LHSAA MEDICAL HISTORY EVALUATION

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

Please Print

Name:_____ School:_____ Grade:_____ Date:_____

Sport(s):_____ Sex: M / F Date of Birth:_____ Age:_____ Cell Phone:_____

Home Address:_____ City:_____ State:_____ Zip Code:_____ Home Phone:_____

Parent / Guardian:_____ Employer:_____ Work Phone:_____

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

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

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

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

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

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

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

PARENTS' WAIVER FORM

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

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

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

_____ Date Signed by Parent

_____ Signature of Parent

_____ Typed or Printed Name of Parent

Health Care Provider section on page 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.

(07-2013)

Ouachita Parish School Board

Student Proof of Insurance/Waiver of Coverage Form

The Ouachita Parish School Board **does not** provide Insurance coverage or assume liability for accidents to student athletes resulting from the participation in school activities, regardless if the student is covered under a private, family or group insurance policy or not. However, the School Board does make available student accident insurance that can be purchased by parents or legal guardians to cover students.

In accordance with school board policy (EGB), all student athletes and participants in extra-curricular activities **must** purchase student accident insurance through a carrier designated by the School **or** have on file in the Athletic Director's office a waiver form which declines coverage and/or verifies coverage under a family or group policy. The waiver must be signed by the parent or legal guardian of the student athlete or participant.

Student accident insurance enrollment forms and contact information are available in the School Office.

As a parent or legal guardian, you are responsible for any expenses relating to any injuries your child may sustain while participating in school-sponsored athletic or extra-curricular activities.

For a record of your compliance with the above student insurance coverage and waiver requirement, please complete the option you choose below for each child you have participating in athletics or extra-curricular activities.

Option A

I ***decline*** the opportunity to purchase *student accident insurance* offered through the school. I understand that I am fully responsible for payment of any expenses incurred if my child is injured while participating in school-sponsored athletic or extra-curricular activities.

My child, (print name) _____, ☐ is covered or ☐ is not covered under a family or group insurance policy. Provide private insurance information below.

_____ _____

(Insurance Company Name) (Policy No./Group No.)

_____ _____

(Parent's/Guardian's Signature) (Date)

Option B

YES, I want to purchase the student accident insurance coverage offered through the school for my child,

_____.

(Student-Athlete's Name – Please Print)

Check one: ☐ My application for *student accident insurance* and payment are enclosed.

☐ Proof of my online enrollment in *student accident insurance* and payment are attached.

_____ _____

(Parent's/Guardian's Signature) (Date)

Louisiana High School Athletic Association

Athletic Participation/Parental Permission Form

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

PART I: STUDENT INFORMATION *(Please Print)*

Student's Name: (Last, First, Middle)_____School Year: _____

Date of Birth:_____Last Four Digits of SSN: _____

Home Address: _____

City:_____Zip: _____

My child entered ninth grade in_____(month and year). Last semester/year he/she attended _____ _____High School.

ARE YOU ELIGIBLE?

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

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

MEDICAL EXAMINATION A student shall **annually** pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

ATHLETIC PARTICIPATION/ PARENTAL PERMISSION FORM A school shall **only** be required to have this form completed and signed prior to **the first time a student participates** in LHSAA athletics at the school **unless the student transfers to another member school**.

SUBSTANCE ABUSE/MISUSE CONTRACT & CONSENT FORM A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.

SUSPENDED AND INELIGIBLE STUDENTS Shall not participate in any interscholastic contest on any team at any school at any level.

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

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

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

PART II – PARENTAL PERMISSION

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

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

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

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

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

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

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

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

Date:_____ **Parent's Signature:** _____

Relationship to Student _____ **(Print Name)** _____

(Principal Signature) _____

LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

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

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

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

Dated: _____ _____
Student Athlete

Dated: _____ _____
Parent/Guardian

Dated: 5/1/2024 _____
Principal

Dated: 5/1/2024 _____
Head Coach or AD

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

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

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

West Ouachita High School Sports Medicine

Ouachita Parish School Board

Medical Consent Form/Authorization to Release Health Information

Student/Athlete Name_____ Date of Birth_____ Grade_____
Social Security Number_____ School West Ouachit High School Sports_____
Address _____
Provider authorized to release/receive the health information (Athletic Trainer/Physician): _____
Entity to receive/release the Health Information (Coach's Name): _____
Address _____
Attention: _____

