

Medical Consent Form/Authorization to Release Health Information

Student/Athlete Name _____ Date of Birth _____ Grade _____
Social Security Number _____ School West Monroe High School Sports Soccer
Address _____

Provider authorized to release/receive the health information (Athletic Trainer/Physician): Kirk Frantom/
Entity to receive/release the Health Information (Coach's Name): Steven Dickman
Address 201 Riggs St., West Monroe, LA 71291
Attention: _____

MEDICAL CONSENT

Consent is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student/athlete. In the event of serious illness, the need for major surgery or significant accidental injury (the "Injury"), I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said attending physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. In the event a major emergency surgery is indicated, the procedure will not be performed unless another licensed physician concurs.

Consent is also hereby granted to the athletic trainer to provide the needed emergency treatment and first aid to the athlete prior to his referral to the attending physician or admission to the medical facilities.

It is specifically understood and agreed by the undersigned that West Monroe High School/Ouachita Parish School Board is not responsible for any such medical expenses incurred by the student/athlete, whether as a result of an injury referral, regardless of the provider, or during any West Monroe High School athletic event.

AUTHORIZATION TO RELEASE HEALTH INFORMATION

The undersigned patient (parent or Legal Guardian) hereby authorizes the Provider named above to release the Health Information to the Recipient named above. The patient (parent or legal guardian) has the right to refuse to sign this authorization. This authorization to release the health information listed above can be revoked at any time (upon written notification) except to the extent that (1) Provider has already released the health information before being notified of the revocation, or (2) Provider has taken action in reliance on this authorization. Provider's Notice of Privacy Practices contains more information on how to revoke this authorization. This authorization will expire one year from date of signature. When the Patient's health information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the Recipient or any of its agents and /or employees. Appropriate patient information related solely to the Injury and its corresponding prognosis may be communicated by the physician or physicians staff to the athletic trainers and school coaches for the purpose of determining the athlete's ability to play sports, or any reduced level of sports related activity.

Signature of Student/Athlete

Date

Signature of Parent/ Legal Guardian

Date

Phone Numbers where parents / Legal Guardian can be contacted:

Home _____

Office _____

Family Physician Information: _____

Name of Primary Insurance Company _____

Policy # _____

Address of Insurance Company _____

Ouachita Parish School Board

Student Proof of Insurance/Waiver of Coverage Form

The Ouachita Parish School Board **does not** provide insurance coverage or assume liability for accidents to student athletes resulting from the participation in school activities, regardless if the student is covered under a private, family or group insurance policy or not. However, the School Board does make available student accident insurance that can be purchased by parents or legal guardians to cover students.

In accordance with school board policy (EGB), all student athletes and participants in extra-curricular activities **must** purchase student accident insurance through a carrier designated by the School **or** have on file in the Athletic Director's office a waiver form which declines coverage and/or verifies coverage under a family or group policy. The waiver must be signed by the parent or legal guardian of the student athlete or participant.

Student accident insurance enrollment forms and contact information are available in the School Office.

As a parent or legal guardian, you are responsible for any expenses relating to any injuries your child may sustain while participating in school-sponsored athletic or extra-curricular activities.

For a record of your compliance with the above student insurance coverage and waiver requirement, please complete the option you choose below for each child you have participating in athletics or extra-curricular activities.

Option A

I **decline** the opportunity to purchase *student accident insurance* offered through the school. I understand that I am fully responsible for payment of any expenses incurred if my child is injured while participating in school-sponsored athletic or extra-curricular activities.

My child, (print name) _____, ☐ is covered or ☐ is not covered under a family or group insurance policy. Provide private insurance information below.

(Insurance Company Name)

(Policy No./Group No.)

(Parent's/Guardian's Signature)

(Date)

Option B

YES, I want to purchase the student accident insurance coverage offered through the school for my child,

(Student-Athlete's Name – Please Print)

Check one: ☐ My application for *student accident insurance* and payment are enclosed.

