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 Mononucleosi
☐	☐	High Blood Pressure	☐	☐	Diabetes	☐	☐	Enlarged Spleen
☐	☐	Dizzy / Fainting	☐	☐	Liver Disease	☐	☐	Sickle Cell Trait/Anemia
☐	☐	Organ Loss (kidney, spleen, etc)	☐	☐	Tuberculosis	☐	☐	Overnight in hospital
☐	☐	Surgery	☐	☐	Prescribed EPI PEN	☐	☐	Allergies (Food, Drugs) ______
☐	☐	Medications ______						

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

PARENTS' WAIVER FORM

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

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

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

Revised 5/23 **This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.**

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

This form must be completed and signed ***by the student-athlete's parent*** *prior to a student's participation in an athletic contest and shall be kept on file with the school.* **It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school.** *This form is subject to* ***review****/inspection by the LHSAA* ***or its representative.***

PART I: STUDENT INFORMATION *(Please Print)*

Student's Name: (Last, First, Middle)______________________________School Year: ____________

Date of Birth:______________________________Last Four Digits of SSN: ____________________

Home Address: ____

City:________________________Zip: ____

My child entered ninth grade in____________(month and year). Last semester/year he/she attended ______ ___________________________High School.

ARE YOU ELIGIBLE?

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

RULE	COMMENTS
BONA FIDE STUDENT	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8th grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
ENROLLMENT	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
AGE	A student shall not become 19 years of age prior to August 1 of this year.
PROOF OF AGE	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
CONSECUTIVE SEMESTERS	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.26.6 of the LHSAA handbook)
SCHOLASTIC	For regular education high school students at the end of the first semester a student shall **pass at least six subjects** in all subjects taken. At the end of the year and prior to the next school year, a student shall must have **earned at least six units with an overall "C" average for the entire previous school year** as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester. Special education students must consult the school principal, athletic director, or coach for scholastic information.
RESIDENCE AND SCHOOL TRANSFERS	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
UNDUE INFLUENCE	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
AMATEUR	A student cannot play high school athletics if he/she loses their amateur status.
INDEPENDENT TEAM	In certain sports a student cannot play on a school team and an independent team during the same sport season.

MEDICAL EXAMINATION	A student shall **annually** pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.
ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM	A school shall **only** be required to have this form completed and signed prior to **the first time a student participates** in LHSAA athletics at the school **unless the student transfers to another member school**.
SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM	A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.
SUSPENDED AND INELIGIBLE STUDENTS	Shall not participate in any interscholastic contest on any team at any school at any level.

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

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

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

PART II – PARENTAL PERMISSION

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

I certify the home address listed **on this form** is my sole bona fide residence and **that I** will notify the school principal immediately of any change in **my** residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

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

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

I hereby give my consent and approval for **my child** to participate in ***any*** of the following LHSAA sports:

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

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.

Date:____________________ **Parent's Signature:** ________________________

Relationship to Student ____________ **(Print Name)** ________________________

(Principal Signature) ______________________________

LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

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

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

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

Dated: ______________________ ______________________
Student Athlete

Dated: ______________________ ______________________
Parent/Guardian

Dated: ______________________ ______________________
Principal

Dated: ______________________ ______________________
Head Coach or AD

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

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

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

LOUISIANA
ATHLETIC CARE

Sudden Cardiac Arrest Information for Parents and Student Athletes

Introduction:
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
- An 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/)

The above information was provided by the Louisiana Department of Education in response to Act 421 (R.S. 17:440.3). The original multi-page document can be found here: https://doe.louisiana.gov/docs/default-source/healthy-communities/copy-of-sudden-cardiac-arrest-information-for-parents--act-421-(1)-.pdf?sfvrsn=[illegible]

Handout: Concussion Preseason Student & Parent Education

Your school / sport team partners with Concussion Solutions, LLC to provide concussion management services for its student-athletes and parents. Concussion Solutions is the provider of a health management system that establishes the highest standard of care for safe return to activity by coordination communication between the coach, parent, student-athlete, school administration, and local medical experts that utilize industry leading tools in the diagnosis and treatment of -related concussion. Below is information mandated by the Louisiana Youth Concussion Act (RS 40-1299.181) regarding sport-related concussion:

What is a concussion?
A concussion is a brain injury that results in your brain not working as it should. Any blow to the head, face, neck, or body that causes a sudden shaking or jarring of the brain inside the skull may cause a concussion. You do not have to get hit in the head to have a concussion. For example, receiving a hard hit in football or a collision with a wall or the ground that jars the head and neck can cause a concussion. Also, you do not need to lose consciousness to have a concussion. Only a small percentage of concussions result in loss of consciousness.

