

PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

STUDENTS/PARENTS

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

HEALTHCARE PROVIDERS

1. Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. Complete the Physical Examination Form (page 3) AND SIGN the bottom of page 3.
3. Complete the Medical Eligibility Form (page 4) AND SIGN page 4.

NOTE: Two signatures are required by the healthcare provider!

SCHOOL ADMINISTRATORS

1. Collect the completed PPE forms with the appropriate signatures on pages 2 – 5.
 2. Based on your school's policy, determine who is responsible to review and disseminate the student's medical information provided on the form.*
 3. Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
 4. Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
 5. Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.
- * Schools are encouraged to have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

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





PRE-PARTICIPATION PHYSICAL EVALUATION

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

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

Name, Sex, Age, Date of birth, Grade, School, Sport(s), Home Address, Phone, Personal physician, Parent Email

List past and current medical conditions, Have you ever had surgery?, Medicines and Allergies section with checkboxes for Yes/No and specific allergy types.

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

Table with 3 columns: Question, YES, NO. Sections include GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, and BONE AND JOINT QUESTIONS.

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:		YES	NO		
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?		<input type="checkbox"/>	<input type="checkbox"/>		
23. Have you ever used an inhaler or taken asthma medicine?		<input type="checkbox"/>	<input type="checkbox"/>		
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?		<input type="checkbox"/>	<input type="checkbox"/>		
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?		<input type="checkbox"/>	<input type="checkbox"/>		
26. Have you had infectious mononucleosis (mono)?		<input type="checkbox"/>	<input type="checkbox"/>		
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		<input type="checkbox"/>	<input type="checkbox"/>		
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		<input type="checkbox"/>	<input type="checkbox"/>		
If yes, how many?					
What is the longest time it took for full recovery?					
When were you last released?					
29. Do you have headaches with exercise?		<input type="checkbox"/>	<input type="checkbox"/>		
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?		<input type="checkbox"/>	<input type="checkbox"/>		
31. Have you ever become ill while exercising in the heat?		<input type="checkbox"/>	<input type="checkbox"/>		
32. Do you get frequent muscle cramps when exercising?		<input type="checkbox"/>	<input type="checkbox"/>		
33. Do you or does someone in your family have sickle cell trait or disease?		<input type="checkbox"/>	<input type="checkbox"/>		
34. Have you ever had or do you have any problems with your eyes or vision?		<input type="checkbox"/>	<input type="checkbox"/>		
35. Do you wear protective eyewear, such as goggles or a face shield?		<input type="checkbox"/>	<input type="checkbox"/>		
36. Do you worry about your weight?		<input type="checkbox"/>	<input type="checkbox"/>		
37. Are you trying to or has anyone recommended that you gain or lose weight?		<input type="checkbox"/>	<input type="checkbox"/>		
38. Are you on a special diet or do you avoid certain types of foods or food groups?		<input type="checkbox"/>	<input type="checkbox"/>		
39. Have you ever had an eating disorder?		<input type="checkbox"/>	<input type="checkbox"/>		
40. How do you currently identify your gender?	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____				
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)		NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious, or on edge	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)					
FEMALES ONLY:		YES	NO		
42. Have you ever had a menstrual period?		<input type="checkbox"/>	<input type="checkbox"/>		
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>		
44. How old were you when you had your first menstrual period?					
45. When was your most recent menstrual period?					
46. How many menstrual periods have you had in the past 12 months?					

Explain all Yes answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

X Signature of student-athlete _____ Signature of parent/guardian _____ Date _____

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

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

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- | | |
|--|--|
| <ul style="list-style-type: none"> - Do you feel stressed out or under a lot of pressure? - Do you ever feel sad, hopeless, depressed, or anxious? - Do you feel safe at your home or residence? - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip? - During the past 30 days, did you use chewing tobacco, snuff, or dip? | <ul style="list-style-type: none"> - Do you drink alcohol or use any other drugs? - Have you ever taken anabolic steroids or used any other performance enhancing supplement? - Have you ever taken any supplements to help you gain or lose weight or improve your performance? - Do you wear a seat belt, use a helmet and adhere to safe sex practices? |
|--|--|

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).

3. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

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

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

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) _____ Date _____

X Signature of healthcare provider: _____, MD, DO, DC, PA-C, APRN
(please circle one)

Address _____ Phone _____

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

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329

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

■ KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

- Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

- _____
 Not medically eligible pending further evaluation
 Not medically eligible for any sports

Recommendations: _____

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

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

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

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Parent or Guardian Consent

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

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

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

X Signature of parent/guardian _____ Date _____

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

ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ (PLEASE PRINT CLEARLY)

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

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

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

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

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

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

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

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

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age (16, 15 or 14 for junior high or middle school student)** on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.
NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

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

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

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

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

X Signature of parent/guardian _____ Date _____
 X Signature of student _____ Birth Date _____ Grade _____ Date _____

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

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2018-2019**

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech 	<ul style="list-style-type: none"> • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

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

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

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



Emergency Medical Authorization
TURNER USD 202



STUDENT NAME: _____ DOB: ___/___/___ AGE: ___ GRADE: ___

PARENTS/GUARDIANS: _____

HOME PHONE: _____ ADDRESS: _____

FATHER WORK PHONE: _____ CELL: _____

MOTHER WORK PHONE: _____ CELL: _____

PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

PREFERRED HOSPITAL: _____

HEALTH INSURANCE COMPANY: _____ POLICY #: _____

We currently do not have insurance coverage: _____

HEALTH ISSUES OR KNOWN ALLERGIES WE SHOULD BE AWARE OF:

IF PARENTS CANNOT BE REACHED LIST TWO NEIGHBORS OR RELATIVES WHO MAY BE CONTACTED.

NAME: _____ PHONE: _____ 2nd PHONE: _____

NAME: _____ PHONE: _____ 2nd PHONE: _____

CONSENT FOR EMERGENCY TREATMENT

I, the undersigned parent or legal guardian of the above-named student, give my consent for emergency medical or dental treatment for my child if he/she becomes injured or ill while under school authority. Further should the attending physician determine, after examination, that life saving surgery or other life saving procedures are necessary, I do hereby grant permission to administer necessary medical treatment. In case of accident or injury to the above named individual while participating in a TUSD 202 sponsored activity, we will not hold the Turner Board of Education, the administration, teachers, coaches or staff of TUSD 202 responsible for payment of any claims due to injury and agree to accept full responsibility for medical expenses incurred for medical care and treatment provided.

Signature of Parent/Guardian

Date

Student Name: _____

Grade: _____

Turner USD 202 Student Activities Code of Conduct

Section 1: Philosophy

USD #202 recognizes the use of mood-altering chemicals (i.e., alcohol, tobacco, marijuana, performance enhancing drugs, non-prescription drugs, and misuse of prescription drugs) as a significant health problem for many adolescents, resulting in negative effects of behavior, learning, and the total development of each individual. The misuse and abuse of mood-altering chemicals for some adolescents affects extra-curricular participation and development of related skills. Others are affected by the misuse and abuse by family, team members, or other significant persons in their lives.

USD #202 also recognizes that students involved in activities/athletics must be positive representatives of the Turner School District and community. For that reason, the district supports a student code of conduct that encourages positive behavior for all of our students.

The close contact in USD #202 activities of advisors, coaches, administrators, and sponsors provides them with a unique opportunity to observe, council, and assist young people. USD #202, therefore, supports positive student conduct and education and awareness training in adolescent chemical use problems.

Section 2: Purpose

1. To provide consistency in USD #202 Board Policies.
2. To emphasize the schools' concerns for the health of students in areas of safety while participating in activities and the long-term physical and emotional effects of chemical use on their health.
3. To promote equity and a sense of order and discipline among students.
4. To confirm and support existing state laws which restrict the use of such mood-altering chemicals and performance enhancing drugs.
5. To establish standards of conduct for those students who are leaders and role models among their peers.
6. To assist students who desire to resist peer pressure which directs them toward the use of mood-altering chemicals and performance enhancing drugs.
7. To aid students who should be referred for assistance or evaluation regarding their use of mood-altering chemicals and performance enhancing drugs.

Section 3: Rule

During the activity season (fall, winter, spring, and summer), regardless of the quantity, a student shall not: (1) use a beverage containing alcohol; (2) use tobacco or; (3) use or consume, have in possession, buy, sell or give away any controlled substance defined by law as a drug. This rule applies to the entire activity season. Any activity that spans the course of the year will be subject to the season in which the violation occurs.

All student activities that are governed by the Kansas State High School Activities Association and those that represent USD #202 at any site or location are included in this policy.

Section 4: Penalties for Violations

Penalties will accumulate during any activity season from August through July. Penalties may include but not be limited to:

1. First Violation

Penalty: After confirmation of the first violation, the student shall lose eligibility for the next two (2) consecutive inter-scholastic events or two (2) weeks of a season in which the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment/counseling program.

2. Second Violation

Penalty: After confirmation of the second violation, the student shall lose eligibility for the remainder of the current activity season or remain ineligible for any governed activity for the next six (6) week period, whichever is greater, excluding buffer week, KSHSAA non-practice dates, holidays, and spring break.

3. Third violation/Serious Violation

Penalty: A student may become ineligible for multiple seasons of activities not to exceed a period of one year from the date of the last violation. Seriousness of the violation may warrant movement to higher levels of consequence. Determination will be made by a panel of activities director, building principal, and immediate advisor, coach, director, or sponsor of the activity.

