

St. Mary Parish Schools

Middle School Athletic Guidebook

2026-2027



EVERY STUDENT. EVERY DAY.

TOGETHER—WE ARE ST. MARY STRONG!

Ashley Clark, Supervisor of Secondary Education/Parish Athletic Director

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Purpose

This handbook has two main objectives:

1. To establish guidelines that support the development of a strong athletic program, sustained through the involvement of athletes, administration, the student body, and the community.
2. To outline rules and expectations so students understand what is required of them, as well as the consequences for not meeting these standards.

We believe participation in middle school athletics provides invaluable life lessons and fosters positive character traits. Involvement in sports builds confidence, discipline, and teamwork, while also instilling an appreciation for both winning and losing. These experiences contribute to personal growth and help prepare students for future challenges.

Along with these opportunities comes responsibility. Student athletes must recognize and adhere to the guidelines set forth by the St. Mary Parish School Board and their schools. By choosing to represent their school, students accept this responsibility.

Introduction

Athletics play an important role in the lives of many students. School athletic programs help foster healthy competition and true sportsmanship.

We encourage participation in a variety of sports and school activities, rather than specializing in only one. Conflicts in schedules may require choices, but the broader experience is more valuable.

While winning is important, the primary goal is to give one's best effort without compromising ethical principles. Athletics are designed to enhance the physical, mental, moral, social, and emotional well-being of student-athletes.

Sports are also considered an extension of the classroom, emphasizing academics and citizenship. Student athletes and coaches serve as role models and are expected to maintain high standards both on and off the field. Participation teaches respect, teamwork, self-control, and how to handle both success and adversity.

Coaches, teachers, and administrators play vital roles in this process by leading with preparedness, enthusiasm, and fairness. Athletes, in turn, are responsible for working toward their potential, respecting others, and following their coaches' guidance.

Message to Parents/Guardians

This handbook provides student athletes and their parents/guardians with a guide to the rules and procedures governing St. Mary Parish athletics. Participation in athletics is a privilege, not a right, and often requires students to uphold higher standards of behavior.

We encourage you to support your child's decision to participate and to attend their competitions. Your involvement is crucial. By helping your child understand and follow these rules and policies, we can collectively make a positive impact. Developing responsible young individuals is a collaborative effort, and your role is essential to our shared success.

Sportsmanship

All schools will compete with determination, but always fairly and respectfully. Coaches, athletes, students, and spectators must remember that their behavior reflects on their school.

- During home contests, we act as hosts. Visiting teams and their supporters are our guests; they must be treated with respect.
- When we are the visiting team, we are expected to show the same courtesy.
- Officials have the authority to make decisions and must be respected at all times.

Foul or profane language is never acceptable. Players must not argue with officials or show disapproval through actions such as throwing equipment, slamming chairs, or leaving the bench to join a scuffle. Good sportsmanship includes acknowledging excellent plays by both teams. Always cheer for your team, never against the opponent.

Athletic Awards Ceremonies

Athletic awards ceremonies will be held annually for each sport to recognize the accomplishments and dedication of student athletes. The organization and program details of each ceremony will be determined collaboratively by the principal and the head coach of the respective sport. This ensures that the event reflects the values of St. Mary Parish schools while honoring the unique traditions of each athletic program.

Middle School Athletic Eligibility

Eligibility to try out or participate is based on academic and behavioral criteria established by the St. Mary Parish School Board and the student's school.

- Physical and Consent Forms: All athletes must have a completed physical, a signed waiver of insurance, and a parent/guardian consent form on file.
- Age Requirement: Students may not reach the age of 15 before September 1 of the school year.
- Semesters of Eligibility: Sixth graders are allowed six consecutive semesters of eligibility. No student may participate beyond this limit.
- Academic Requirement: Students failing two core subjects, or one core subject plus two minor subjects, will be ineligible for the following nine-week grading period. Core subjects include English, math, science, and social studies. Retained students must regain academic eligibility. Eligibility is determined on report card issue dates.
- Home Study Students: Approved home study students living in the school's attendance zone may participate if they meet eligibility criteria under policy IDCH.
- School-Specific Rules: Individual schools may add additional rules for specific sports.

