PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

Kansas State High School Activities Association

PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

STUDENTS/PARENTS

1. ☐ Complete the History Form (pages 1 & 2) and the top section of the Medical Eligibility Form (page 4) PRIOR to your appointment with your healthcare provider.
2. ☐ Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
3. ☐ Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
4. ☐ Review and sign the Concussion and Head Injury Release Form provided by the school.

HEALTHCARE PROVIDERS

1. ☐ Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. ☐ Review the Physician Reminders at the top of page 3 and complete the Physical Examination Form.
3. ☐ Review the Student Information at the top of page 4, complete the Medical Eligibility Form, AND SIGN page 4.

The PPE form becomes part of the student's record at their school and should not be sent to the KSHSAA.

SCHOOL ADMINISTRATORS AND SCHOOL MEDICAL PERSONNEL

1. ☐ Collect the completed PPE forms with the appropriate signatures on pages 4 & 5. **ONLY** personnel with a medical or educational need to review this information should have access to the PPE form. Forms should be kept secure and confidential at all times. The PPE should **NOT** be collected by coaches at practice.
2. ☐ Based on your school's policy, determine which medical personnel or administrative staff are responsible to review and disseminate the student's medical information provided on the form. [Ensure Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) compliance]*
3. ☐ Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
4. ☐ Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.

* Schools should have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

NOTE: When providing PPE information to the school, the parent/guardian may choose to turn-in the complete PPE or pages 4 & 5 only.

The annual history and the physical examination shall not be taken earlier than April 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

Kansas State High School Activities Association

PRE-PARTICIPATION PHYSICAL EVALUATION

PPE

PPE is required annually and shall not be taken earlier than April 1 preceding the school year for which it is applicable.

Pages 1-4 are adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

HISTORY FORM *(Pages 1 & 2 should be filled out by the student and **parent/guardian** prior to the physical examination)*

Name _____ Date of Birth _____ Age _____ *Sex at Birth _____

Grade _____ School _____ Sport(s) _____

Home Address _____ Phone _____

Personal Physician _____ Parent Email _____

*In cases of disorder of sexual development (DSD), designation of sex at birth may be delayed for a period of time until medical providers and family can make the appropriate determination.

Students and parents/guardian should complete pages 1-2 together. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

GENERAL QUESTIONS:	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	☐	☐
2. Has a provider ever denied or restricted your participation in sports for any reason?	☐	☐
3. Do you have any ongoing medical issues or recent illness?	☐	☐
4. Have you ever spent the night in the hospital?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU:	**YES**	**NO**
5. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?	☐	☐
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	☐	☐
8. Has a doctor ever told you that you have any heart problems?	☐	☐
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	☐	☐
10. Do you get light-headed or feel shorter of breath than your friends during exercise?	☐	☐
11. Have you ever had a seizure?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:	**YES**	**NO**
12. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	☐	☐
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	☐	☐
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	☐	☐
BONE AND JOINT QUESTIONS:	**YES**	**NO**
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	☐	☐
16. Have you ever had any broken or fractured bones or dislocated joints?	☐	☐
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?	☐	☐
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?	☐	☐
19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?	☐	☐
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?	☐	☐
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Downs Syndrome or Dwarfism)?	☐	☐

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

Name _____ Date of Birth _____

MEDICAL QUESTIONS:	YES	NO
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
23. Have you ever used an inhaler or taken asthma medicine?	☐	☐
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?	☐	☐
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?	☐	☐
26. Have you had infectious mononucleosis (mono)?	☐	☐
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	☐	☐
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	☐	☐
If yes, how many?		
What is the longest time it took for full recovery?		
When were you last released?		
29. Do you have headaches with exercise?	☐	☐
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?	☐	☐
31. Have you ever become ill while exercising in the heat?	☐	☐
32. Do you get frequent muscle cramps when exercising?	☐	☐
33. Do you or does someone in your family have sickle cell trait or disease?	☐	☐
34. Have you ever had or do you have any problems with your eyes or vision?	☐	☐
35. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
36. Do you worry about your weight?	☐	☐
37. Are you trying to or has anyone recommended that you gain or lose weight?	☐	☐
38. Are you on a special diet or do you avoid certain types of foods or food groups?	☐	☐
39. Have you ever had an eating disorder?	☐	☐
40. How do you currently identify your gender? ☐ M ☐ F ☐ Other _____		

