

Northwest Middle School PERMISSION TO PRACTICE FORM

This form must be filled out and signed by the student/guardian **prior** to an athlete attending **any** practices.

PLEASE TURN IN SIGNED FORMS TO THE NORTHWEST MIDDLE SCHOOL OFFICE

* NAME OF ATHLETE _____ * GRADE _____ * GENDER _____
* ADDRESS _____ * PHONE NUMBER _____

* My child may participate in **ALL** sports during the _____ school year: **(CIRCLE) YES NO**
If no, please list sports your child may **NOT** participate in: _____

1. PHYSICAL EXAM FORM: Iowa law dictates that all athletes must have a current physical examination form signed by a doctor on file at school prior to practice.

2. AWARENESS OF POTENTIAL INJURY: As the guardian(s) of a Northwest School athlete, I/we are aware that participation in sports and/or practicing in sports may be a dangerous activity involving many risks or injury and may even be fatal.

3. HEADS UP: CONCUSSION IN SCHOOL SPORTS: The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7-12 who participate in extracurricular interscholastic activities. A fact sheet for parents and students is provided on the Northwest Athletic website.

4. EMERGENCY CONSENT:

"In the event I cannot be reached, I hereby give consent to the attending physician, trainers, and coaches to secure and administer medical aid and ambulance service. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur for the necessity for such surgery." **(CIRCLE) YES NO**

IF NO, Please give the name and number to call _____

*** 5. SUPPLEMENTAL ATHLETIC INSURANCE: ** PLEASE CHECK ONE OPTION ****

_____ A. We do not wish additional insurance. We feel we have adequate insurance coverage.

_____ B. I will pick up an insurance form from Northwest Middle School in order to purchase insurance.

THE SCHOOL DISTRICT **DOES NOTE PURCHASE** ACCIDENT INSURANCE TO COVER INJURIES INCURRED BY YOUR CHILD AT SCHOOL. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you do not have insurance on your child, or if you have a plan with a high deductible or with limited benefits for doctor, hospital, or dental bills, we encourage you to review the student insurance program. **Information needed to enroll in the insurance program may be obtained at the school.**

6. STUDENT ACTIVITY CONDUCT CODE (SUMMARY):

Students participating in extracurricular activities are prohibited from possessing, using or purchasing tobacco, alcoholic beverages, or controlled substances. Loss of eligibility may also occur for engaging in activities outside the school community that would be grounds for arrest or citation in the juvenile court system, excluding minor offenses, regardless of whether the student was cited, arrested, convicted, or adjudicated for the act(s). Violation of rules throughout the calendar year whether at or away from school will result in the following actions:

- First Offense within the Student's Athletic/Activity Career - suspension from one-third of the season's contest or performance dates with professional evaluation prior to reinstatement where applicable.
- Second Offense within the Student's Athletic/Activity Career - Suspension from one-half the season's contest or performance dates with professional evaluation prior to reinstatement where applicable.
- Third Offense within the Student's Athletic/Activity Career - suspension from athletic competition for twelve (12) calendar months with professional evaluation prior to reinstatement where applicable.

If there is not a sufficient number of contests/performance/games remaining in a scheduled season to fulfill the terms of suspension, the suspension balance will be carried over to the next season in which the student participates.

* I have read and understand the information/rules as stated above and in the parent/athlete manual:

Guardian Signature _____ Date _____

Student Signature _____ Date _____

HEADS UP: Concussion in School Sports

Please note this important information based on Iowa Code Section 280 .13C, Brain injury Policies:

- (1) A student participating in extracurricular interscholastic activities in grades 7-12, **must be immediately removed from participation**. If the coach, contest official, licensed healthcare provider or emergency medical care provider believes the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided by a licensed health care provider AND the protocol has been completed**.
- (3) A student cannot return to participation until s(he) is free from concussion symptoms at home AND at school.

What is a concussion?

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground or obstacles. Concussion can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

What parents/guardians should do if they think their child has a concussion?

- (1) Teach your child that it's not smart to play with a concussion.
- (2) OBEY THE LAW.
 - a. Seek medical attention right away.
 - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider and the protocol has been completed.
- (3) Tell all of your child's coaches, teachers, and school nurse about ANY concussions.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/her should be removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home, school, and practice.

Signs Observed by Parents or Coaches:

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

Symptoms Reported by Student-Athletes:

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

STUDENTS, if you think you have a concussion:

- Tell your coaches and guardians – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- Get a medical checkup – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- Give yourself time to heal – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

PARENTS/GUARDIANS, you can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently, and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information, visit: www.cdc.gov/concussion

IMPORTANT: Students (grades 7-12) participate in interscholastic athletics; and their parents/guardians must annually sign the acknowledgement below and turn it in to their school. Students cannot practice or complete those activities until this form is signed and returned.

* We have received the information provided on the fact sheet titled: "HEADS UP: Concussion in School Sports":

Guardian Signature _____ Date _____

Student Signature _____ Date _____