



Boy Jr. High School

59295 Rebel Drive
Slidell, Louisiana 70461
Phone (985) 643-3775
Fax (985) 649-9470



Jennifer Clark
Principal

Carolyn Duffaut
Assistant Principal

I hereby give permission for my child, _____ to attend and participate in the athletic events as herein described.

Event: Baseball Try-outs

Coach/Sponsor/Teacher: Clark

Time/Date: Jan 14 6:30-8:00, Jan 15 5:00-7:00

Location: Northshore High

Means of Transportation (Check one): ☒ Private Vehicle •see note below
☐ St. Tammany Parish School Bus/other (Please describe)

Before signing this form, please note that your signature will serve as a declaration that you have read, understood and agreed to the following:

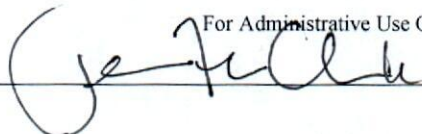
- A. You must provide evidence of possession of insurance before a student will be allowed to tryout or participate in any athletic activity, dance team, or cheerleading squad.
- B. You must provide evidence of a current physical for your child: a current physical completed within one year. This must be done before a student will be allowed to tryout or participate in any athletic activity, dance team, or cheerleading squad.
- C. Your child must meet all athletic eligibility academic, and behavioral guidelines.
- D. You must have completed an emergency card to be filed with the sponsor/coach of the activity.
- E. You must secure your child within fifteen (15) minutes following the conclusion of the activity.
- F. I give permission for Boy Jr. High personnel and/or chaperones to seek/administer emergency medical aid for/to my child if they deem it necessary.
- G. I will not hold St. Tammany Parish School Board, Boy Jr. High, Boy Jr. High administrators and/or faculty and/or the representative thereof responsible in the event of any accident during any and all aspects of the athletic activity.

Note: Before signing this form, please be certain that all your questions or concerns are addressed; you may contact the school at 985-643-3775.

Note: No ten (10) passenger vans/vehicles may be used to transport student to school activities.

Note: According to school board policy, owner of private vehicles that are used for school activities are primary insurance carriers.

Parent/Guardian Signature: _____ Date: _____

Activity Approval:  Date: _____
For Administrative Use Only

ATHLETIC EMERGENCY SHEET

STUDENT: _____ I.D.# _____
DATE OF BIRTH: _____

PARENT/GUARDIAN _____

TELEPHONE _____ WORK PHONE _____

Who will assume temporary care and responsibility for your child in the event of emergency:

1. NAME _____ PHONE: _____
2. NAME _____ PHONE: _____
3. NAME _____ PHONE: _____

LIST ANY ALLERGIES OR MEDICAL CONDITIONS:

- 1.
- 2.
- 3.
- 4.
- 5.

PROOF OF INSURANCE

1. Company: _____
2. Policy/Company/Card Number: _____
3. Expiration Date: _____

To Whom It May Concern: I give permission for Boyet Junior High School personnel to seek/administer emergency medical aid for my child as they deem necessary.

Parent/Guardian Signature

SCHOOL WAIVER FORM
EXTRACURRICULAR ACTIVITIES

The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accepts no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

Student's Name: _____ Sports/Activities: _____ Sex: M F

School: _____ Grade: _____ Age: _____ Date of Birth: ____/____/____

Parent's/Guardian's Name: _____

Father's/Guardian's SS#: XXX-XX-_____ Mother's/Guardian's SS#: XXX-XX-_____

Work Address: _____

Phone Number () _____

Home Address: _____

Phone Number: () _____

Another Person to Contact: _____

Relationship: _____ Phone Number: () _____

Insurance Company: _____

Policy Number and/or Group Numbers: _____

ALLERGIES: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____
(if over age 18)

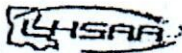
IMPORTANT NOTICE – It is the policy of the St. Tammany Parish School Board that **ALL ATHLETES PARTICIPATING IN OUR SCHOOL SPORTS PROGRAMS** must have either medical or accident insurance in order to participate! Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians.

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

- ☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.
☐ I have read and understand the Concussion Fact Sheet.
After reading the Concussion Fact Sheet, I am aware of the following information:

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

_____ Signature of Student-Athlete	_____ Date
_____ Printed name of Student-Athlete	
_____ Signature of Parent/Guardian	_____ Date
_____ Printed name of Parent/Guardian	



LHSAA MEDICAL HISTORY EVALUATION

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

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?
 Yes No Condition Whom Yes No Condition Whom Yes No Condition Whom
☐ ☐ Heart Attack/Disease _____ ☐ ☐ Sudden Death _____ ☐ ☐ Arthritis _____
☐ ☐ Stroke _____ ☐ ☐ High Blood Pressure _____ ☐ ☐ Kidney Disease _____
☐ ☐ Diabetes _____ ☐ ☐ Sickle Cell Trait/Anemia _____ ☐ ☐ Epilepsy _____

ATHLETE ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?
 Yes No Condition Date Yes No Condition Date Yes No Condition Date
☐ ☐ Head Injury / Concussion _____ ☐ ☐ Neck Injury / Stinger _____ ☐ ☐ Shoulder L / R _____
☐ ☐ Elbow L / R _____ ☐ ☐ Arm / Wrist / Hand L / R _____ ☐ ☐ Back _____
☐ ☐ Hip L / R _____ ☐ ☐ Thigh L / R _____ ☐ ☐ Knee L / R _____
☐ ☐ Lower Leg L / R _____ ☐ ☐ Chronic Shin Splints _____ ☐ ☐ Ankle L / R _____
☐ ☐ Foot L / R _____ ☐ ☐ Severe Muscle Strain _____ ☐ ☐ Pinched Nerve _____
☐ ☐ Chest _____
 Previous Surgeries: _____

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

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

PARENTS' WAIVER FORM

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

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

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

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

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

Height _____ Weight _____ Blood Pressure _____ Pulse _____

GENERAL MEDICAL EXAM:

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐

ORTHOPAEDIC EXAM:

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

Health Care Provider notes (if needed): _____

☐ Medically eligible for all sports without restriction
☐ Medically eligible for certain sports
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____
☐ Not medically eligible pending further evaluation
☐ Not medically eligible for any sports
 This recommendation is from a limited screening.

