BOYET JUNIOR HIGH

59295 Rebel Drive
Slidell, LA 70461

★ **Dr. Jennifer Clark**
Principal

★ **Joy Thigpen**
Assistant Principal

I hereby give permission for my child, _____ to attend and participate in the athletic events as herein described.

Event: Boys and girls soccer tryouts

Coach/Sponsor/Teacher: Ryan Krewsky

Time/Date: Nov 11 and 12, 4:00-5:30

Location: Boyet

Means of Transportation (Check one):

☑ Private Vehicle •see note below
☐ St. Tammany Parish School Bus/other (Please describe)

Before signing this form, please note that your signature will serve as a declaration that you have read, understood and agreed to the following:

A. You must provide evidence of possession of insurance before a student will be allowed to tryout or participate in any athletic activity, dance team, or cheerleading squad.
B. You must provide evidence of a current physical for your child: a current physical completed with in one year. This must be done before a student will be allowed to tryout or participate in any athletic activity, dance team, or cheerleading squad.
C. Your child must meet all athletic eligibility academic, and behavioral guidelines.
D. You must have completed an emergency card to be filed with the sponsor/coach of the activity.
E. You must secure your child within fifteen (15) minutes following the conclusion of the activity.
F. I give permission for Boyet personnel and/or chaperones to seek/administer emergency medical aid for/to my child if they deem it necessary.
G. I will not hold St. Tammany Parish School Board, Boyet Jr. High, Boyet administrators and/or faculty and/or the representative thereof responsible in the event of any accident during any and all aspects of the athletic activity.

Note: Before signing this form, please be certain that all your questions or concerns are addressed; you may contact the school at 985-643-3775.
Note: No ten (10) passenger vans/vehicles may be used to transport student to school activities.
Note: According to school board policy, owner of private vehicles that are used for school activities are primary insurance carriers.

Parent/Guardian Signature: _____ Date: _____

For Administrative Use Only

Activity Approval: _____ Date: 10-22-26

ATHLETIC EMERGENCY SHEET

STUDENT: _____ I.D.# _____
DATE OF BIRTH: _____

PARENT/GUARDIAN _____

TELEPHONE _____ WORK PHONE _____

Who will assume temporary care and responsibility for your child in the event of emergency:

1. NAME _____ PHONE: _____
2. NAME _____ PHONE: _____
3. NAME _____ PHONE: _____

LIST ANY ALLERGIES OR MEDICAL CONDITIONS:

1.
2.
3.
4.
5.

PROOF OF INSURANCE

1. Company: _____
2. Policy/Company/Card Number: _____
3. Expiration Date: _____

To Whom It May Concern: I give permission for Boyet Junior High School personnel to seek/administer emergency medical aid for my child as they deem necessary.

_____
Parent/Guardian Signature

SCHOOL WAIVER FORM

EXTRACURRICULAR ACTIVITES

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE STUDENT'S AND PARENT'S/LEGAL CUSTODIAN'S SIGNATURE.

PARENTS, LEGAL CUSTODIANS, OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student and parent/legal custodian recognize that participation in interscholastic athletics and related extracurricular activities involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs and related extracurricular activities, it is impossible to eliminate all risk. Because of these inherent risks, the student and their parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student") is under the supervision of the St. Tammany Parish School Board school. I consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest. I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student being a minor, but that, if necessary, the student will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student's personally identifiable health information should treatment for illness or injury become necessary.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation.

The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the St. Tammany Parish School Board, its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics or sports and related extracurricular activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

SCHOOL WAIVER FORM

EXTRACURRICULAR ACTIVITES

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

Student's Name: _____ Sports/Activities: _____ Sex: M F

School: _____ Grade: ____ Age: ____ Date of Birth: ___/___/____

Parent's/Guardian's Name: _____

Father's/Guardian's SS#: XXX-XX-_____ Mother's/Guardian's SS#: XXX-XX-_____

Work Address: _____

Phone Number (__) _____

Home Address: _____

Phone Number: (__) _____

Another Person to Contact: _____

Relationship: _____ Phone Number: (__) _____

Insurance Company: _____

Policy Number and/or Group Numbers: _____

ALLERGIES: _____

_____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____
(if over age 18)

IMPORTANT NOTICE – It is the policy of the St. Tammany Parish School Board that ALL ATHLETES PARTICIPATING IN OUR SCHOOL SPORTS PROGRAMS must have either medical or accident insurance in order to participate! Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians.

