



## Checklist for Participation in Athletics

Dear Parent/Guardian,

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

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

### Middle & High School Sports

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

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

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

# COMPLETING THE RICHLAND TWO PHYSICALS PACKET

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

## Preparticipation Physical Evaluation - History Form

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

List past and current medical conditions:  
 Have you ever had surgery? If yes, list all past surgical procedures:  
 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional):  
 Do you have any allergies? If yes, please list all your allergies (i.e. medicines, pollen, food, stinging insects):

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

Questions Answered

Athlete information completed.

### RICHLAND DISTRICT 2 SPORTS HEALTH FORM

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 RSD Email: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Athlete's Cell # ( ) - \_\_\_\_\_ Home # ( ) - \_\_\_\_\_ Personal Email: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_ Family Dentist: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_  
 Family Orthopedist: \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_  
 Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell # ( ) - \_\_\_\_\_ Work # ( ) - \_\_\_\_\_  
 Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell # ( ) - \_\_\_\_\_ Work # ( ) - \_\_\_\_\_  
 Emergency Contact Name (other than parent/guardian): \_\_\_\_\_ Cell # ( ) - \_\_\_\_\_ Relation to Athlete: \_\_\_\_\_  
 Home # ( ) - \_\_\_\_\_ Cell # ( ) - \_\_\_\_\_ Work # ( ) - \_\_\_\_\_ Other # ( ) - \_\_\_\_\_

**PERMISSION TO PARTICIPATE, ASSUMPTION OF RISK, SECONDARY INSURANCE ACKNOWLEDGEMENT**

As the parent or legal guardian of the above named student-athlete, I/we give my/our permission for his/her participation in athletic activities and pre-participation physical evaluation (PPE) by a physician, physician's assistant, or nurse practitioner for that participation. I/we understand that the PPE is simply a screening evaluation and not a substitute for regular healthcare. I/we know that the risk of injury/illness to any child comes with participation in sports and during travel to/from activities. I/we have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means and give my/our permission to participate in intramural athletics. Richland School District 2 carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to pay after the athlete's primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing RSD2, the athlete should seek the attention of their school's Sports Medicine staff as soon as possible. A staff member will fill out the top portion of the insurance claim form. The parent/guardian should complete the remainder of the form, follow the attached directions, and mail the completed form to the insurance company. Medical care must be initiated within 60 days, and forms must be submitted directly to Bollinger Insurance Company by the PARENT within 90 days of the date of injury to be eligible for coverage. RSD2 or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics.

**RELEASE OF MEDICAL INFORMATION**

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

**CONCUSSION ACKNOWLEDGEMENT**

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

**CONSENT FOR MEDICAL TREATMENT**

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

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

Parent's Signature: \_\_\_\_\_ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature

Athlete Signature

Date x 2

### Additional Information

### RICHLAND DISTRICT 2 SPORTS HEALTH FORM

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH INFORMATION**

Does the above athlete receive Medicaid benefits?  Yes  No (Yes, RSD insurance becomes primary coverage.)  
 Processing insurance information is optional, but may assist in more accurate processing in the event of an emergency when parents are not present. RSD2 does not claim to be an insurance company, and it is ultimately the parent's responsibility to provide this information to all medical providers at the time of service.

Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Claims Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relation to Athlete: \_\_\_\_\_  
 Policy Holder's Employer: \_\_\_\_\_ Referral required prior to specialist care?  Yes  No

Richland School District 2 carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to pay after the athlete's primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing RSD2, the athlete should seek the attention of their school's Sports Medicine staff as soon as possible. A staff member will fill out the top portion of the insurance claim form. The parent/guardian should complete the remainder of the form, follow the attached directions, and mail the completed form to the insurance company. Medical care must be initiated within 60 days, and forms must be submitted directly to AIG Insurance Company by the PARENT within 90 days of the date of injury to be eligible for coverage. RSD2 or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics.

