

Category: 8000 STUDENTS	Policy Number: 8214
Policy Title: Permission for Interscholastic Athletic Participation	Effective Date: April 11, 2017

In order for a student to participate in an interscholastic athletic program, the following requirements must be met:

- i. The student (grades 7-12) must have a physical examination on file each school year prior to participating in an interscholastic practice and/or event. A valid physical for the upcoming school year must be completed *after* May 1**
- ii. Each student (grades 7-12) must have on file a signed and completed Idaho High School Athletic Association and Snake River School District Health Examination and Consent Form (8214f1) prior to participation in any interscholastic practice and/or event.**
- iii. The student (grades 7-12) must have a signed Acknowledgment of Receipt of Concussion Guidelines (Form 8214F2) on file each school year prior to participating in an interscholastic practice and/or event.**
- iv. Athletes who have been removed from play as a result of a concussion may not be returned to play or participate in any student athletic league or sport (except on an administrative basis, such as team manager) until and unless the athlete has been evaluated and is authorized to return to play or participate by a qualified health care professional who is trained in the evaluation and management of concussions. Such authorization must be in writing (Form 8214F3, "Authorization to Return to Play or Participate in Student Sports") and must be provided to the District prior to the student being returned to play. If the authorization is signed by a licensed health care professional trained in the evaluation and management of concussions, such authorization must also be countersigned by the directing physician.**

All varsity athletes may be asked to complete a survey before exiting the program to help determine if the activity is being administered effectively.

Reference: Procedure 8214p, "Concussion Guidelines"
Form 8214f1 "Idaho High School Athletic Association and Snake River School District Health Examination and Consent Form" (2 pages)
Form 8214 F2, "Acknowledgement of Receipt of Concussion Guidelines"
Form 8214 F3, "Authorization to Return to Play or Participate in Student Sports"
Form 8214 F4, "Student Athlete Exiting Survey"
Policy 4510, "Chaperones"
Policy 5020, "Student Insurance"
Policy 5370, "Student Activity Fees"
Policy 8070, "Code of Conduct"
Policy 8200, "Extracurricular Activities"
Policy 8294, "Transportation to School Activities"

Legal Reference: I.C. § 33-1625, "Youth Athletes - Concussion and head injury guidelines)
Title 54, Chapter 18 Idaho Code

Other Reference: <http://www.idhsaa.org/concussions/default.asp>
<http://www.cdc.gov/concussion/sports/index.html>
<http://www.cdc.gov/concussion/sports/recognize.html>

Category: 8000 STUDENTS	Form Number: 8214f1
Policy Title: Permission For Interscholastic Athletic Participation	Effective Date: April 23, 2018

Snake River School District Consent Form For Interscholastic Athletics

NAME: _____ DATE: _____

It is required that all students complete a History and Physical Examination every year prior to his/her first practice in the interscholastic (7-12) athletic program. The exam is at the expense of the student and may not be taken prior to May 1. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions.

1. This application to compete in interscholastic athletics for Snake River School District is entirely voluntary on my part is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association and rules and regulations set forth by the Snake River School Board.
2. When a person practices and participates in any sport, the activity can be dangerous. The person risks serious and permanent injury. Injuries which may result from practicing, playing, and participation in sports could be serious and affect the general health and well-being of participant. My son/daughter will be participating at their own risk. Serious injury could impair a person's ability to earn a living and to engage in social and recreational activities in the future. In addition to this form, the student and parent are required to sign and return an "Acknowledgment of Receipt of Concussion Guidelines."
3. The parent/guardian further releases the District from liability for any medical, dental, or hospital bills occurring as a result of injuries sustained by the student while participating in a school activity or sport.
4. My son/daughter has my permission to get a physical from a licensed physician, physician's assistant or nurse practitioner under optimal conditions for this application.
5. **INSURANCE:** The IHSAA does not require students to carry insurance, but as a school we encourage students to carry insurance. Is your child covered by a family insurance policy? Yes No

Insured by _____
 (Information about school insurance can be obtained at school building office.) Parent or guardian's signature denotes having insurance coverage or serves as a waiver of insurance offered.

SCHOOL DISTRICT #52 ATHLETICS

Coaches will set rules for training as long as they do not conflict with school policy. Athletes are, because of the exposure to the public, ambassadors of the school district. The schools are often judged by the members of the community and in other communities by actions of young people who represent them in the athletic area. This is a weighty, but nonetheless, real responsibility that we place on the shoulders of our young people.

Because of the representative role that our athletes must naturally assume, and because athletic programs are optional, it is expected that all athletes, both boys and girls, will adhere to certain minimum standards of behavior and scholarship as established by the Board, the building administration, and the coaches.

