

STATEMENT TO BE SIGNED BY PARTICIPANT AND PARENT(S)

I have read and understand the requirements for eligibility and lettering associated with athletic competition and cheerleading for Parker High School. My signature below indicates that I will abide by the requirements.

The rules were explained and discussed on:

(date) _____ by

_____ ,

a school administrator or a faculty member assigned by the Superintendent of Schools for such purpose.

(student's signature) _____

I acknowledge receipt of a copy of the Eligibility Information Bulletin. The student whose signature appears above

(circle one) does does not

have medical/accident insurance coverage adequate for the school activity engaged in by the student.

(parent or guardian signature) _____

NOTIFICATION IN EVENT OF INJURY OR OTHER EMERGENCY

In the event that _____
(student name) is injured as a result of practice or participation in school sponsored athletic events, or in the event some other emergency arises, coaches or other school personnel will notify one of the below identified persons in the order of preference indicated below.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

INSURANCE INFORMATION

Policy Owner _____

Provider _____ Policy Number _____

THIS IS THE FORM THAT THE SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION RECOMMENDS TO THOSE MEMBER SCHOOLS THAT FEEL IT IS IMPORTANT TO GET CONSENT FROM PARENTS AND/OR LEGAL GUARDIANS FOR MEDICAL TREATMENT WHEN AWAY FROM HOME ON ROAD TRIPS FOR VARIOUS ACTIVITIES.

CONSENT FOR MEDICAL TREATMENT

I am the _____ (Mother, Father, Legal Guardian) of _____, who participates in extra-curricular activities for Parker High School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of Parker School District while on a school sponsored activity and hereby appoint said employee to act on my behalf in securing necessary medical services from any duly licensed physician or osteopath.

Dated this _____ day of _____, _____.

Parent's Signature _____

CONSENT OF CHILD

I, _____ have read the above consent form signed by my _____ (Mother, Father, Legal Guardian) and join with him/her in the consent.

Dated this _____ day of _____, _____.

Student's Signature _____

Please list any illnesses or medical deficiencies that you feel the school should be aware of
Examples: asthma, bee sting allergy, diabetes, allergy to medication, etc.

We are aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. We understand that the dangers and risks of playing or practicing to play/participate in any sport 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 virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the athletes' body, general health and well-being. We understand that the dangers and risks of playing or practicing to play/participate in athletics may result not only in serious injury, but in a 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 athletics, we recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the Parker School District permitting this athlete to try out for the athletic teams and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, we hereby assume all the risks associated with participation and agree to hold the Parker School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with the athletes participation in any activities related to the Parker High School athletic teams. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of the family.

ATHLETE SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

(Health Insurance Portability and Accountability Act)

- *This form is required by law. This allows disclosure of information to the personnel involved in the care of your son/daughter as it applies to athletics. For example, if our certified athletic trainer or a medical clinic is treating your son/daughter, this form allows him/her to inform the coach of the injury and status of eligibility.*

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION FORM
(HIPAA)

Student's Name _____ Date of Birth _____

1. I authorize the use or disclosure of the above named individual's health and injury Information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2019.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Signature of Parent

Date

Signature of Student

Date

(Note: Student signature is necessary if student will be 18 or older at any point during school year)
This form must be completed annually and must be available for inspection at the school.

CONCUSSION FACT SHEET FOR ATHLETES

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

It's better to miss one game than the whole season.

Student's Signature: _____

Date: _____

Parent's/Guardians Signature: _____

Date: _____

**THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE
FOR INSPECTION AT THE SCHOOL**

CONCUSSION FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion, Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

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

What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine".
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

Parent's/Guardian's Signature _____ Date _____

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