Suspended Students

A student athlete assigned to In-School Suspension (ISS) may face consequences ranging from probation to dismissal from the team. During ISS, athletes may not participate in practices, games, or trips.

Team Selection and Tryouts Policy

The principal has full discretion over team tryouts. While we aim to involve as many students as possible, limitations such as facilities, time, and equipment may require roster limits.

Procedures may include:

- Announcements: Informational meetings announced over the PA system for at least three days, with possible reminders via text or social media. Students are responsible for staying informed.
- Coach Responsibility: Head coaches select team members, with input from assistants. Coaches follow school-established criteria during evaluations.
- Tryout Information: Students will be informed of the time and location of tryouts and the criteria used for evaluation.
- Results: Final selections will be submitted to an administrator for approval before finalized.
- The school reserves the right to adjust tryout procedures as needed to maintain fairness and integrity.

Inclement Weather

If schools are closed due to inclement weather conditions, all after-school activities, including practices, contests, and other events, are automatically canceled. Coaches will provide team members with information regarding interim or adjusted practice schedules.

Attendance Expectations for Student Athletes

Student athletes of St. Mary Parish are expected to maintain good standing in attendance as a condition of participation in athletic programs. Consistent attendance reflects commitment, responsibility, and respect for both academics and athletics. If a student athlete fails to meet attendance expectations, the principal or coach reserves the authority to issue appropriate consequences including removal from the team.

Transportation Guidelines

Since administration and coaching staff assume supervisory responsibility for students on athletic trips, it is essential that students and parents fully understand the rules governing these excursions. Trips are considered extensions of the school day, and thus, student athletes must adhere to the same rules and regulations that apply on campus. Given that they represent St. Mary Parish Schools, their conduct, behavior, and safety fall under our responsibility. Therefore, we have established the following guidelines:

- The coach is responsible for overseeing the conduct of student athletes on the bus.
- Making a team does not automatically guarantee a spot on the travel squad. The head coach will determine which athletes will travel for each contest.
- When school-provided transportation is available, student athletes must travel to and from contests on the team bus.
- A parent or legal guardian may transport only their own child to and from an event if they receive approval from school administration before the event.
- Any change to travel arrangements must be approved by the Principal.

Bus Rules

- Only participating athletes may ride the bus, unless the principal gives prior approval.
- The aisle must always remain clear.
- Riders must remain seated upright during the trip.
- When both boys and girls ride the same bus, they will be seated separately.
- Nothing should ever be thrown from or extended outside the windows.
- All students are expected to respect the authority of the driver and always behave in a courteous manner.

Clear Bag Policy

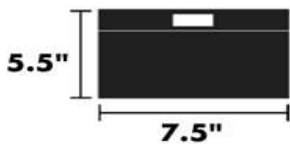
To ensure the safety of all stakeholders, the St. Mary Parish School Board has instituted a Clear Bag Policy that limits the size and type of bags allowed at all school events and facilities. This policy applies to all campuses, sports venues, the Materiel and Operations Center, the Office of Special Services, and the School Board Office. Any non-compliant bags will not be permitted. While such measures may be inconvenient, safety remains our top priority.

VISITORS ON CAMPUS

Extracurricular and Special Events on Campus



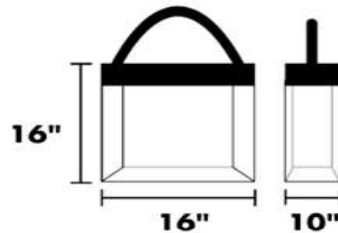
APPROVED ITEMS



CLUTCH OR SMALL BAG
NOT TO EXCEED 5.5"x7.5"
WITH OR WITHOUT A STRAP



1 GALLON CLEAR
STORAGE BAG



CLEAR TOTE: PLASTIC, VINYL OR PVC
NOT TO EXCEED 16"x10"x16"



STADIUM CHAIRS
WITH OR WITHOUT POCKETS

DIAPER BAGS FOR AGE-APPROPRIATE CHILDREN ACCOMPANIED BY AN ADULT ARE ALLOWED.