Concussions are not a structural injury (i.e. a skull fracture), but can better be described as a metabolic dysfunction that leaves the brain in a very vulnerable state and can change the way your brain normally works. This metabolic dysfunction can cause a myriad of symptoms that may not present themselves until hours or even days after the injury and typically presents differently for each student-athlete. Thus, each injury should be managed individually.

Common symptoms:
You can't "see" a concussion per say, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury and can sometimes last for weeks or even longer in some cases. Concussion may cause one or multiple symptoms that can interfere with the student-athlete's academic, athletic, and personal or social life. Concussions occur most frequently in football, but women's soccer, men's and women's basketball, volleyball, and wrestling follow closely behind. All student-athletes are at risk. Concussion signs and symptoms include but are not limited to the following:

- **Physical Symptoms:** headache, nausea, vomiting, balance problems, dizziness, light-headedness, "pressure in head" sensation, neck pain, fatigue or low energy, sensitivity to light and/or noise, blurred or abnormal vision, numbness or tingling.
- **Sleep Symptoms:** sleeping less, sleeping more than usual, trouble falling asleep, drowsiness
- **Emotional Symptoms:** irritability, sadness, nervous or anxious, feeling more emotional than normal
- **Cognitive symptoms:** feeling slowed down, feeling like in a fog, difficulty concentrating, difficulty remembering

How long will symptoms last?
The length of symptoms varies greatly between individuals. For some, symptoms may last less than 24 hours, while for others symptoms may last several weeks to months. Some concussion symptoms may not appear right away, over the first 48-72 hours these symptoms should evolve and peak. It is important to know that even after the physical symptoms are gone, the brain is still healing. It usually takes at least 1-2 weeks once symptom-free before you are safe to return to full participation. That is why it is important to follow an appropriate Return to Play Protocol supervised by a licensed healthcare professional.

Can I prevent a concussion?
Preventing concussion injuries is challenging. The yolk of the egg floats inside and hits the eggshell when its shaken or jolted. Much like the egg yolk, your brain floats in cerebral spinal fluid within your skull. Today's helmet technology is advanced from its origins, but they still fail to prevent the brain from hitting the inside of the skull. Small steps like following your sport's rules, wearing equipment properly, avoiding to use the head as the primary point of contact or as a weapon, strengthening neck muscles to reduce whiplash probability and absorb forces may not prevent a concussion but could greatly decrease the chance of a concussion.

Louisiana Youth Concussion Law (RS 40-1299.181) & Concussion Protocol(s):
Louisiana requires specific steps for student-athletes participating in organized (ages 7-19 y/o) as it relates to concussion injuries

- Any student-athlete suspected of a concussion is removed from practice / game and evaluated by a licensed healthcare provider
- Student-athletes are required to have written medical clearance from a medical professional (MD, DO, NP, PA or Psych), preferably trained in the management of concussion to return to practice / games and complete a graduated return to full athletic participation
- Annual education and course completion requirement for public/private schools and rec leagues/clubs' athletes, parents, coaches, & officials

When in doubt sit it out:
The short-term and long-term effects of continuing to participate with concussion can be devastating. If a concussion is suspected, the student-athlete SHOULD NOT return to play or practice on that same day, as per LA Youth Concussion Law. The student-athlete should seek consultation from their licensed athletic trainer or healthcare provider. If your school's licensed athletic trainer isn't available, make sure to report to your team's coach or school nurse immediately. The long-term consequence of continuing to play through a concussion or returning too soon is Post-Concussive Syndrome. This results in long-term (often life-long) concussion symptoms.

The most serious risk of returning to play too soon is Second Impact Syndrome. Second Impact Syndrome is a severe condition that occurs when a student-athlete sustains a second blow to the head prior to the brain being fully recovered from the first concussion. Second Impact Syndrome is rare, but when it occurs, it is almost always fatal, resulting in death.

