

# 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? If yes, list all past surgical procedures: \_\_\_\_\_

**Medicines and Allergies:**

Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking: \_\_\_\_\_

☐ No MedicationsDo you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects \_\_\_\_\_

What was the reaction? \_\_\_\_\_

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

| GENERAL QUESTIONS:  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Do you have any concerns that you would like to discuss with your provider?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has a provider ever denied or restricted your participation in sports for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any ongoing medical issues or recent illness?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever spent the night in the hospital?   | <input type="checkbox"/> | <input type="checkbox"/> |
| HEART HEALTH QUESTIONS ABOUT YOU:   | YES                      | NO                       |
| 5. Have you ever passed out or nearly passed out during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has a doctor ever told you that you have any heart problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you get light-headed or feel shorter of breath than your friends during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had a seizure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:   | YES                      | NO                       |
| 12. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?  | <input type="checkbox"/> | <input type="checkbox"/> |
| BONE AND JOINT QUESTIONS:   | YES                      | NO                       |
| 15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had any broken or fractured bones or dislocated joints?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you have a bone, muscle, ligament, or joint injury that bothers you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Down Syndrome or Dwarfism)?   | <input type="checkbox"/> | <input type="checkbox"/> |



# 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 <i>Staphylococcus aureus</i> (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)<br>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.

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

- 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?
- 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<br>- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) |        |                   |
| Eyes/ears/nose/throat<br>- Pupils equal, Gross Hearing   |        |                   |
| Lymph nodes  |        |                   |
| Heart *<br>- Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)   |        |                   |
| Pulses<br>- Simultaneous femoral and radial pulses   |        |                   |
| Lungs  |        |                   |
| Abdomen  |        |                   |
| Skin<br>- 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<br>- 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

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## 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: \_\_\_\_\_

 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/sports 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.

 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](http://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                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. 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.)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. 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.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
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**  
**2021-2022**

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

**Signs observed by teammates, parents, and coaches include:**

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

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 and an urgent referral to a health care provider should be arranged (if not already onsite). 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. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally, 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/index.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.



## **Activities Contract/ Parental Consent & Insurance Waiver**

### **STUDENT**

I have read and understand the rules and regulations as sated in the Activities Handbook and have read the Code of Ethics.

As a member of an activity representing USD 445, I agree to conduct myself at all times in accordance with the provisions set forth therein.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Student)

### **PARENT/GUARDIAN**

As a parent or guardian of a member of USD 445 activity, I have read and understand the contents of the Activities Handbook.

### **USD #445 SCHOOL INSURANCE WAIVER**

Unified School District #445 does not offer insurance to pay medical treatment for students' accidents. I hereby acknowledge that this information has been presented to me by USD #445.

I also acknowledge that USD #445 has presented me with information regarding my optional purchase of student insurance through Health Wave and Supplemental Sports Coverage.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/Guardian)

## USD 445

# CODE OF CONDUCT

I accept responsibility for my behavior on and off the playing field. I understand that what I do and say affects my teammates, the Nado Family, the community, and many other people, not just myself. This not only includes maintaining my grades and avoiding alcohol and drug use, but also involves how I treat other students in the hallways and all other social interactions.

I will act with empathy. I will not be involved in behavior that hurts others, targets the weak, bully others, or "kicks someone when they are down."

I will be on time for all practices, games, meetings, and especially the classroom, without being asked, because I respect the valuable time of my coaches, teammates, and teachers.

I will make sure to serve any detentions or other school disciplinary actions in a timely manner.

I will follow all rules and procedures that are set forth by my coach and my school. In order to gain respect I acknowledge that I must first give it, and that my actions speak louder than my words. In addition, I will meet all academic standards set forth by my school and my team.

I have read and understand the drug testing policy and agree to it fully, knowing that illegal substances are harmful and detrimental to my team, my family, and my school.

I will take coaching in a positive way, and understand that constructive criticism can help me become a better athlete and person.

I will lead courageously and live with integrity by speaking up against injustice acting on behalf of others, even when it is hard or unpopular.

I will serve as a role model at all times by talking politely and acting courteously towards teammates, coaches, opponents, officials, teachers, etc. I will represent my team with pride.

I will display honor and good sportsmanship in competition – acknowledging and applauding the effort of others, encouraging my teammates with positive statements, refraining from boasting or "trash-talking," acknowledge there is only one head coach and that is not I, and accept victory or defeat graciously.

*Because I represent my family, USD 445, and my team at all times, I pledge to live by the above Player Code of Conduct through my actions, words, and thoughts every day. Any violation may result in my Coach and/or Administration taking action.*

\_\_\_\_\_  
**Player Signature**

\_\_\_\_\_  
**Date**



# USD 445 Athletic Medicine

## Emergency Information Form

Please Print:

Name: \_\_\_\_\_ B-Day: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

### IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED:

Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We the undersigned guardian of the minor, do hereby authorize any x-rays, anesthetic, dental, medical, or surgical diagnosis or treatment deemed advisable by: (1) a licensed physician, or (2) coach, trainer, and /or high school official who is in temporary custody of the minor listed above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health History

|                               | YES   | NO    |
|-------------------------------|-------|-------|
| Kidney Injuries               | _____ | _____ |
| Heart Condition or Disease    | _____ | _____ |
| Diabetes                      | _____ | _____ |
| Asthma                        | _____ | _____ |
| While Competing, Do you wear: |       |       |
| Glasses:                      | _____ | _____ |
| Contacts:                     | _____ | _____ |
| Allergy to any medications    | _____ | _____ |

Please State What: \_\_\_\_\_

Any Medications you are taken now: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_