MEDICAL CONSENT

Consent is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student/athlete. In the event of serious illness, the need for major surgery or significant accidental injury (the "Injury"), I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said attending physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. In the event a major emergency surgery is indicated, the procedure will not be performed unless another licensed physician concurs, consent is also hereby granted to the athletic trainer to provide the needed emergency treatment and first aid to the athlete prior to his referral to the attending physician or admission to the medical facilities. It is specifically understood and agreed by the undersigned that Ouachita Parish School Board is not responsible for any such medical expenses incurred by the student/athlete, whether as a result of an injury referral, regardless of the provider, or during any Ouachita Parish School Board athletic event.

AUTHORIZATION TO RELEASE HEALTH INFORMATION

The undersigned patient (parent or Legal Guardian) hereby authorizes the Provider named above to release the Health Information to the Recipient named above. The patient (parent or legal guardian) has the right to refuse to sign this authorization. This authorization to release the health information listed above can be revoked at any time (upon written notification) except to the extent that (I) Provider has already released the health information before being notified of the revocation, or (2) Provider has taken action in reliance on this authorization. Provider's Notice of Privacy contains more information on how to revoke this authorization. This authorization will expire one year from date of signature. When the Patient's health information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the Recipient or any of its agents and/or employees. Appropriate patient information related solely to the Injury and its corresponding prognosis may be communicated by the physician or physicians staff to the athletic trainers and school coaches for the purpose of determining the athlete's ability to play sports, or any reduced level of sports related activity.

_____ _____
Signature of Student/Athlete Date

_____ _____
Signature of Parent/ Legal Guardian Date

Phone Numbers where parents/Legal Guardian can be contacted:

Mother: Home_____ Work_____ Cell_____
Father: Home_____ Work_____ Cell_____
Emergency Contact: _____
Family Physician Information: _____
Known Allergies to medication or other conditions:
_____
Name of Primary Insurance Company: _____
Policy # _____
Address of Insurance Company: _____

WEST OUACHITA HIGH SCHOOL ATHLETICS

WARNING AND ASSUMPTION OF RISK FORM

Both student and parent/guardian must read carefully and sign.

SPORT (Check all that apply)

___BASEBALL	___BASKETBALL	___CHEERLEADING	___CROSS COUNTRY
___DANCELINE	___FOOTBALL	___GOLF	___SOCCER
___SOFTBALL	___TENNIS	___TRACK	___VOLLEYBALL

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF SERIOUS INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above checked sport(s) include, 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 internal organs, serious injury to all bones, joints ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in the above checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above checked sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey all such instruction. I also agree to obey all rules and regulations of the above checked sport(s) which are governed by the LHSAA.

I hereby understand and assume all risks associated with participation in above checked sport(s).

DATE_____ STUDENT SIGNATURE_____

DATE_____ PARENT/GUARDIAN SIGNATURE_____

OUACHITA PARISH SCHOOL BOARD
EMPLOYEE REQUEST FORM TO CONTACT STUDENTS THROUGH THE USE OF TELECOMMUNICATION AND/OR WIRELESS INTERNET

Form B – Parent Permission

To the Parent:

You are being provided a copy of an approved request by _____ to contact your student through the use of telecommunication and/or wireless internet, attached as "Form A". He/she and the approving supervisor have agreed that there is a legitimate need for this request. Please read this document carefully, giving specific attention to the section titled "Terms of Agreement", for a complete understanding of this arrangement being made with your student. Your signature, indicating your approval, is **required** for this request to be finalized. Should you have any questions in regard to this matter, please feel free to contact the approving school supervisor.

Parental approval is granted: **( ) YES** **( ) NO**

_____ _____

(student name) (student signature)

_____ _____

(parent/guardian name) (parent/guardian signature)

Date:_____

If at any time, a parent wishes to rescind approval of this agreement, the parent must contact both the approving supervisor and employee with a written, signed, and dated request to void this agreement. The request to do so will be documented by the Supervisor on the original Form B authorization.

