Visión doble o borrosa
- Molesto por la luz o el ruido
- Sentirse lento, brumoso, con niebla o aturdido
- Dificultad para prestar atención
- Problemas de memoria
- Confusión

#### ¿Qué deben hacer los estudiantes si creen que ellos u otra persona pueden tener una conmoción cerebral?

• **Los estudiantes que sientan cualquiera de los síntomas descritos anteriormente deben informar inmediatamente a su entrenador ya sus padres.** Además, si notan que algún compañero de equipo presenta tales síntomas, deben informar inmediatamente a su Entrenador.

• **El estudiante debe ser evaluado.** Un médico con licencia en medicina o medicina osteopatía (MD o DO), suficientemente familiarizado con el manejo actual de la conmoción cerebral, debe examinar al estudiante, determinar si el estudiante tiene una conmoción cerebral y determinar cuándo el estudiante tiene autorización para volver a participar en deportes interescolares.

• **Los estudiantes con conmoción cerebral deben darse tiempo para mejorar.** Si un estudiante ha sufrido una conmoción cerebral, el cerebro del estudiante necesita tiempo para sanar. Si bien el cerebro de un estudiante con una conmoción cerebral todavía se está recuperando, es mucho más probable que ese estudiante tenga otra conmoción cerebral. Las conmociones cerebrales repetidas pueden aumentar el tiempo que le toma a un estudiante que ya sufrió una conmoción cerebral recuperarse y pueden causar más daño al cerebro de ese estudiante. Tal daño puede tener consecuencias a largo plazo. Es importante que un estudiante con conmoción cerebral descansa y no vuelva a jugar hasta que el estudiante reciba el permiso de un médico o DO, suficientemente familiarizado con el manejo actual de la conmoción cerebral, para que el estudiante no tenga síntomas.

#### ¿Cómo pueden los estudiantes prevenir una conmoción cerebral? Cada deporte es diferente, pero hay pasos que los estudiantes pueden tomar para protegerse.

• Utilice el equipo deportivo adecuado, incluido el equipo de protección personal. Para que el equipo proteja adecuadamente a un estudiante, debe ser:

El equipo adecuado para el deporte, la posición o la actividad;  
Usado correctamente y del tamaño y ajuste correctos; y  
Se utiliza cada vez que el estudiante practica y / o compete.

- Siga las reglas de seguridad del entrenador y las reglas del deporte.
- Practique el buen espíritu deportivo en todo momento.

**Si un estudiante cree que puede tener una conmoción cerebral: no lo oculte. Repórtalo. Tómalo tu tiempo para recuperarte.**

Por la presente reconozco que estoy familiarizado con la naturaleza y el riesgo de una conmoción cerebral y una lesión cerebral traumática mientras participo en deportes interescolares, incluidos los riesgos asociados con seguir compitiendo después de una conmoción cerebral o una lesión cerebral traumática.

Firma del estudiante \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Por la presente reconozco que estoy familiarizado con la naturaleza y el riesgo de una conmoción cerebral y una lesión cerebral traumática mientras participo en deportes interescolares, incluidos los riesgos asociados con seguir compitiendo después de una conmoción cerebral o una lesión cerebral traumática.

Firma del padre / guardian \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### SECCIÓN 4: COMPRENSIÓN DE LOS SÍNTOMAS Y LAS SEÑALES DE ADVERTENCIA DE UN PARO CARDÍACO REPENTINO

**¿Qué es un paro cardíaco repentino?** El paro cardíaco repentino (SCA) ocurre cuando el corazón deja de latir repentinamente e inesperadamente. Cuando esto sucede, la sangre deja de fluir hacia el cerebro y otros órganos vitales. El SCA NO es un ataque cardíaco. Un ataque cardíaco puede causar SCA, pero no es lo mismo. Un ataque cardíaco es causado por un bloqueo que detiene el flujo de sangre al corazón. El SCA es un mal funcionamiento del sistema eléctrico del corazón que hace que el corazón deje de latir repentinamente.

**¿Qué tan común es el paro cardíaco repentino en los Estados Unidos?** Hay alrededor de 350,000 paros cardíacos que ocurren fuera de los hospitales cada año. Más de 10,000 personas menores de 25 años mueren de SCA cada año. SCA es el asesino número uno de estudiantes atletas y la principal causa de muerte en los campus escolares.