ALL BAGS AND ITEMS, REGARDLESS OF SIZE OR NATURE, ARE SUBJECT TO SEARCHES.
STAKEHOLDERS SHOULD EXPECT TO BE SCANNED WITH METAL DETECTORS.



PROHIBITED ITEMS



PURSES



FANNY PACKS



CAMERA BAGS



DUFFEL/GYM BAGS



BACKPACKS/BRIEFCASES



DRAWSTRING BAGS



MESH BAGS



NON CLEAR PRINTED
OR PATTERNED TOTES

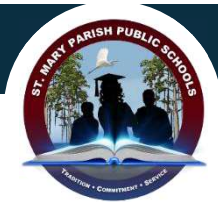
MEMBERS OF THE MEDIA WITH PROPER CREDENTIALS MAY BRING EQUIPMENT BAGS. BAGS ARE SUBJECT TO INSPECTION.

ST. MARY PARISH PUBLIC SCHOOLS

Required Documents

To begin practice at a St. Mary Parish Middle School students should submit all forms listed in this section. The forms must be submitted to the coach and approved by the principal before the student is allowed to practice or participate in a game.

Required Forms
Athletics Risk Acknowledgement
Athletic Insurance Acknowledgement Form
Interscholastic Athletics Insurance Information
Parent and Student Concussion Awareness
LHSAA Medical Evaluation English / Spanish
Sports Participation Agreement Summary
Birth Certificate (If the school doesn't have one on file)



St. Mary Parish Schools

474 Highway 317 • P.O. Box 170 • Centerville, LA 70522
337-836-9661 • www.stmaryk12.net

Athletic Risk Acknowledgement

I am aware that trying out, practicing, playing, or any form of participation in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**.

I understand that there are risks of injuries in any sport, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, health, and well-being.

I also understand that the dangers and risks of engaging in any sport may result not only in serious injury, but in a serious impairment of future abilities of my child/ward to earn a living and to engage in business, social, and recreational activities and generally to enjoy life.

Because of the risks described above, I recognize the importance of my child listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of my child reading and adhering to all written instructions, written warnings regarding playing techniques, training methods, rules of the sport and other team rules. I therefore expressly agree to direct and to encourage my child to obey all of the coach's instructions.

In consideration of the St. Mary Parish School Board permitting my child to try-out, practice, play or in any other way, participate for an athletic team and to engage in all the activities related to the team, including practice, conditioning, playing, and traveling, **I hereby acknowledge that my child assumes all the risks associated with such participation. My child and I agree to waive all claims of whatever nature**, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named school board, school, their trustees, officers, agents, servants, employees, successors, and assigns, their athletic staff, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners of the healing arts from any liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his/her property or losses of any kind which may result in or connection with his/her participation in any activities related to the St. Mary Parish sports program.

I understand that the Cautionary Statements for each sport are found in the Athletic Participation Handbook

Parent/Guardian Signature

Student Athlete Signature

Date



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St. Mary Parish School Board

Athletic Insurance Acknowledgement Form

I, _____ (Parent/Guardian), hereby grant permission for my child,
_____ (Student Athlete), to participate in school-sponsored athletics.

By signing this Acknowledgement Form, I understand the following:

1. Medical Insurance Requirement

I acknowledge that it is my responsibility to provide **medical insurance coverage** for the student athlete named above.

2. Waiver of Liability

I agree to hold the **St. Mary Parish School Board**, including its members, employees, agents, assigns, and insurers, **harmless** from any liability related to accidents or injuries that may occur while the student is participating in athletic activities.