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**

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	II. Upper Extremity	Norm	Abnl	III. Lower Extremity	Norm	Abnl
Cervical	☐	☐	Shoulder	☐	☐	Knee	☐	☐
Thoracic	☐	☐	Elbow	☐	☐	Hip	☐	☐
Lumbar	☐	☐	Hand / Fingers	☐	☐	Ankle	☐	☐
			Wrist	☐	☐			

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.**

CDC Heads Up Fact Sheet for Student-Athletes

A FACT SHEET FOR

High School Athletes

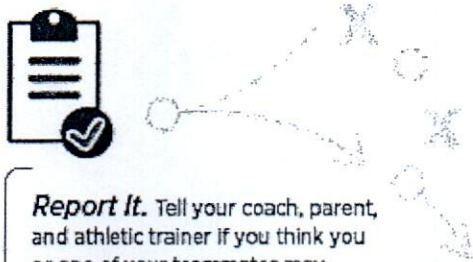
CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

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?



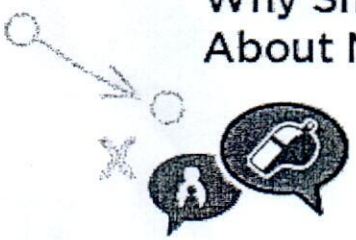
Report It. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

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.

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

CDC

cdc.gov/HEADSUP

Revised 07/16/2024

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:

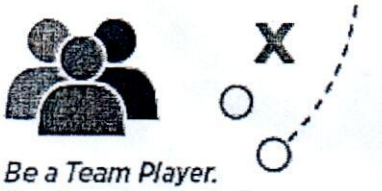
- Get a headache
- Feel dizzy, sluggish, or foggy
- Are bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or "down"
- Feel confused
- Have problems with sleep

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.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

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
January 2021

Revised 07/16/2024

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.

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

January 2021

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

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.

Revised 07/16/2024

LOUISIANA DEPARTMENT OF EDUCATION

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/)

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: _____

ST. TAMMANY PARISH PUBLIC SCHOOLS

FRANK J. JABBIA
Superintendent

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

DATE: July 1, 2026

TO: Junior High School Principals

FROM: Mike Wills, Supervisor of Administration MSW

RE: **Student Accident Insurance**

The voluntary student and athletic accident insurance plan is again available for the 2026-2027 school year. Families are able to access the brochure showing plan benefits and rates, as well as, enroll in a plan by going online. This plan is strictly voluntary and parents may enroll by going to the St. Tammany Parish School Board website, stpsb.org and clicking on the three bars on the top right side of the page. Select Departments and Services under our District. Click Athletics and scroll down to and click on the Student Insurance block located on the right.

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

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

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

Approved By:

Steve E. Alfonso Jr.

Steve E. Alfonso, Jr.
Associate Superintendent

Tr

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

ST. TAMMANY PARISH PUBLIC SCHOOLS

Frank J. Jabbia
Superintendent

Steve E. Alfonso, Jr.
Assistant Superintendent

Kimberly B. Gardner
Assistant Superintendent

Mary Hart
Assistant Superintendent

Jeanne B. McCurley, Ph.D.
Assistant Superintendent

District	Board Members
13	James Braud, President
6	Amanda R. Martin, Vice President
1	Matthew E. Greene
2	Roslyn H. Hanson
3	Adaline V. Rutherford
4	Kalinda Fauntleroy
5	Brandon Harrell
7	Isabelle Moore
8	Mike Peterson, Ph.D.
9	Gia R. Baker
10	Deborah McCollum
11	Tammy W. Lamy
12	Michelle Hirstius
14	Dennis S. Cousin
15	Michelle Ruffino Gallaher

Dear Parent/Guardian:

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

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

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

Sincerely,

Frank J. Jabbia
Superintendent

Learning to Last a Lifetime.®