#### ¿Hay señales de advertencia?

Aunque el paro cardíaco repentino ocurre inesperadamente, algunas personas pueden presentar signos o síntomas, como

- Mareos o aturdimiento al hacer ejercicio;
- Desmayo o desmayo durante o después de hacer ejercicio;
- Falta de aire o dificultad para respirar con el ejercicio, que no esté relacionado con el asma;
- Latidos acelerados, saltados o palpitaciones (palpitaciones)
- Fatiga (aparición reciente o extrema de cansancio)
- Debilidad;
- Dolor, presión u opresión en el pecho durante o después del ejercicio

Estos síntomas pueden ser poco claros y confusos en los deportistas. Algunos pueden ignorar los signos o pensar que son resultados normales del agotamiento físico. Si se diagnostican y tratan las afecciones que causan el PCS antes de un evento potencialmente mortal, la muerte súbita cardíaca se puede prevenir en muchos jóvenes atletas.

#### ¿Cuáles son los riesgos de practicar o jugar después de experimentar estos síntomas?

Existen riesgos significativos asociados con continuar practicando o jugando después de experimentar estos síntomas. Los síntomas pueden significar que algo mal y el atleta debe ser revisado antes de volver a jugar. Cuando el corazón se detiene debido a un paro cardíaco, también lo hace la sangre que fluye hacia el cerebro y otros órganos vitales. La muerte o el daño cerebral permanente pueden ocurrir en solo unos minutos. La mayoría de las personas que experimentan un PCS mueren a causa de él; las tasas de supervivencia están por debajo del 10%.

#### Ley 73 - Ley de Peyton - Prueba de electrocardiograma para estudiantes atletas

La Ley tiene como objetivo ayudar a mantener seguros a los estudiantes-atletas mientras practican o juegan al brindar educación sobre SCA y al requerir que se notifique a los padres que puede solicitar, a su cargo, un electrocardiograma (EKG o ECG) como parte del examen físico para ayudar a descubrir problemas cardíacos ocultos que pueden provocar un paro cardíaco repentino

#### ¿Por qué no se detectan las afecciones cardíacas que ponen en riesgo a los jóvenes?

- Hasta el 90 por ciento de los problemas cardíacos subyacentes se pasan por alto cuando se usa solo el historial y el examen físico;
- La mayoría de las afecciones cardíacas que pueden provocar un paro cardíaco repentino no son detectables al escuchar el corazón con un estetoscopio durante un examen físico de rutina; y
- A menudo, los jóvenes no informan ni reconocen los síntomas de una posible afección cardíaca.

**¿Qué es un electrocardiograma (EKG o ECG)?** Un ECG / EKG es una prueba rápida, indolora y no invasiva que mide y registra un momento en el tiempo de la actividad eléctrica del corazón. Un técnico coloca pequeños parches de electrodos en la piel del pecho, los brazos y las piernas. Un ECG / EKG proporciona información sobre la estructura, función, frecuencia y ritmo del corazón.

**¿Por qué agregar un ECG/EKG al examen físico?** Agregar un ECG/EKG al historial y al examen físico puede sugerir más pruebas o ayudar a identificar hasta dos tercios de las afecciones cardíacas que pueden provocar un paro cardíaco repentino. Su médico puede solicitar un ECG/EKG para detectar enfermedades cardiovasculares o una variedad de síntomas como dolor de pecho, palpitaciones, mareos, desmayos o antecedentes familiares de enfermedades cardíacas.

- Las pruebas de ECG / EKG deben considerarse cada 1-2 años porque los corazones jóvenes crecen y cambian.
- Los exámenes de ECG / EKG pueden aumentar la sensibilidad para la detección de enfermedades cardíacas no diagnosticadas, pero es posible que no prevengan el paro cardíaco repentino.
- Los exámenes ECG / EKG con hallazgos anormales deben ser evaluados por médicos entrenados.
- Si el examen de ECG / EKG tiene hallazgos anormales, puede necesitar pruebas adicionales para hacer (con coste asociado y riesgo) antes de que un diagnóstico se puede hacer, y puede evitar que el estudiante de participen en deportes por un período corto de tiempo hasta que la prueba se completa y se pueden hacer recomendaciones más específicas.
- El ECG / EKG puede tener resultados falsos positivos, lo que sugiere una anomalía que en realidad no existe (resultado falso positivo ocurren menos cuando ECG / EKG son leídos por un hábil practicante de medicina en la interpretación del ECG / EKG de los niños, adolescentes y jóvenes deportistas).
- Los ECG / EKG dan como resultados menos falsos positivos que simplemente usando el historial y el examen físico actuales.

**La Universidad de cardióloga americana / La asociación de corazón americano no recomiendan un ECG o EKG en pacientes asintomáticos, pero respaldan los programas locales en los que se pueden aplicar ECG o EKG con recursos de alta calidad.**

**Retirada del juego / regreso al juego:** Cualquier atleta/estudiante que tiene signos o síntomas de SCA debe ser retirado del juego (que incluye toda la actividad atlética). Los síntomas pueden ocurrir antes, durante o después de la actividad.