3. Coverage Certification

I certify that my child is otherwise insured for any **medical expenses** incurred as a result of injuries sustained during athletic participation.

4. Participation Policy

I understand that it is the **policy of the St. Mary Parish School Board** that no student shall be allowed to practice or participate in interscholastic athletics until this form is signed and the insurance requirement is fulfilled.

5. Emergency Medical Treatment Authorization

I authorize **team physicians** or designated medical personnel to provide emergency treatment to the student athlete, if necessary.

Acknowledgement and Signature

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

St. Mary Parish Schools

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Interscholastic Athletic Insurance

We wish to advise you that St. Mary Parish School Board provides accident insurance for Junior High/High School interscholastic athletics, band, cheerleading, J.R.O.T.C. and dance team injuries occurring in competition, in practice, or traveling to and from those events by school-provided transportation.

If you already have primary insurance, this can be used as a secondary policy. For families that have no other insurance, purchased coverage becomes your primary accident plan.

Accessing the K-12 Voluntary Program Online Enrollment Forms or Printable Enrollment Forms:

1. Visit the [Bollinger Schools site](#).
2. At the top of the home page, position the cursor over Our Services and click K-12 Voluntary Enrollment. The K-12 Student Accident/Athletic Insurance search engine appears.
3. Select the state, and then select your school. You now have access to the K-12 Voluntary Program online enrollment forms or printable Enrollments forms.
4. Under Printable Forms: complete and mail with your payment.
5. Once enrolled online, you can print an ID card from website under Our Services/K-12 Voluntary ID Cards.
6. **Any questions regarding the coverage should be directed to Sarah Ghirardi, (St. Mary Parish School Board) (337) 836-6003**

Important Notice: Coverage under the Policy does not constitute comprehensive health insurance coverage (a/k/a/ “major medical insurance”). It therefore does not satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act. The Program provides ACCIDENT insurance only. It does not provide basic hospital, basic medical or major medical for sickness coverage.

LHSAA MEDICAL HISTORY EVALUATION

Page 1 of 2

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

Please Print

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

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	Epilepsy	_____

ATHLETE ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
☐	☐	Head Injury / Concussion	_____	☐	☐	Neck Injury / Stinger	_____	☐	☐	Shoulder L / R	_____
☐	☐	Elbow L / R	_____	☐	☐	Arm / Wrist / Hand L / R	_____	☐	☐	Back	_____
☐	☐	Hip L / R	_____	☐	☐	Thigh L / R	_____	☐	☐	Knee L / R	_____
☐	☐	Lower Leg L / R	_____	☐	☐	Chronic Shin Splints	_____	☐	☐	Ankle L / R	_____
☐	☐	Foot L / R	_____	☐	☐	Severe Muscle Strain	_____	☐	☐	Pinched Nerve	_____
☐	☐	Chest	_____	Previous Surgeries: _____							

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

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

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

PARENTS' WAIVER FORM

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

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

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

Date Signed by Parent _____

Signature of Parent _____

Typed or Printed Name of Parent _____

Health Care Provider section on page 2

LHSAA MEDICAL HISTORY EVALUATION

Page 2 of 2

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

Name: _____ Date of Birth: _____ Age: _____ Date: _____
 School: _____ Grade: _____ Sport(s): _____

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	Abn
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.

 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.

EVALUACIÓN DEL HISTORIAL MÉDICO DE LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION (LHSAA)

Página 1 de 2

IMPORTANTE: El presente formulario debe completarse *anualmente*, mantenerse archivado en la escuela y está sujeto a inspección por parte del Equipo de Cumplimiento de Reglas.

Imprimir

Nombre: _____ Escuela: _____ Grado: _____ Fecha: _____
 Deporte(s): _____ Sexo: M/F Fecha de nacimiento: _____ Edad: _____ Teléfono celular: _____
 Domicilio: _____ Ciudad: _____ Estado: _____ Código postal: _____ Teléfono residencial: _____
 Padre/Tutor: _____ Empleador: _____ Teléfono del trabajo: _____

ANTECEDENTES MÉDICOS FAMILIARES: ¿Algún miembro de su familia menor de 50 años ha tenido estas condiciones?