41. Over the last 2 weeks, how often have you been bothered by any of the following problems? *(check box)*	NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious, or on edge	0 ☐	1 ☐	2 ☐	3 ☐
Not being able to stop or control worrying	0 ☐	1 ☐	2 ☐	3 ☐
Little interest or pleasure in doing things	0 ☐	1 ☐	2 ☐	3 ☐
Feeling down, depressed, or hopeless	0 ☐	1 ☐	2 ☐	3 ☐

(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes)
Patient Health Questionnaire Version 4 (PHQ-4)

FEMALES ONLY:	YES	NO
42. Have you ever had a menstrual period?	☐	☐
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?	☐	☐
44. How old were you when you had your first menstrual period?		
45. When was your most recent menstrual period?		
46. How many menstrual periods have you had in the past 12 months?		

Explain all Yes answers here from the previous two pages

Parents/Students: Complete the Medical Eligibility Form (page 4) and the KSHSAA Eligibility Checklist (page 5).

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

Date of recent immunizations: Td _____ Tdap _____ Hep B _____ Varicella _____ HPV _____ Meningococcal _____

PHYSICIAN REMINDERS

1. **Review the health history on pages 1 & 2 AND the student information section on page 4, prior to the exam.**
2. **Consider additional questions on more sensitive issues**
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet and adhere to safe sex practices?
3. **Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).**
4. **Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.**
5. **Per Kansas Statute, students indicated as biological male at birth may not participate on girls teams.**

EXAMINATION		
Height Weight Male ☐ Female ☐ BP *(reference gender/height/age chart)***** / (/) Pulse		
Vision R 20/ L 20/ Corrected: Yes ☐ No ☐		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance — Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes/ears/nose/throat — Pupils equal, Gross Hearing		
Lymph nodes		
Heart * — Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Pulses — Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin — Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus* aureus (MRSA), or tinea corporis		
Neurological***		
Genitourinary (optional-males only)**		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional — e.g. double-leg squat test, single-leg squat test, and box drop or step drop test		

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if in appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

Healthcare Providers: You must complete the Medical Eligibility Form on the following page.

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM - PARENT/STUDENT SECTION

Student Name: Date of Birth: Sex at Birth: Grade:

Home Address: Height: Weight:

Home Phone: Parent Email:

Emergency Contact(s): Phone:

STUDENT INFORMATION	YES	NO		YES	NO
Do you have any current or past medical conditions in which the school should be aware?	☐	☐	Have you ever had a heat stroke, or become sick while exercising in the heat?	☐	☐
Have you ever had surgery?	☐	☐	Do you have asthma?	☐	☐
Do you have any allergies?	☐	☐	If yes, do you use an inhaler?	☐	☐
Do you have any cardiac/heart issues?	☐	☐	Do you or a family member have sickle cell trait or disease?	☐	☐
Have you ever had a seizure?	☐	☐	Are you missing any organs?	☐	☐
Have you ever had a concussion?	☐	☐	Have you ever spent the night in a hospital?	☐	☐
Do you have diabetes?	☐	☐	Are you currently taking any prescription medications?	☐	☐
If yes, do you take insulin?	☐	☐	Are you currently taking any nutritional supplements?	☐	☐

Please explain any "YES" answers above:

HEALTHCARE PROVIDER SECTION

☐ Medically eligible for all sports without restriction.

☐ Medically eligible for all sports without restriction. **Recommend further evaluation/treatment (see comments below*).**

☐ Medically eligible for certain sports **(see comments below*).**

☐ Not medically eligible for any sports. ☐ Not medically eligible for any sports pending further evaluation **(see comments below*).**

*Comments/Recommendations:

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

Name of healthcare provider (print or type): Date of Examination:

X Signature of healthcare provider: MD, DO, DC, PA-C, APRN

Provider address: Provider phone:

PARENT OR GUARDIAN CONSENT:

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform this examination by their state's law and licensing body, or an advanced practice registered nurse who has been authorized to perform this examination by their state's law and licensing body, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I understand that any false or misleading information provided as part of this exam could result in disqualification from activity participation for my child and my child's teams. I approve participation in activities. I hereby authorize release to my child's medical providers, school medical personnel (whether employee or independent contractor of the school), school administration, school coaches, and KSHSAA the information contained in this document. I acknowledge I may choose to only submit to my child's school this medical eligibility page in lieu of the entire history and physical exam document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

X Signature of parent/guardian: Date: Phone:

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student Name: _____ Date of Birth: _____ *(PLEASE PRINT CLEARLY)*

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at *www.kshsaa.org*.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

Rule 7 — Physical Evaluation - Parental Consent—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

Rule 14 — Bona Fide Student—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

Rule 15 — Enrollment/Attendance—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

Rule 16 — Semester Requirements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.