Antes de volver a jugar, el atleta debe ser evaluado y liberado por médico. La autorización para volver a jugar debe ser por escrito. La evaluación debe ser realizada por un médico con licencia, un enfermero practicante certificado o un cardiólogo (médico del corazón). El médico con licencia o certificado profesional de enfermería registrados pueden consultar a cualquier otro profesional médico con licencia o certificados profesionales de la medicina.

Revisé este formulario y comprendo los síntomas y las señales de advertencia de SCA. También he leído la información sobre la prueba del electrocardiograma y cómo puede ayudar a detectar problemas cardíacos ocultos.

Firma del estudiante-deportista

Escriba el nombre del estudiante-atleta en letra de imprenta

Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Firma de la madre o padre / guardián

Escriba el nombre de la madre o del padre / guardián en letra de imprenta

Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Sección 5: Historial de salud

Explique las respuestas "Sí" al final de este formulario. Encierre en un círculo las preguntas cuya respuesta no sepa.

	Sí	No		Sí	No				
1. ¿Alguna vez un médico le ha negado o restringido su participación en deportes por algún motivo?	<input type="checkbox"/>	<input type="checkbox"/>	23. ¿Alguna vez un médico le ha dicho que tiene asma o alergias?	<input type="checkbox"/>	<input type="checkbox"/>				
2. ¿Tiene una condición médica en curso (como asma o diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	24. ¿Tose, resuena o tiene dificultad para respirar DURANTE o DESPUÉS del ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>				
3. ¿Está tomando actualmente algún medicamento o píldora con o sin receta (de venta libre)?	<input type="checkbox"/>	<input type="checkbox"/>	25. ¿Hay alguien en su familia que tenga asma?	<input type="checkbox"/>	<input type="checkbox"/>				
4. ¿Tiene alergia a medicamentos, polen, alimentos o picaduras de insectos?	<input type="checkbox"/>	<input type="checkbox"/>	26. ¿Alguna vez usó un inhalador o tomó medicamentos para el asma?	<input type="checkbox"/>	<input type="checkbox"/>				
5. ¿Alguna vez se desmayó o estuvo a punto de desmayarse DURANTE el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	27. ¿Nació sin o le falta un riñón, un ojo, un testículo o cualquier otro órgano?	<input type="checkbox"/>	<input type="checkbox"/>				
6. ¿Alguna vez se ha desmayado o casi se ha desmayado DESPUÉS del ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	28. ¿Ha tenido mononucleosis infecciosa (mono) en el último mes?	<input type="checkbox"/>	<input type="checkbox"/>				
7. ¿Alguna vez ha tenido molestias, dolor o presión en el pecho durante el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	29. ¿Tiene erupciones, úlceras por presión u otros problemas de la piel?	<input type="checkbox"/>	<input type="checkbox"/>				
8. ¿Su corazón se acelera o salta latidos durante el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	30. ¿Ha tenido alguna vez una infección cutánea por herpes?	<input type="checkbox"/>	<input type="checkbox"/>				
9. ¿Alguna vez le ha dicho un médico que tiene (marque todo lo que corresponda): Alta presión sanguínea Soplo cardíaco Colesterol alto Infección del corazón	<input type="checkbox"/>	<input type="checkbox"/>	31. ¿Alguna vez ha tenido una conmoción cerebral (es decir, un tímbre, un tintineo, un golpe en la cabeza) o una lesión cerebral traumática?	<input type="checkbox"/>	<input type="checkbox"/>				
10. ¿Alguna vez un médico ordenó una prueba para su corazón? (por ejemplo, ECG, ecocardiograma)	<input type="checkbox"/>	<input type="checkbox"/>	32. ¿Le han golpeado en la cabeza y ha estado confundido o ha perdido la memoria?	<input type="checkbox"/>	<input type="checkbox"/>				
11. ¿Ha muerto alguien de su familia sin motivo aparente?	<input type="checkbox"/>	<input type="checkbox"/>	33. ¿Experimenta mareos y / o dolores de cabeza con el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>				
12. ¿Alguien de su familia tiene un problema cardíaco?	<input type="checkbox"/>	<input type="checkbox"/>	34. ¿Ha tenido convulsiones alguna vez?	<input type="checkbox"/>	<input type="checkbox"/>				