OUACHITA PARISH SCHOOL BOARD
EMPLOYEE REQUEST FORM TO CONTACT STUDENTS THROUGH THE USE OF TELECOMMUNICATION AND/OR WIRELESS INTERNET

Form A
(not required for EdLine use)

Employee name: teacher/coach/staff School: WOHS

Reason for request: Communication with extracurricular activities - information, date/time, changes, meetings, online videos to study/review, practice, treatment, etc.

A list of students to be contacted must be attached

Signature of employee's supervisor: [signature]

Request is: (X) Approved ( ) Denied Date: 2024 - 2025

This request form is to filed by the supervisor whether approved or denied

If approved, the requesting employee will make a copy of the approval for each student to be contacted and attach it to the Parent Permission Form. After all required signatures have been obtained, the forms will be turned in to the approving supervisor to be kept on file for documentation.

Terms of agreement:

1. Employee will adhere to Cell Phone and Computer Acceptable Use Policies already in place.
2. All employee-student communications will comply with all Board policies in regard to this issue.
3. Employee will not contact student after 9 p.m. on any day except in the case of a justifiable emergency. In the event of such a contact, the employee is required to notify his/her supervisor at the first reasonable opportunity.
4. Employee-student communications, whether verbal, written, or wireless will be limited to topics that are school-related with wording that is widely accepted as wholesome in nature, and would be viewed by any reasonable person to be harmless and acceptable in content. Such communications are required to be void of: simple fraternization; derogatory, sexual or lewd content; and comments that are threatening, harassing, discriminatory, or immorally suggestive in nature.
5. The duration of this agreement shall be one calendar year from the date of parental approval and requires annual renewal. Exception: in the event of the student being withdrawn from this school for any reason, this agreement will immediately be voided.

COVID-19 RELEASE AND WAIVER FOR EXTRACURRICULAR ACTIVITIES

IMPORTANT LEGAL DOCUMENT: PLEASE READ CAREFULLY

In consideration of the undersigned Student being allowed to participate in the Ouachita Parish School Board's extracurricular programs, clubs, events, and/or activities, ("Extracurricular Activity" or "Extracurricular Activities") the undersigned parent/guardian, on his/her own behalf, and that of the Student in his/her legal custody, or Student, if a major, acknowledges and agrees that:

The Student's participation in any of the school district's Extracurricular Activities is not mandated by the school, and the Student's participation is purely voluntary. I understand that I may withdraw the Student from participation in any Extracurricular Activity at any time. The Student's participation in an Extracurricular Activity may increase the likelihood that the Student, myself, or a members of my family could be exposed to the COVID-19 virus;

I, for myself, and on behalf of the Student, my heirs, assigns, personal representatives, and next of kin, HEREBY KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS RELATED TO COVID-19 AND RELEASE AND HOLD HARMLESS THE OUACHITA PARISH SCHOOL BOARD, its officers, officials, agents and/or employees, insurers, competitors, other participants, competing schools/school districts, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Released Parties"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property in any way related to COVID-19, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and

I also agree to indemnify the Released Parties from any and all COVID-19 related claims, liabilities, judgments, attorney fees, and costs incurred as a result of or incident to Student's involvement or participation in these Extracurricular Activities as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and

I HAVE READ THIS DOCUMENT, BEFORE SIGNING BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE STUDENT, AND I SIGN IT KNOWINGLY, FREELY, AND VOLUNTARILY WITHOUT ANY PROMISE OR INDUCEMENT.

STUDENT NAME _____ STUDENT SIGNATURE _____ SCHOOL _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Illustrative listing of Extracurricular Activities:

Football	Soccer	Golf
Basketball	Cross Country	Equestrian
Baseball	Swim	Bowling
Softball	Volleyball	Archery
Track/Field	Cheerleading/Dance/Pep Squad	E-Sports
Wrestling	Wrestling	Fishing
Volleyball	Band/Choir	Powerlifting
Clubs	Tennis	Gymnastics
Spirit	ROTC	Ag Competition Team

OUACHITA PARISH SCHOOL BOARD
STUDENT DRUG TESTING CONSENT FORM

PARENT

I understand that the Ouachita Parish School Board has a policy against the possession, use, sale, or transfer of illegal drugs. I further understand that the Ouachita Parish School Board has adopted a drug-testing program for students as one method of implementing that policy. As a parent and/or guardian, I consent to have my child participate in the randomly selected drug-testing program, to have my child tested, and to have the results released by the drug-testing laboratory to the school administrator designated by the Ouachita Parish School Board.