Sí	No	Condición	Quién	Sí	No	Condición	Quién	Sí	No	Condición	Quién
☐	☐	Ataque/enfermedad cardíaca	_____	☐	☐	Muerte súbita	_____	☐	☐	Artritis	_____
☐	☐	Ataque cerebral	_____	☐	☐	Presión arterial alta	_____	☐	☐	Nefropatía	_____
☐	☐	Diabetes	_____	☐	☐	Rasgo de células falciformes/Anemia	_____	☐	☐	Epilepsia	_____

ANTECEDENTES ORTOPÉDICOS DEL ATLETA: ¿El atleta ha tenido alguna de las siguientes lesiones?

Sí	No	Condición	Fecha	Sí	No	Condición	Fecha	Sí	No	Condición	Fecha
☐	☐	Lesión en la cabeza / Concusión	_____	☐	☐	Lesión/dolor punzante en el cuello	_____	☐	☐	Hombro I / D	_____
☐	☐	Codo I / D	_____	☐	☐	Brazo/Muñeca/Mano I / D	_____	☐	☐	Espalda	_____
☐	☐	Cadera I / D	_____	☐	☐	Muslo I / D	_____	☐	☐	Rodilla I / D	_____
☐	☐	Parte inferior de la pierna I / D	_____	☐	☐	Periostitis tibial	_____	☐	☐	Tobillo I / D	_____
☐	☐	Pie I / D	_____	☐	☐	Distensión muscular severa	_____	☐	☐	Nervio pinzado	_____
☐	☐	Pecho	_____	Antecedentes de cirugías: _____							

ANTECEDENTES MÉDICOS DEL ATLETA: ¿El atleta ha tenido alguna de estas condiciones?

Sí	No	Condición	Sí	No	Condición	Sí	No	Condición
☐	☐	Soplo cardíaco / dolor en el pecho / opresión	☐	☐	Asma / Inhalador recetado	☐	☐	Irregularidades menstruales: último ciclo: _____
☐	☐	Convulsiones	☐	☐	Dificultad para respirar / Tos	☐	☐	Pérdida/aumento rápido de peso
☐	☐	Nefropatía	☐	☐	Hernia	☐	☐	Toma suplementos/vitaminas
☐	☐	Arritmia	☐	☐	Noqueado / Concusión	☐	☐	Problemas relacionados con el calor
☐	☐	Testículo único	☐	☐	Enfermedad cardíaca	☐	☐	Mononucleosis reciente
☐	☐	Presión arterial alta	☐	☐	Diabetes	☐	☐	Bazo agrandado
☐	☐	Mareo/Desmayos	☐	☐	Enfermedad hepática	☐	☐	Rasgo de células falciformes/anemia
☐	☐	Pérdida de órganos (riñón, bazo, etc.)	☐	☐	Tuberculosis	☐	☐	Debió pasar una noche en el hospital
☐	☐	Cirugía	☐	☐	Prescripción de inyección de Epinefrina (EPI PEN)	☐	☐	Alergias (alimentos, medicamentos) _____
☐	☐	Medicamentos _____						

Lista de fechas para: Última vacuna contra el tétanos _____; Inmunización contra el sarampión _____; Vacuna contra la meningitis: _____

FORMULARIO PARA PADRES DE RENUNCIA A RECLAMACIONES

A nuestro leal saber y entender, hemos dado información verdadera y precisa y por la presente autorizamos la evaluación de revisión física. Entendemos que la evaluación implica un examen limitado y que no tiene como propósito ni podrá prevenir lesiones o muerte súbita. Además, entendemos que si el examen se proporciona sin expectativa de pago, de conformidad con el título 9:2798 de los Estatutos Revisados de Luisiana no habrá causa de acción contra el profesional de la salud voluntario del equipo y/o empleador de acuerdo a la ley de Luisiana.