13. ¿Algún miembro de la familia o pariente ha sido discapacitado debido a una enfermedad cardíaca o ha muerto de problemas cardíacos o muerte súbita antes de los 50 años?	<input type="checkbox"/>	<input type="checkbox"/>	35. ¿Alguna vez ha tenido entumecimiento, hormigueo o debilidad en los brazos o piernas después de haber sido golpeado o caído?	<input type="checkbox"/>	<input type="checkbox"/>				
14. ¿Alguien en su familia tiene síndrome de Marfan?	<input type="checkbox"/>	<input type="checkbox"/>	36. ¿Alguna vez no ha podido mover los brazos o las piernas después de un golpe o una caída?	<input type="checkbox"/>	<input type="checkbox"/>				
15. ¿Ha pasado alguna vez la noche en un hospital?	<input type="checkbox"/>	<input type="checkbox"/>	37. Cuando hace ejercicio en el calor, ¿tiene calambres musculares graves o se enferma?	<input type="checkbox"/>	<input type="checkbox"/>				
16. ¿Alguna vez se ha tenido a una cirugía?	<input type="checkbox"/>	<input type="checkbox"/>	38. ¿Le ha dicho un médico que usted o alguien de su familia tiene el rasgo de anemia falciformes o la enfermedad de anemia falciformes?	<input type="checkbox"/>	<input type="checkbox"/>				
17. ¿Alguna vez ha tenido una lesión, como un esguince, desgarro de un músculo o ligamento, o tendinitis, que le hizo perder una práctica o un concurso? En caso afirmativo, marque con un círculo el área afectada a continuación:	<input type="checkbox"/>	<input type="checkbox"/>	39. ¿Ha tenido algún problema con sus ojos o visión?	<input type="checkbox"/>	<input type="checkbox"/>				
18. ¿Ha tenido huesos rotos o fracturados o articulaciones dislocadas? En caso afirmativo, marque con un círculo a continuación:	<input type="checkbox"/>	<input type="checkbox"/>	40. ¿Usa anteojos o lentes de contacto?	<input type="checkbox"/>	<input type="checkbox"/>				
19. ¿Ha tenido una lesión en los huesos o articulaciones que requirió radiografías, resonancia magnética, tomografía computarizada, cirugía, inyecciones, rehabilitación, fisioterapia, un aparato ortopédico, yeso o muletas? En caso afirmativo, marque con un círculo a continuación:	<input type="checkbox"/>	<input type="checkbox"/>	41. ¿Utiliza anteojos protectores, como gafas protectoras o un protector facial?	<input type="checkbox"/>	<input type="checkbox"/>				
Cabeza	Cuello	Hombro	Brazo	Codo	Mano / Dedos	Pecho	42. ¿No estás contenta(o) con tu peso?	<input type="checkbox"/>	<input type="checkbox"/>
Superior de la espalda	Espalda baja	Cadera	Muslo	Rodilla	Tobillo	Pie	43. ¿Estás tratando de ganar o perder peso?	<input type="checkbox"/>	<input type="checkbox"/>
							44. ¿Alguien le ha recomendado que cambie su peso o sus hábitos alimenticios?	<input type="checkbox"/>	<input type="checkbox"/>
							45. ¿Limita o controla cuidadosamente lo que come?	<input type="checkbox"/>	<input type="checkbox"/>
							46. ¿Tiene alguna inquietud que le gustaría discutir con un médico?	<input type="checkbox"/>	<input type="checkbox"/>
							<b>Preguntas sobre la menstruación: si corresponde</b>		
							47. ¿Alguna vez ha tenido un período menstrual?	<input type="checkbox"/>	<input type="checkbox"/>
							48. ¿Qué edad tenías cuando tuviste tu primer período menstrual?	<input type="checkbox"/>	<input type="checkbox"/>
							49. ¿Cuántos períodos ha tenido en los últimos 12 meses?	<input type="checkbox"/>	<input type="checkbox"/>
							50. ¿Cuándo fue su última menstruación?	<input type="checkbox"/>	<input type="checkbox"/>

#s	Explicar "Sí", responde aquí:

Por la presente certifico que, a mi leal saber y entender, toda la información contenida en este documento es verdadera y completa.

Firma del estudiante \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Por la presente Certifico aquí que, a mi leal saber y entender, toda la información contenida en este documento es verdadera y completa.

Firma del padre / guardian \_\_\_\_\_ Fecha \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**NORTHGATE**  
**SCHOOL DISTRICT**  
Middle / High School

**2025-2026**

## **Student Activities & Athletic Handbook**

### **STUDENT AND PARENT/GUARDIAN SIGNATURE FORM**

Please complete the form below, acknowledging that you have read and understood the policies, procedures, and expectations described in the Northgate Middle/High School Activities and Athletics Handbook and return it to your sponsor.

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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