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

SCA Information: Parent/Guardian and Student Athlete Acknowledgement Form

Starting August 1, 2024, Louisiana Law [Act 421 (R.S. 17:440.3)] requires schools to inform parents and student athletes about heart health. Schools must provide written information about the requirements a student athlete who has or has had a heart-related issue must meet before participating in sports. This information must be given to parents and guardians, and they must sign to show they have received and understood it. This ensures proper communication and safety measures are in place for student athletes returning to play.

Acknowledgment Form: (Please return this signed form to the school administration.)

By signing below, I acknowledge that I have received and understood the information regarding Sudden Cardiac Arrest (SCA) and the requirements for my child to return to play after experiencing any related health issues.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Student Athlete Name: _____

Student Athlete Signature: _____

Date: _____

What are the signs and symptoms of a concussion?

SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES
Athlete is dazed or stunned
Athlete is disoriented with respect to time, place or person
Athlete is clumsy
Athlete is slow to respond
Moves clumsily
Answers questions slowly
Balance or coordination problems
Shows behavior or personality changes
Can't recall events prior to injury
Can't recall event at injury

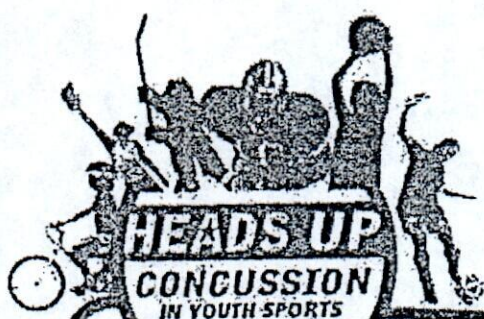
SYMPTOMS REPORTED BY ATHLETE
Headache
Nausea
Balance problems
Double or blurry vision
Sensitivity to light or noise
Feeling sluggish
Feeling drowsy or tired
Concentration or memory problems
Loss of consciousness

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected to be able to "diagnose" a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:

When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department immediately.



A Fact Sheet for ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- Get a medical check up. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

- > The right equipment for the game, position, or activity
- > Worn correctly and fit well
- > Used every time you play

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



A Parent's Guide to Concussion in Sports

What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion.

Concussion Facts

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
 - Concussions occur most frequently in football, but girl's lacrosse, girl's soccer, boy's lacrosse, wrestling and girl's basketball follow closely behind. All athletes are at risk.
 - A concussion is a traumatic injury to the brain.
 - Concussion symptoms may last from a few days to several months.
 - Concussions can cause symptoms which interfere with school, work, and social life.
 - An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
 - A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.
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Important Information about Sudden Cardiac Arrest for Parents and Student Athletes

Starting August 1, 2024, Louisiana Law [Act 421 (R.S. 17:440.3)] requires schools to inform parents and student athletes about heart health. Schools must provide written information about the requirements a student athlete who has or has had a heart-related issue must meet before participating in sports. This information must be given to parents and guardians, and they must sign to show they have received and understood it. This ensures proper communication and safety measures are in place for student athletes returning to play.

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is the sudden loss of all heart activity (i.e. the heart stops beating). This stops blood flow to the body's organs. It usually occurs because of an abnormal heart rhythm called ventricular fibrillation. If CPR is not started quickly, SCA can lead to death within minutes.

Warning Signs and Symptoms of SCA

- Sudden collapse;
- No pulse;
- No breathing;
- Loss of consciousness

Sometimes other symptoms occur before sudden cardiac arrest. These might include:

- Chest discomfort.
- Shortness of breath.
- Weakness.
- Fast-beating, fluttering or pounding heart; called palpitations.

*But sudden cardiac arrest often occurs with no warning. **If any of these symptoms occur during exercise, the student athlete should STOP PLAY AND SEE A HEALTH CARE PROVIDER immediately.***

Possible Causes of SCA:

- *Structural heart defects, like congenital heart diseases or Marfan syndrome;*

- *Problems with the heart's electrical system (which can make the heart beat too fast, too slow, or irregularly);*
- *Diseases affecting the heart muscle: (such as hypertrophic cardiomyopathy);*
- Heart infections; and
- *Other factors, such as direct impact to the chest.*

Additional Risk Factors:

- *Family history:* Sudden death of a close relative before age 50; history of heart conditions like cardiomyopathy, Marfan syndrome, Long QT syndrome, or heart rhythm problems; and/or history of immediate family members experiencing SCA.
- Heart murmurs
- High blood pressure

Requirements for Return to Play:

If a student athlete has experienced SCA or any of its warning signs, a consultation with a health care provider is necessary. To return to play, the athlete must provide:

- Written clearance from a doctor; AND
- Acknowledgment form signed by the parent or guardian and the student athlete.

More information:

More information may be found at Parent Heart Watch (<https://parentheartwatch.org/>)