La presente renuncia a reclamaciones, otorgada en la fecha a continuación por el abajo firmante, médico, médico osteópata, enfermero facultativo o asistente médico y padre del estudiante atleta mencionado anteriormente, se realiza de conformidad con la ley de Luisiana con el pleno entendimiento de que no habrá causa de acción por ninguna pérdida o daño causado por cualquier acto u omisión relacionada con los servicios de atención médica si en lo sucesivo se prestan de forma voluntaria y sin expectativa de pago, a menos que tal pérdida o daño fueran causados por negligencia grave. Adicionalmente,

- Si, a juicio de un representante de la escuela, el estudiante-atleta mencionado necesita atención o tratamiento como resultado de una lesión o enfermedad, por la presente solicito, doy mi consentimiento para y autorizo los cuidados que se consideren necesarios..... **Sí No**
- Entiendo que si el estado médico de mi hijo/a cambia de manera significativa después de su examen físico, notificaré inmediatamente a su director acerca del cambio..... **Sí No**
- Doy mi permiso para que el entrenador deportivo comparta la información de las lesiones de mi hijo/a al entrenador en jefe / director deportivo / director de su escuela..... **Sí No**
- Con mi firma a continuación, acepto permitir que se revisen los antecedentes médicos / formulario de examen de mi hijo/a y todos los formularios de elegibilidad por la LHSAA o su(s) representante(s) o el personal médico asociado. **Sí No**

Fecha de firma del padre o madre _____

Firma del padre o madre _____

Nombre en letra de molde o escrito a máquina _____

Sección del profesional de la salud en la página 2

EVALUACIÓN DEL HISTORIAL MÉDICO DE LHSAA

Página 2 de 2

IMPORTANTE: Este formulario debe completarse *anualmente*, mantenerse archivado en la escuela y está sujeto a inspección por parte del Equipo de Cumplimiento de Reglas.

Nombre: _____ Fecha de nacimiento: _____ Edad: _____

Fecha: _____

Escuela: _____ Grado: _____ Deporte(s): _____

II. PARA QUE COMPLETE ANUALMENTE EL MÉDICO (MD), MÉDICO OSTEÓPATA (DO), ENFERMERO (APRN) o AUXILIAR MÉDICO

Altura _____	Peso _____	Presión sanguínea _____	Pulso _____
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EXAMEN MÉDICO GENERAL:

	Normal	Anormal
Otorrino	☐	☐
Pulmones	☐	☐
Corazón	☐	☐
Abdomen	☐	☐
Piel	☐	☐

EXAMEN ORTOPÉDICO :

I. Columna vertebral / cuello

	Normal	Anormal
Cervical	☐	☐
Torácico	☐	☐
Lumbar	☐	☐

II. Extremidad superior

	Normal	Anormal
Hombro	☐	☐
Codo	☐	☐
Mano / Dedos	☐	☐
Muñeca	☐	☐

III. Extremidad inferior

	Normal	Anormal
Rodilla	☐	☐
Cadera	☐	☐
Tobillo	☐	☐

Notas del profesional de la salud (si fuera necesario): _____

[] Medicamento apto para todos los deportes sin restricciones

[] Medicamento apto para algunos deportes _____

[] Medicamento apto para todos los deportes sin restricciones bajo recomendación de evaluación o tratamiento adicionales para _____

[] Medicamento no apto, pendiente de evaluación adicional

[] Medicamento no apto para ningún deporte

Esta recomendación se basa en una evaluación limitada.

Nombre en letra de molde del médico,
médico osteópata, enfermero o auxiliar médico

Firma del médico, médico osteópata,
enfermero o auxiliar médico

Fecha del examen médico

Este formulario de aptitud física vence a los 13 meses de la fecha en que fue firmado y fechado por el médico, médico osteópata, enfermero o auxiliar médico.