Rule 17 — Age Requirements—Students are eligible if they are not 19 years of **age** *(16, 15 or 14 for junior high or middle school student)* on or before August 1 of the school year in which they compete.

Rule 19 — Undue Influence—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

Rules 20/21 — Amateur and Awards Rules—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

Rule 22 — Outside Competition—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.

Rule 25 — Anti-Fraternity—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

Rule 26 — Anti-Tryout and Private Instruction—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

Rule 30 — Seasons of Sport—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. *(Schools shall process a Certificate of Transfer Form T-E on **all** transfer students.)*

	YES	NO	
1.	☐	☐	Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2.	☐	☐	Did you **pass at least five new subjects (those not previously passed)** last semester? *(The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.)*
3.	☐	☐	Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? *(The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.)*
4.	☐	☐	Did you **attend** this school or a feeder school in your district last semester? *(If the answer is "no" to this question, please answer Sections a and b.)*
	☐	☐	a. Do you reside with your parents?
	☐	☐	b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

X **Signature of parent/guardian** _____ **Date** _____

X **Signature of student** _____ **Grade**_____ **Date** _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM 2026-2027

A sports related concussion is a traumatic brain injury, caused by a direct blow to the head, neck, or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise related activity. Symptoms and signs may present immediately or evolve over minutes to days. Sports related concussions commonly resolve within days but may be prolonged. **All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** If a student reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
• Headaches/"Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness	• Change in sleep patterns • "Don't feel right" • Unexplained nervousness, anxiety, irritability, sadness • Confusion • Concentration or memory problems (forgetting sport assignments) • Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:	
• Actual or suspected loss of consciousness • Seizure • Tonic posturing • Ataxia (clumsy voluntary movements) • Poor balance • Appears dazed • Vacant facial expression • Confusion	• Forgets sport plays/assignments • Is unsure of game, score, or opponent • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to injury • Can't recall events after injury

RED FLAGS: Call an Ambulance	
• Neck pain or tenderness • Seizure, 'fits', or convulsion • Loss of vision or double vision • Loss of consciousness • Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)	• Weakness or numbness/tingling in more than one arm or leg • Repeated vomiting • Severe or increasing headache • Increasingly restless, agitated or combative • Visible deformity of the skull

What can happen if my child keeps playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and

concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step in concussion recovery is relative rest for the first 24-48 hours. During this time students may participate in activities of daily living and may perform light physical activity, such as walking, provided symptoms are not more than mildly exacerbated for only a brief (less than an hour) period of time. Reduced screen time is also recommended during the first day or two after injury. Students should be encouraged to return back to a normal routine as quickly as possible, tolerating a mild exacerbation of symptoms with mental activity.

Students may need adjustments to their academic workload for a short period of time while recovering from a concussion. Trying to meet all academic requirements too soon after sustaining a concussion may more than mildly exacerbate symptoms and delay recovery. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. To minimize academic and social disruptions, in most cases it is recommended students not be completely isolated, even for a short period of time. Rather students should continue to participate in activities of daily living that do not more than mildly exacerbate concussion symptoms.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act (72-7119) provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/headsup/index.html

For concussion information and educational resources collected by the KSHSAA, go to:
http://www.kshsaa.org/Public/SportsMedicine/ConcussionGuidelines.cfm

Student-athlete Name Printed	Student-athlete Signature	Date
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Revised by KSHSAA SMAC 04/24
Revised by KSHSAA SMAC, 04/18
Revised 04/14

Activities Contract/ Parental Consent & Insurance Waiver

STUDENT

I have read and understand the rules and regulations as sated in the Activities Handbook and have read the Code of Ethics.

As a member of an activity representing USD 445, I agree to conduct myself at all times in accordance with the provisions set forth therein.

SIGNED:_____ DATE: _____
(Student)

PARENT/GUARDIAN

As a parent or guardian of a member of USD 445 activity, I have read and understand the contents of the Activities Handbook.

USD #445 SCHOOL INSURANCE WAIVER

Unified School District #445 does not offer insurance to pay medical treatment for students' accidents. I hereby acknowledge that this information has been presented to me by USD #445.

I also acknowledge that USD #445 has presented me with information regarding my optional purchase of student insurance through Health Wave and Supplemental Sports Coverage.