Section 5: Other Student Related Conduct

There may be an occasion for which a student involved in school activities may violate policy in regards to attendance (school, games, and practices) and discipline (detentions, suspensions). Penalties (except unexcused absences) will accumulate during any activity season from August through July. Penalties may include but not be limited to:

A. In School/Out of School Suspension:

- 1st suspension: 1 competition/activity date missed
- 2nd suspension: 3 competition/activity dates missed
- 3rd suspension: Dropped from all activities for remainder of school year.

Students are allowed to practice on the day of an ISS but not on day of OSS.

B. Detentions:

Detentions are to be handled individually by each coach, director, or sponsor. However, excessive detentions can lead to being suspended from the activity or dropped from the activity.

C. Unexcused Absences from School, Practices, or Games:

- 1st offense: Appropriate consequences from coach, director, or sponsor.
- 2nd offense: One activity date missed. Parent contacted.
- 3rd offense: Dropped from activity. Parent contacted

Unexcused absences are not carried over from activity to activity.

We have read and understand the USD #202 Code of Conduct. We acknowledge its contents and the standards that are set for students involved in school district activities. The Code of Conduct must be signed by the student and parent before participation in school activities. The Code of Conduct goes into effect immediately once signed and turned into the office.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**INFORMED CONSENT FOR EVALUATION RELATED TO SPORT PARTICIPATION AND
AUTHORIZATION TO RELEASE INFORMATION**

_____ ("Participant") is seeking to participate in a sport activity ("Activity") with _____ (Club/Team/School, referred to as "Program"). The Program has contracted with Children's Mercy Hospital to provide certain services related to the Program.

By signing this Informed Consent for Evaluation Related to Sport Participation and Authorization to Release Medical Information ("Consent"), I hereby authorize a Children's Mercy Hospital physician, nurse practitioner, athletic trainer, or other allied health personnel (collectively referred to as "Practitioner") acting on behalf of the Program to perform assessment, evaluation, examination, treatment or rehabilitation of the Participant (referred to as "Sports Medicine Service(s)"). The Sports Medicine Services provided pursuant to the agreement between the Program and Children's Mercy Hospital may also include pre-participation physical examinations ("PPE"), baseline and post-concussion testing, and Electrocardiogram evaluation ("EKG").

I understand that a PPE is for screening purposes only and is not a complete physical examination to diagnose diseases or certain medical conditions, nor does it include all elements of a well-patient examination, such as vision or hearing screenings, social development and activity, cognitive development and academics, updating immunizations, preventive health recommendations, and laboratory testing.

I certify that I have and will provide the Participant's medical history truthfully and to the best of my ability. I understand that truthful responses are necessary for the evaluation and safety of the Participant.

I understand that neither the PPE nor any other Sports Medicine Service provided by any Practitioner guarantees Activity participation results nor prevents future injury. I further understand that the PPE and any other examination, evaluation, and testing performed by a Practitioner carries with it the risk of misdiagnosis and injury and that results are not guaranteed. Despite these risks, I authorize Practitioner to provide Sports Medicine Services as identified above to Participant related to the Activity. I have had the opportunity to have any questions regarding the Sports Medicine Service(s) answered to my satisfaction. I knowingly and voluntarily consent to Participant receiving the Sports Medicine Services by The Children's Mercy Hospital related to the Program and Activity.

I further recognize that certain information included as part of any Sports Medicine Service provided to Participant may be shielded from disclosure by certain confidentiality protections, including the Family Educational Rights and Privacy Act ("FERPA"). I authorize the Program to release the PPE form and other information related to participation in the Program, including any information on Participant to healthcare providers necessary for proper treatment of Participant including to Children's Mercy Hospital's workforce members (employees, physicians, nurses, etc.). I understand the information may be released orally or in the form of

copies of written records. I have a right to inspect any written records released pursuant to this Authorization. I understand I may revoke this Authorization upon providing written notice to the Program. I further understand that until this revocation is made, this Authorization shall remain in effect.

I hereby release The Children's Mercy Hospital and its employees, including Practitioner(s) acting on behalf of the Program, from any and all liability that may arise from the Sports Medicine Services provided by any Practitioner related to Participant's participation in the Activity and medical advice provided by a Practitioner. I further agree to defend, indemnify, and hold The Children's Mercy Hospital and its employees, including Practitioner(s) acting on behalf of the Program, harmless for any injuries or liability related to Practitioner's clearance or non-clearance of Participant to participate in the Activity.

Participant or the Legal Guardian, if the Participant is under the age of 18 and cannot otherwise legally consent on his/her own behalf, must sign below:

Participant Signature (if 18 or older): _____ Date: _____
Time: _____

Legal Guardian Signature: _____ Date: _____
Time: _____

Legal Guardian Relationship to Participant: _____

Participant Date of Birth: _____

Participant and Parent/Guardian Address: _____

Home Phone: _____

Work/Cell Phone: _____

Alternative Phone: _____