Revisado 5/23

Louisiana High School Athletics Association

Concussion Information and Resources for Coaches, Officials, Student-Athletes and Parents

Introduction

Concussions are one of the most reported injuries in children and adolescents who participate in sports and recreational activities. The Centers for Disease Control and Prevention (CDC) estimate that as many as three million nine hundred thousand sports-related and recreation-related concussions occur in the United States each year. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk for long-term, chronic cognitive, physical, and emotional symptoms is significant when a concussion or head injury is not properly recognized, evaluated, and managed. Continuing to play with a concussion or symptoms of head injury leaves the young athlete especially vulnerable to greater catastrophic injury and even death. Although research is constantly expanding and ever evolving around the connection between sport related concussion injuries and conditions such as post-concussion syndrome and chronic traumatic encephalopathy, basic knowledge of concussion injuries as well as adoption of proper recognition and evidence-based management techniques remain paramount to protect the youth athlete.

The Legislature of Louisiana recognized the need to establish a law to protect our athletes and provide guidelines on concussion management leading to the signing and enacting of the "Louisiana Youth Concussion Act" in 2011.

The Louisiana High School Athletics Association (LHSAA) Sports Medicine Advisory Committee serves as an advocate for the health and safety for all LHSAA student-athletes and is a trusted advisor for the LHSAA to create guidelines and recommendations to assist with proper risk reduction, recognition, and management of these sport related injuries. This committee has met and developed guidance and resources to help LHSAA member schools comply with state law. This document includes sample educational materials and resources to disseminate to coaches, officials, student-athletes, and their parents to help LHSAA members be compliant with their responsibilities detailed in the law. This documentation should be exclusively kept on file at the school as the LHSAA does not require a copy of these documents.

Here's to a safe and successful season for all participating schools, teams, athletes, and officials.

Respectfully,

Eddie Bonine
LHSAA Executive Director

ACT 314: Louisiana Youth Concussion ACT

ACT 314 gives the responsibility of compliance of the act to the governing authority of each public and nonpublic elementary school, middle school, junior high school, and high school. It has three major requirements.

1. Prior to beginning of each athletic season, provide pertinent information to all coaches, officials, volunteers, youth athletes, and their parents or legal guardian which informs of the nature and risk of concussion and head injury, including the risks associated with continuing to play after a concussion or head injury.
2. Require each coach, whether such coach is employed or a volunteer, and every official of a youth activity that involves interscholastic play to complete an annual concussion recognition education course.
3. Requires as a condition of participation in any athletic activities that the youth athlete and the youth athlete's parent or legal guardian sign a concussion and head injury information sheet which provides adequate notice of the statutory requirements which must be satisfied in order for an athlete who has or is suspected to have suffered a concussion or head injury to return to play.

Educational Materials and Resources

- LHSAA Concussion Rule (Adopted in 2010)
- Condensed SCAT 6
- Return to Learn Progression (Sample)
- Return to Play Progression (Sample)
- LHSAA Return-to-Competition Form
- Center for Disease Control and Prevention (CDC) Heads Up Fact Sheet for
 - High School Coaches
 - Officials
 - Student-Athletes, and Parents
- LHSAA Concussion Statements for
 - Coaches
 - Officials
 - Student-Athletes and Parents

To help meet the education course aspect of ACT 314, the LHSAA recommends that individuals go to the NFHS website, www.nfhslearn.com, and click the link Concussion in Sports, under Courses.

Additional Resources:

Louisiana ACT No. 314

https://lern.la.gov/wp-content/uploads/Act_314_-_2011_Reg_Session.pdf

Revised 07/16/2024

National Federation of State High School Associations (NFHS) Suggested Guidelines for Management of Concussion in Sports

<https://www.nfhs.org/media/1020401/suggested-guidelines-for-management-of-concussion-in-sports-april-2019-final.pdf>

Sport Concussion Assessment Tool 6 (SCAT6)

<https://bjsm.bmj.com/content/57/11/622>

Centers for Disease Control and Prevention (CDC Heads Up Resources)

<https://www.cdc.gov/headsup/index.html>

LHSAA BASIC CONCUSSION RULE

Any player who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness to have suffered a concussion.

