



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: Football tryouts with season to follow

Coach/Sponsor/Teacher: Renaz Wilson

Time/Date: July 27 and 28, 7:30-9:30

Location: Boy Jr.

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:

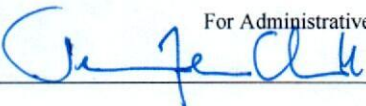
- A. You must provide evidence of possession of insurance before a student will be allowed to tryout or participate in any athletic activity, dance team, or cheerleading squad.
- B. You must provide evidence of a current physical for your child: a current physical completed within one year. This must 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. 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. 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:  For Administrative Use Only Date: 5-14-26

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.

Name: _____ School: _____ Grade: _____ Date: _____
 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
☐ ☐ Heart Attack/Disease _____
☐ ☐ Stroke _____
☐ ☐ Diabetes _____
☐ ☐ Sudden Death _____
☐ ☐ High Blood Pressure _____
☐ ☐ Sickle Cell Trait/Anemia _____
☐ ☐ Arthritis _____
☐ ☐ Kidney Disease _____
☐ ☐ Epilepsy _____

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

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

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	Norm	Abnl
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐

II. Upper Extremity	Norm	Abnl
Shoulder	☐	☐
Elbow	☐	☐
Hand / Fingers	☐	☐
Wrist	☐	☐

III. Lower Extremity	Norm	Abnl
Knee	☐	☐
Hip	☐	☐
Ankle	☐	☐

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.

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?

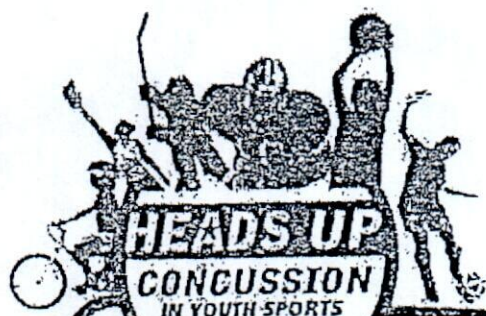
SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Feeling fatigued
Is confused about what is going on	Nausea or vomiting
Cannot remember events before or after the injury	Balance problems or dizziness
Moves clumsily	Double or blurry vision
Appears to be slow to respond	Sensitivity to light or noise
Does not respond to questions	Feeling sluggish
Is not able to follow instructions	Feeling like they are not ready to go
Shows behavior or personality changes	Concentration or memory problems
Has a headache or pressure in the head	Loss of consciousness
Can't recall events after the injury	

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.



Frank J. Jabbia
Superintendent

Steve E. Alfonso, Jr.
Assistant Superintendent

Kimberly B. Gardner
Assistant Superintendent

Mary Hart
Assistant Superintendent

Jeanne B. McCurley, Ph.D.
Assistant Superintendent

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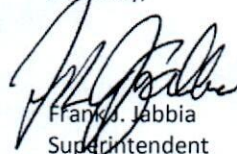
Dear Parent/Guardian:

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

The St. Tammany Parish School Board does not provide a base accident-medical expenses insurance plan for students, however, the School Board does provide a \$25,000.00 deductible catastrophic policy for all interscholastic athletes, including interscholastic football and cheerleaders and participants of non-sport extra-curricular activities. Details regarding provision of this plan are available through the School Board office. If you have a son or daughter participating in interscholastic sports or cheerleading, we recommend you investigate the following:

1. Check with your own health insurance carrier to determine the nature and extend of coverage available to you due to athletic injury.
2. If athletic injuries are not covered or only partially covered through your current health plan, consider purchasing a rider to that plan.
3. Contact the School's Athletic Department for information regarding an insurance plan designed for students that is offered at the beginning of the school year or throughout the year upon your request.

Sincerely,



Frank J. Jabbia
Superintendent

Learning to Last a Lifetime.®



FRANK J. JABBIA
Superintendent

321 N. Theard St.
Covington, LA 70433
985.892.2276 • Fax 985.898.3267

DATE: July 1, 2025

TO: Junior High & High School Principals

FROM: Mike Wills, Supervisor of Administration *MW*
Brennan McCurley, Supervisor of Administration

RE: Student Accident Insurance

The voluntary student and athletic accident insurance plan is again available for the 2025-2026 school year. Families are able to access the brochure showing plan benefits and rates, as well as, enroll in a plan by going online. This plan is strictly voluntary and parents may enroll by going to the St. Tammany Parish School Board website, stpsb.org and clicking on the three bars on the top right side of the page. Select Departments and Services under our District. Click Athletics and scroll down to and click on the Student Insurance block located on the right.

Remember, all student athletes must have health or accident insurance before being permitted to participate. This insurance plan could be used for football and other sports related insurance needs. Please inform the coaching staff that this material will be available.

Please find attached the waiver form that must be distributed to, and completed by all parents whose children are participating in football and other extra-curricular programs.

If you have any questions concerning this request, you may contact us at 898-3296

Approved By:

Steve Alfonso
Steve Alfonso
Associate Superintendent

Tr

C: Frank J. Jabbia, Superintendent
Brian Davis, Risk Management