**CONCUSSION INFORMATION**

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

### DISTRICT ATHLETIC TRAINER INFORMATION

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

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

High School	Athletic Trainer	Email	Phone
Blythewood	Steve Meisel	<a href="mailto:smeisel@richland2.org">smeisel@richland2.org</a>	803-691-4090 ext. 28932
Richland Northeast	Nicole Barton	<a href="mailto:nbarton@richland2.org">nbarton@richland2.org</a>	803-699-2800 ext. 79867
Ridge View	Mike Crook	<a href="mailto:kcrook@richland2.org">kcrook@richland2.org</a>	803-699-2999 ext. 69908
Spring Valley	Julie Sandy	<a href="mailto:jsandy@richland2.org">jsandy@richland2.org</a>	803-699-3500 ext. 69908
Westwood	Jason Nussbaum	<a href="mailto:jnussbaum@richland2.org">jnussbaum@richland2.org</a>	803-691-4049 ext. 36829

## Preparticipation Physical Evaluation - Physical Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Examination**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 BP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

### Preparticipation Physical Evaluation "Cleared"

Medically eligible for all sports without restriction  **"Cleared"**  
 Medically eligible for all sports without restriction with recommendations   
 Medically eligible for certain sports   
 Not medically eligible pending further evaluation   
 Not medically eligible for any sports

Recommendations: \_\_\_\_\_

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

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_ MD, D.O., P., or PA  
 Date: \_\_\_\_\_

## Doctor's Signature and Information

# Preparticipation Physical Evaluation - History Form

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

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

Date of Examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

List past and current medical conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever had surgery? If yes, list all past surgical procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): \_\_\_\_\_  
 \_\_\_\_\_

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

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

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date \_\_\_\_\_



**RICHLAND DISTRICT 2 SPORTS HEALTH FORM**

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
RSD2 Email \_\_\_\_\_@richland2.org School Year \_\_\_\_\_ - \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Athlete's Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Personal Email \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Family Dentist \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Family Orthopedist \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred Hospital \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Relation: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Relation: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Emergency Contact Name (other than parent/guardian) \_\_\_\_\_ Relation to Athlete \_\_\_\_\_  
Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PERMISSION TO PARTICIPATE, ASSUMPTION OF RISK, SECONDARY INSURANCE ACKNOWLEDGEMENT**

As the parent or legal guardian of the above named student-athlete, I/we give my permission for his/her participation in athletic activities and pre-participation physical evaluation (PPE) by a physician, physician's assistant, or nurse practitioner for that participation. I/We understand that the PPE is simply a screening evaluation and not a substitute for regular healthcare. I/We know that the risk of injury/illness to my child comes with participation in sports and during travel to/from activities. I/We have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means and give my/our permission to participate in interscholastic athletics. Richland School District 2 carries athletic accident insurance on all its athletes, intended to be an "excess" policy designed to pay after the athlete's primary health insurance. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing RSD2, the athlete should seek the attention of their school's Sports Medicine staff as soon as possible. A staff member will fill out the top portion of the insurance claim form. The parent/guardian should complete the remainder of the form, follow the attached directions, and mail the completed form to the insurance company. Medical care must be initiated within 30 days, and forms must be submitted directly to Team Assure Insurance Company by the PARENT within 90 days of the date of injury to be eligible for coverage. RSD2 or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics.

**RELEASE OF MEDICAL INFORMATION**

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

**CONCUSSION ACKNOWLEDGEMENT**

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

**CONSENT FOR MEDICAL TREATMENT**

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

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## RICHLAND DISTRICT 2 SPORTS HEALTH FORM

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### HEALTH INSURANCE INFORMATION

**Does the above athlete receive Medicaid benefits?** \_\_\_ Yes \_\_\_ No *(If yes, RSD2 insurance becomes primary coverage.)*

*Providing insurance information is **optional**, but may assist in more accurate claims processing in the event of an emergency when parents are not present. RSD2 does not file claims to private insurance companies, and it is ultimately the parents' responsibility to provide this information to all medical providers at the time of service.*

**Insurance Provider** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Claims Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Policy Holder's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Relation to Athlete** \_\_\_\_\_

**Policy Holder's Employer** \_\_\_\_\_ **Referral required prior to specialist care?** \_\_\_ Yes \_\_\_ No

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

### CONCUSSION INFORMATION

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

### DISTRICT ATHLETIC TRAINER INFORMATION

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

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

High School	Athletic Trainer	Email	Phone
Blythewood	Steve Meisel	<a href="mailto:smeisel@richland2.org">smeisel@richland2.org</a>	803-691-4090 ext. 28932
Richland Northeast			803-699-2800 ext. 79867
Ridge View			803-699-2999 ext. 69908
Spring Valley	Julie Sandy	<a href="mailto:jsandy@richland2.org">jsandy@richland2.org</a>	803-699-3500 ext. 69908
Westwood	Heather Johnson	<a href="mailto:heajohnson@richland2.org">heajohnson@richland2.org</a>	803-691-4049 ext. 36829