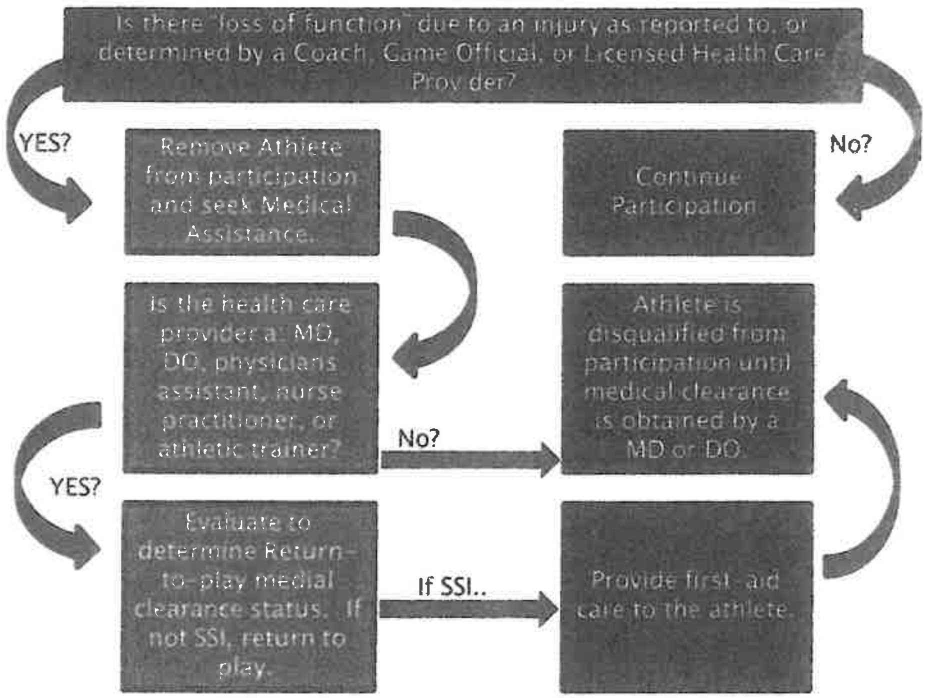
LOUISIANA ATHLETIC CARE

Parent and Athlete Notification of the Risk of Serious Injury in Athletics

Pursuant to Act 352 of the 2011 Louisiana Legislative Session, before a student is allowed to participate in any school-sponsored or school sanctioned athletic activity, the student and parents or guardian of the student shall document they have viewed information provided in written or verifiable electronic form by the school regarding the risks of serious sports injuries.

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. NO amount of instruction, precaution or supervision will totally eliminate all risk of injury. Participation in athletics is inherently dangerous. The obligation of parents/guardians and students in making this choice to participate cannot be overstated.

What happens when my child sustains a Serious Sport Injury?



By granting permission to your son/daughter to participate in athletic competition through the LHSAA physical form and LAC Emergency Contact Form, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving many risks of injury. Both the athlete and parent/guardian must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and the potential impairment to other aspects of the body, general health, and well being.

Because of the dangers of participating in sports, we (parent/guardian and player) recognize the importance of following instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instruction.

If any of the foregoing is not completely understood and you have questions, please contact your school's athletic trainer or athletic director for further information.

Important Definitions

Direct Injury refers to an injury which results from participation in the fundamental skills of the sport. This may include, but not limited to, fractures, dislocations, injuries to the eyes, dental, or any other acute episode of musculoskeletal injury.

Indirect Injury refers to an injury caused by a systemic failure (usually cardiac or respiratory in nature) resulting from exertion while participating in an activity, or by a complication which may be secondary to a non-fatal injury. This may include, but not limited to, abnormal/difficulty in breathing, the appearance of dizziness or confusion or any other unusual behavior exhibited by a student-athlete.

Loss of function – Any sign of inability to perform any sport specific activity or movement. This may include, but not limited to, walking/running with a limp or holding/protecting a body part, or any other impaired movement.

Responsible School Personnel – The individual(s) (i.e., head coach, assistant coach, etc.) designated by the respective school with the responsibility for student-athlete safety.

Return-to-Play (RTP) – A term used to describe when a student-athlete, who has followed a step-wise protocol, is released to return to practice or competition.

Appropriate Mid-Level Provider – A health care provider duly authorized by a supervising MD/DO to provide care for sports injuries in accordance with their respective scopes of practice. For the purpose of this injury management program, the following health care providers may function as an appropriate mid-level provider onsite at any school-sponsored or sanctioned athletic activity: an athletic trainer (AT) certified by LSBME to practice in Louisiana; physician assistant (PA) licensed to practice in Louisiana; a registered nurse practitioner licensed to practice in Louisiana.