I indemnify and hold harmless the Ouachita Parish School Board, the laboratory, their employees, agents, and representatives from any and all liabilities arising from the authorized release or use of the information derived from or contained in my child's confidential test results.

Should my child test positive and such results are validated as positive by a confirmation test, I acknowledge that my child will be disciplined according to standards set forth in the policy. I am aware that I will be notified only if my child tests positive.

STUDENT

As a student, I consent to participate, if randomly selected, in the drug-testing program, to be tested, and to agree to all standards of the Ouachita Parish School Board Student Drug Testing Policy.

Student's Name _____ School _____
(Please Print)

Student's Signature _____ Date _____

Student's Social Security # _____ Grade _____

Please check your status with the student drug-testing program.

Athlete-list sport(s): _____

Cheerleader _____ Drill Team _____ Pep Squad _____ Band (performance group) _____

Choir (performance group) _____ Volunteer _____

Parent's Name _____
(Please Print)

Parents' Signature _____

Parent's Address _____ Telephone _____

**Please list any medication the student is/has been taking and designate the prescribing physician.
Medications: _____

Physician: _____

CDC Heads Up Fact Sheet for Student-Athletes

A FACT SHEET FOR

High School Athletes

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

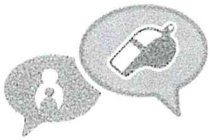
What Should I Do If I Think I Have a Concussion?

Report It. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

Get Checked Out. If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.

Give Your Brain Time to Heal. A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

CDC

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

cdc.gov/HEADSUP

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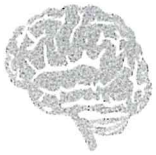
How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish, or foggy
- Are bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or "down"
- Feel confused
- Have problems with sleep

Concussion symptoms usually show up right away, but you might not notice that something "isn't right" for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

How Can I Help My Team?



Protect Your Brain.
Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.

Be a Team Player.
You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

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To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

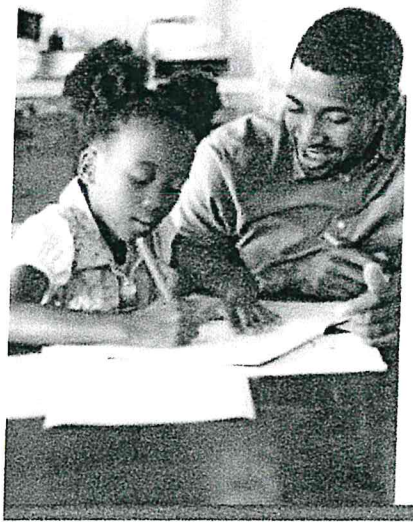
CDC

Revised 07/16/2024

CDC Heads Up Fact Sheet for Parents

A FACT SHEET FOR Parents

CDC HEADS UP
SAFE BRAIN, STRONGER FUTURE.



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.
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CDC

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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 injuried 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

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Louisiana High School Athletic Association
Student-Athlete and Parent Concussion Statement

After reading the CDC Heads Up Concussion Fact Sheets and reviewing the LHSAA Concussion Management Protocol, I am aware of the following information:

Athlete Initial:		Parent Initial:	
			A concussion is a brain injury which I am responsible for reporting to my coach, athletic trainer, or health care provider.
			A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot always see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
			Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.
			Athletes diagnosed with a concussion must be assessed by a health care provider. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.
			Concussed athletes are much more likely to experience complications if they return to play before symptoms resolve including but not limited to permanent brain damage or even death.

I commit to the following:

Athlete Initial:		Parent Initial:	
			I will report all injuries and illnesses to my coach, athletic trainer and/or health care provider.
			I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
			If I suspect a teammate has a concussion, I will report the injury to my coach, athletic trainer, or team health care provider.

_____
Signature of Student-Athlete

_____
Signature of Parent/Legal Guardian

_____
Printed Name of Student-Athlete

_____
Printed Name of Parent/Legal Guardian

_____
Date

_____
Date

This form must be kept on record with the school.

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LOUISIANA DEPARTMENT OF EDUCATION

Important Information about Sudden Cardiac Arrest for Parents and Student Athletes

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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/)

LOUISIANA DEPARTMENT OF EDUCATION

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: _____