Concussion symptoms include:

- Headache
- "Pressure in head"
- Neck pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- Trouble falling asleep
- More emotional
- Irritability
- Sadness
- Nervous or anxious

LHSAA Adopted Concussion Management Protocol:

1. No athlete shall return to play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion shall be evaluated by a health-care professional, when clinically appropriate.
 - a. Health care provider definition: "Health care provider" means a physician as defined in R.S.37:1262(2), a licensed nurse practitioner, or licensed physician assistant.
3. Any athlete diagnosed with concussion shall be medically cleared by a health care provider, each of which must be licensed to practice in Louisiana, prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions as determined by the health care provider, each licensed to practice in Louisiana, for delayed RTP based upon return of any signs or symptoms.

Return To Learn Protocol

1. Prepare to return to academic activities
 - a. Begin light mental activity for short periods of time (about 15 minutes several times/day)
 - b. Limit other mental/cognitive activities, especially those that worsen symptoms
 - i. For example, computers, phones, video games
2. Begin light activity academics
 - a. Return to class
 - i. This may be a single class or limited number of classes at first
 - ii. See if a classmate can take notes while you work on paying attention
 - iii. Change seating arrangement to limit distractions/stimulation
 - b. Work on short/small assignments
 - i. Work for short periods with rest in between
 - ii. Avoid computer, if able, due to the risk of eye strain, headache, or neck tension
 - c. Continue to limit problematic cognitive activities
 - i. Computer, texting, watching TV, etc.
3. Increase academic workload
 - a. Return to more/all classes
 - i. Begin taking notes
 - ii. Work on major assignments, tests, and projects
4. Return to normal academic workload
 - a. Return to ALL classes
 - b. Arrange to take tests and complete missed work, if any

*The Return to Learn Progression can begin at any stage depending on the student athlete's symptoms. The health care provider will make that determination.

Progression through the strategy is symptom limited (i.e., no more than a mild and brief exacerbation of current symptoms related to the current concussion) and its course may vary across individuals based on tolerance and symptom resolution. Further, while the Return to Learn (RTL) and Return to Sport (RTS) strategies can occur in parallel, student athletes should complete full RTL before unrestricted RTS.

Return To Play Protocol

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No Activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming, or stationary cycling keeping intensity <70% maximum permitted heart rate	Increase heart rate Perform for 30 minutes
3. Sport-specific exercise	Skating drills in hockey. Running drills in soccer. No head impact activities.	Add movement Perform for 30 minutes
4. Non-contact training drills	Progression to more complex training drills. For example, passing drills in football and soccer	Improve exercise, coordination, and increase cognitive load
5. Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play Normal game play	Normal game play	

If at any point concussion symptoms present or worsen, the player is to stop athletic activity. The health care provider will determine if the player must return to the prior step or re-attempt the stage on the following day. Once the prior step is completed without symptoms, the player may progress to the next step and attempt to complete it again.

Progression through the strategy is symptom limited (i.e., no more than a mild and brief exacerbation of current symptoms related to the current concussion) and its course may vary across individuals based on tolerance and symptom resolution. Further, while the Return to Learn (RTL) and Return to Sport (RTS) strategies can occur in parallel, student athletes should complete full RTL before unrestricted RTS.

A FACT SHEET FOR Parents



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/HEADSUP. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/HEADSUP. January 2021



Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

What should I do if my child or teen has a concussion?

1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021



Important Information about Sudden Cardiac Arrest for Parents and Student Athletes

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

What is Sudden Cardiac Arrest (SCA)?

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

Warning Signs and Symptoms of SCA

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

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

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

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

Possible Causes of SCA:

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

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

Additional Risk Factors:

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

Requirements for Return to Play:

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

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

More information:

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

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: _____