Parent/Guardian: Keep this copy for your records

Sports Medicine Emergency Contact Form – Last Revised 2/14/24

ATHLETE NAME: ______________________ Date of Birth: ____________ Graduation Year: ________

School: ______________ Sport(s): ______________________________ Last 4 SSN: ________ (Required for LHSAA eligibility)

Address: ____

Primary Parent/Guard Name: ______________________ ☐ Mom, ☐ Dad, ☐ Other: ____________

Phone: ____________________ Email Address: ______________________________

Secondary Parent/Guard Name: ______________________ ☐ Mom, ☐ Dad, ☐ Other: ____________

Phone: ____________________ Email Address: ______________________________

Emergency Contact if above contacts can't be reached: ____________________ Phone: ____________

Select One

☐ PRIVATE INSURANCE (NAME/ID#): ______________________________

☐ MEDICAID (ID#): ______________________________

☐ NO INSURANCE: I understand and agree that the school and its sports medicine partners will assume no responsibility whatsoever, if the student-athlete is uninsured, for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in extracurricular athletics.__________(initial)

FAMILY PHYSICIAN/PCP: ______________________________

Medical History Please check all that apply: Asthma __ Fainting / Passing Out ___ Eating Disorder ___ Depression / Anxiety ___

Epilepsy / Seizures ___ Concussion __ Heat Illness ___ Substance Addiction ___ Mononucleosis ___ Sickle Cell Trait ___

List Current Meds taken on regular basis: ______________________________

If checked or listed above please explain: ______________________________

Parent or Legal Guardian please read the following:

- I understand that all injuries and illnesses sustained by my child or changes to medication status are to be reported to the coach or athletic trainer.
- I hereby give my permission to undergo medical treatment for any injury or illness that may be sustained or acquired during high school athletics by a licensed athletic trainer with Louisiana Athletic Care.
- I authorize the health care and educational providers of the above-named athlete to disclose medical and academic information to and receive information regarding the injury and treatment of named individual from the following: Athletic Director, Athletic Trainer, Team Physician, Treating/Consulting Physician, Team Coach, and Administrative Assistant to the Athletic Director for the purposes of treatment, prognosis, emergency care, injury record-keeping, gradual return to learn, and gradual return to play protocol(s).
- I understand that the licensed athletic trainer will perform only those procedures that are within their training, credentials, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries.
- I understand that if my son/daughter suffers a potentially life-threatening injury or illness, and in the event that we [parent(s)/ guardian(s)] cannot be reached within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.
- I verify that I understand that my child may be injured while participating in any high school athletic practice or competition.
- I understand that it is possible that my child may sustain an injury which may result in permanent disability, paralysis, or possibly death.
- I understand that paralysis may include loss of movement, feeling, and use of his/her arms, legs, and trunk that may last a lifetime.
- I understand that it is my child's responsibility to adhere to all the rules and regulations of his/her chosen sport and that any infraction of these rules and regulations may result in injury to his/her opponent or his/herself. I also understand that no modification of protective equipment or uniform should be made.
- I understand that it is my child's responsibility to report faulty or poor fitting equipment immediately to the coach, equipment manager, or athletic trainer.
- I hereby authorize the release of copies of all current and past medical records pertaining to my medical history, including all physical and athletic training records, diagnosis, treatment history, and prognosis of injuries from your personal knowledge and/or records to Louisiana Athletic Care's athletic trainers and medical staff(s). By my signature below I release Louisiana Athletic Care, LLC and above-mentioned school system from all liability which could relate to the release of such medical records and information.
- A photo-copy of this authorization shall be deemed as effective and valid as the original.
- **I have read, reviewed, and understand the Serious Sports Injury handout (printed and or digital format) regarding Youth Sports Injury – Comprehensive Sports Injury Management Program / Remy Hildago Act provided by Louisiana Athletic Care, LLC.**
- **I have read, reviewed, and understand the Concussion Solutions, LLC handout (printed and or digital format) regarding Louisiana Youth Concussion Act provided by Concussion Solutions, LLC.**
- **I have read, reviewed, and understand the Sudden Cardiac Arrest handout (printed and or digital format) and the requirements for my child to return to play after experiencing any related health issues regarding Louisiana Act 421 (RS 17.440.3) provided by Louisiana Athletic Care, LLC.**

I do hereby certify that all the above information is true to the best of my knowledge and consent to the above:

Student-Athlete's Signature: ______________________________ Date: ____________________

Parent/Guardian's Signature: ______________________________ Date: ____________________

Print student name (Last, First)______________________________