**RSD2 ZONED HIGH SCHOOL AND WAIVER REQUEST FORM  
FOR MIDDLE SCHOOL ATHLETIC ELIGIBILITY ON HIGH SCHOOL SPORTS TEAMS**

Note: This form must be completed for each semester. Approval must be granted before any seventh or eighth-grade student can compete in a sport at a high school. A student can only play sports at a high school other than the one for which the student is zoned if the student qualifies for one of the allowances below.

**PLEASE PRINT**

Student's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student's Address in Powerschool: \_\_\_\_\_ Attending Middle School: \_\_\_\_\_

**\*Note:** A student must be eligible to represent his/her middle school in order to participate on a high school sport team.

1<sup>st</sup> Semester Sport \_\_\_\_\_

2<sup>nd</sup> Semester Sport \_\_\_\_\_

High School for which student is currently zoned to attend: \_\_\_\_\_

High School student is requesting to play sports while in 7<sup>th</sup> – 8<sup>th</sup> grade: \_\_\_\_\_

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

**\*\*Please note that if false information is given related to the above permanent address/high school student is zoned for, the student may be ineligible for one calendar year (365 days).**

**Middle School Athletic Administrator's Signature:** \_\_\_\_\_

**VERIFICATION OF FUTURE SCHOOL ATTENDANCE ELIGIBILITY (Choose the One that Applies)**

High School for which student is currently zoned to attend

Reassigned Option Area

Employee Choice (Parent/Guardian must be a full-time Richland Two employee)

Employee Name (Please Print) \_\_\_\_\_

District Workplace \_\_\_\_\_

Employee Position \_\_\_\_\_

Future Sibling Transfer

Sibling(s) Currently Approved to Attend the Requested School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**\*Note:** To qualify for the Sibling Transfer Option, the currently approved student must be an approved student in attendance at the time the requesting student will enter the 9th grade. **\*\*** If your request is approved and eligibility is granted at the high school of your choice other than the high school for which the student is currently zoned to attend, your child **WILL NOT** be eligible at any other high schools during the seventh and eighth grade without a bonafide change of address.

**FOR HIGH SCHOOL ATHLETIC DIRECTOR USE ONLY**

Zoned High School: True \_\_\_\_\_ False \_\_\_\_\_

High School Athletic Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISTRICT REGISTRAR USE ONLY**

Verified Student is Eligible to Attend Requested School: Eligible \_\_\_\_\_ Not Eligible \_\_\_\_\_

District Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXECUTIVE DIRECTOR FOR STUDENT SERVICES USE ONLY**

Sports Eligibility for Waiver: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Executive Director for Services Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

# A FACT SHEET FOR High School Parents



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

## What Is a Concussion?

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

## How Can I Help Keep My Teens Safe?

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

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

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

## How Can I Spot a Possible Concussion?

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

### Signs Observed by Parents

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

### Symptoms Reported by Teens

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

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



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# CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

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



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

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

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

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

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



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

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

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

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

Revised January 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



# A FACT SHEET FOR High School Athletes



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

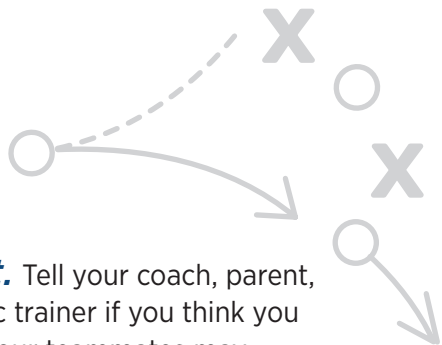
## WHAT IS A CONCUSSION?

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

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



**Report It.** Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.



**Get Checked Out.** If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



### **Give Your Brain Time to Heal.**

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

## Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

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



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# How Can I Tell If I Have a Concussion?

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

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

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

# How Can I Help My Team?



## **Protect Your Brain.**

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



## **Be a Team Player.**

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

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

Revised January 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)