SIGNED: _____ DATE: _____
(Parent/Guardian)

USD 445
CODE OF CONDUCT

I accept responsibility for my behavior on and off the playing field. I understand that what I do and say affects my teammates, the Nado Family, the community, and many other people, not just myself. This not only includes maintaining my grades ad avoiding alcohol and drug use, but also involves how I treat other students in the hallways and all other social interactions.

I will act with empathy. I will not be involved in behavior that hurts others, targets the weak, bully others, or "kicks someone when they are down."

I will be on time for all practices, games, meetings, and especially the classroom, without being asked, because I respect the valuable time of my coaches, teammates, and teachers.

I will make sure to serve any detentions or other school disciplinary actions in a timely manner.

I will follow all rules and procedures that are set forth by my coach and my school. In order to gain respect I acknowledge that I must first give it, and that my actions speak louder than my words. In addition, I will meet all academic standards set forth by my school and my team.

I have read and understand the drug testing policy and agree to it fully, knowing that illegal substances are harmful and detrimental to my team, my family, and my school.

I will take coaching in a positive way, and understand that constructive criticism can help me become a better athlete and person.

I will lead courageously and live with integrity by speaking up against injustice acting on behalf of others, even when it is hard or unpopular.

I will serve as a role model at all times by talking politely and acting courteously towards teammates, coaches, opponents, officials, teachers, etc. I will represent my team with pride.

I will display honor and good sportsmanship in competition – acknowledging and applauding the effort of others, encouraging my teammates with positive statements, refraining from boasting or "trash-talking," acknowledge there is only one head coach and that is not I, and accept victory or defeat graciously.

Because I represent my family, USD 445, and my team at all times, I pledge to live by the above Player Code of Conduct through my actions, words, and thoughts every day. Any violation may result in my Coach and/or Administration taking action.

_____ ____/____/____

Player Signature **Date**

USD 445

Coffeyville Sports Medicine

Authorization to Release Information

☐ I hereby authorize USD 445 Athletics to release/obtain personal medical records in the event of an emergency to the hospital, Team Physician, Physicians, Athletic Trainer, or other provider of medical services in order to maintain my/son/daughter's well-being. In accordance with FERPA* and HIPAA**, this information is to be released/obtained on the condition that USD 445 Athletics will not permit any other party access to the information without the express written consent of myself or other legally responsible party.

☐ I authorize the Physicians, Hospitals, the School Nurse, or any other provider of medical services to release medical information acquired in the course of my examination or treatment to the USD 445 Athletic Trainer for the purpose of advising medical status, care of, and eligibility for returning to sports.

☐ I acknowledge and authorize that any protected health information released to/obtained by the USD 445 Athletic Trainer(s) can be disclosed within USD 445 Athletics, USD 445 Coaching Staff, Team Physician, School Nurse, or any other provider of medical services for treatment purposes.

☐ I acknowledge that USD 445 Athletics is not authorized to release any medical information to the media, sport information personnel and/or any other non-covered entity in accordance with FERPA* and HIPAA** guidelines unless a signed authorization form is obtained first. This authorization expires 1 year from the date of signing. I realize that I may withdraw my consent at any time in writing.

Student Athlete Printed Name:_____.

Athlete Signature:_____. Date:_____.

Parents Signature:_____ Date:_____.

USD 445 ATHLETIC EMERGENCY FORM

(Print or Type Clearly)

Student's Name: _____ Grade: _____ DOB: _____

Parent / Guardian: _____

Address: _____

Mother's Cell Phone: _____ Mother's Email: _____

Father's Cell Phone: _____ Father's Email: _____

Two people you recommend we call in the event you cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Preference Of Physicians:

1. _____ Phone: _____
2. _____ Phone: _____

Preference of Hospital: _____

I/We the undersigned guardian of the minor, do hereby authorize any x-rays, anesthetic, dental, medical, or surgical diagnosis or treatment deemed advisable by: (1) a licensed physician, or (2) coach, trainer, and/or high school official who is in temporary custody of the minor listed above. I/We the undersigned also release medical information to the coach, trainer, and/or high school official to assist in the athlete's recovery.

_____

Parent / Guardian Signature Date

Medical Information

Major Illness? _____

Medications? _____

Allergies to meds? _____

Previous injury or problems - Head: _____ Neck: _____ Heat: _____ Other: _____

Wear while playing - Contact Lenses: _____ Glasses: _____ Braces: _____ Retainer: _____

Please list the sports you will play this year: _____

_____