☐ Proof of my online enrollment in *student accident insurance* and payment are attached.

(Parent's/Guardian's Signature)

(Date)

OUACHITA PARISH SCHOOL BOARD
STUDENT DRUG TESTING CONSENT FORM

PARENT

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

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

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

STUDENT

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

Student's Name _____ School West Monroe High School

(Please Print)

Student's Signature _____ Date: _____

Student's Social Security # _____ Grade: _____

Please check your status with the student drug-testing program:

Athlete-list sport(s) Soccer

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

Choir (performance group) _____ Volunteer _____

Parent's Name _____

(Please Print)

Parent's Signature _____

Parent's Address _____ Phone _____

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

Medications: _____

Physician: _____

COVID-19 RELEASE AND WAIVER FOR EXTRACURRICULAR ACTIVITIES

IMPORTANT LEGAL DOCUMENT: PLEASE READ CAREFULLY

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

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

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

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

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

STUDENT NAME

STUDENT SIGNATURE

West Monroe High School
SCHOOL

PARENT/GUARDIAN SIGNATURE

DATE

Illustrative listing of Extracurricular Activities:

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

WEST MONROE HIGH SCHOOL ATHLETICS

WARNING AND ASSUMPTION OF RISK FORM

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

SPORT (Check all that apply)

☐ BASEBALL ☐ BASKETBALL ☐ CHEERLEADING ☐ CROSS COUNTRY
☐ DANCELINE ☐ FOOTBALL ☐ GOLF ☐ POWERLIFTING
☒ SOCCER ☐ SOFTBALL ☐ SWIMMING ☐ TENNIS
☐ TRACK ☐ OTHER: _____

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

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

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

DATE _____ STUDENT SIGNATURE _____

DATE _____ PARENT/GUARDIAN SIGNATURE _____

OUACHITA PARISH SCHOOL BOARD

**EMPLOYEE REQUEST FORM TO CONTACT STUDENTS THROUGH THE USE OF
TELECOMMUNICATION AND/OR WIRELESS INTERNET**

Form B- Parent Permission

To the Parent:

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

.....

Parental approval is granted: () Yes () No

(Student name)

(Student signature)

(Parent/guardian name)

(Parent/guardian signature)

Date: _____

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

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

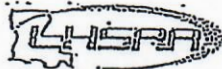
Date

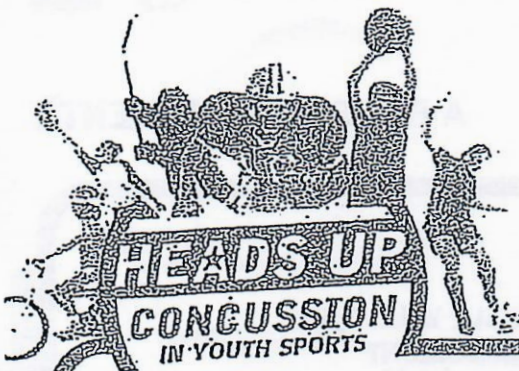
Printed name of Student-Athlete

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian





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?

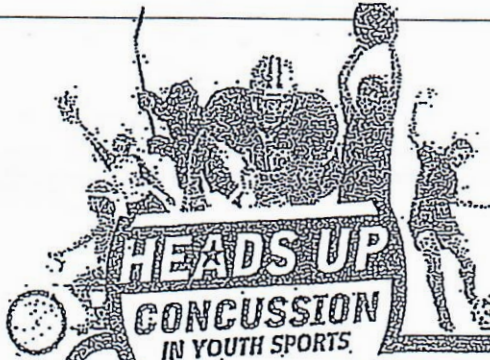
Every sport is different, but there are steps you can take to protect yourself.

- 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 Fact Sheet for PARENTS



HEADS UP CONCUSSION IN YOUTH SPORTS

WHAT IS A CONCUSSION?

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

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

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

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

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

Symptoms Reported by Athlete

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

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

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

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

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

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

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