STUDENT RESPONSIBILITIES- GENERAL RULES AND TRAINING RECOMMENDATIONS

1. In order to be eligible to participate in any or all athletic teams, I realize I must have passed five (5) subjects for the trimester prior to competing. (Plus 2.00 GPA)
2. I realize I must attend classes and be responsible for all required work.
3. I will conduct myself in an orderly manner at all times in such a way as to bring credit to my team, school, and family.
4. In all contests away from school, I will ride to and from contests in provided school transportation, unless arrangements are made by the parents with the coach/teacher.
5. I will be personally responsible for all athletic equipment checked out to me and will return it in good condition or will pay for lost or damaged equipment.
6. I will report all injuries to the coach immediately. I will get a proper amount of rest and will follow the warm-up designed for my sport.
7. I will attend all scheduled workouts on time and notify the coach beforehand if I miss due to illness or emergency.
8. I will adhere to the District Code of Conduct.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

SIGNATURE OF STUDENT _____ DATE: _____



HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
 Address: _____ Phone: _____
 School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

Fill in details of "YES" answers in space below:

	Yes	No		Yes	No
1. Have you ever been hospitalized? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury? Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you been told you have a heart murmur? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
			9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
			10. Have you ever had problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
			11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you had a medical problem or injury since your last evaluation? Yes No

13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?

- head back shoulder forearm hand hip knee ankle
 neck chest elbow wrist finger thigh shin foot

14. Were you born without a kidney, testicle, or any other organ? Yes No

15. When was your first menstrual period? _____

When was your last menstrual period? _____

What was the longest time between your periods last year? _____

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____ Weight _____ BP ____/____ Pulse _____		
Vision R 20 / ____ L 20 / ____		Corrected: Y
N		
	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:

- C. NOT cleared to participate in the following IHSAA sponsored sports / activities:

baseball basketball cheer/dance cross country football golf
soccer softball swimming tennis track volleyball wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

- D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)

CONCUSSION GUIDELINES

(Policy 8214P)

(Page 1 of 2)

Many students with the District participate in extra-curricular activities of a nature whereby physical injury may result. Though the District takes care to ensure all extra-curricular activities are as safe as practicable, it is not possible to remove all danger from such activities and the District acknowledges that concussions may result. The purpose of this policy is to address situations in which student concussions have occurred or are suspected to have occurred.

This policy only applies to organized athletic league or sport in which any District student participates as an athlete or youth athlete. For the purposes of this policy, athlete or youth athlete means an individual who is eighteen (18) years of age or younger and who is a participant in any middle school, junior high school, or high school athletic league or sport. A school athletic league or sport shall not include participation in a physical education class.

Pre-Season Education

The administration and coaches will work to ensure that athletes, youth athletes, parents, volunteers, and assistant coaches are educated about concussions. Prior to being allowed to engage or participate in any school athletic league or sport:

1. Each student desiring to participate in such school athletic league or sport, and the student's parents or guardians, shall be provided notice of and/or copies of any concussion guidelines or information available from the State Department of Education and the Idaho High School Activities Association, and also this policy.
2. Each student desiring to participate in such school athletic league or sport, and the student's parents or guardians, shall acknowledge that they have been provided the guidelines or information available from the State Department of Education and the Idaho High School Activities Association, as well as this policy, and have had the opportunity to review and have reviewed such information. Further, each student and the student's parents or guardians shall sign an applicable waiver for participating in such school athletic league or sport.
3. The signed waiver and acknowledgment or review of the appropriate information shall be returned to the District.

Athletes will not be allowed to participate in school athletic leagues or sports until the above requirements are met.

Protocol on Suspected Concussion

If, during any school athletic league or sport practice, game, or competition, an athlete exhibits signs or symptoms of a concussion, makes any complaint indicative of a possible concussion, or a coach, assistant coach, volunteer coach, or other school District employee has reason to believe a concussion has occurred, such student shall be removed from play or participation in the practice, game, or competition. According to the Centers for Disease Control and Prevention, and for the purposes of this policy, signs observed by coaching staff which could be indicative of a concussion include if the athlete:

- 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 or after hit or fall

According to the Centers for Disease Control and Prevention, and for the purposes of this policy, symptoms reported by the athlete that could be indicative of a concussion include:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right" or is "feeling down"

Coaches should not try to judge the severity of the injury themselves; health care professionals have a number of methods that they can use to assess the severity of concussions. Coaches should record the following information, if possible, to help health care professionals in assessing the athlete after the injury:

1. Cause of the injury and force of the hit or blow to the head or body
2. Any loss of consciousness (passed out/knocked out) and if so, for how long
3. Any memory loss immediately following the injury
4. Any seizures immediately following the injury
5. Number of previous concussions (if any)

Athletes may not be returned to play or participate in any student athletic league or sport (except on an administrative basis, such as team manager), until and unless the athlete has been evaluated and is authorized to return to play or participate by a qualified health care professional who is trained in the evaluation and management of concussions, including physician or physician's assistant licensed under Chapter 18, Title 54, Idaho Code, an advanced practice nurse licensed under Idaho Code 54-1409, or a licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under Chapter 18, Title 54, Idaho Code. Such authorization must be in writing and must be provided to the District prior to the student being returned to play. If the authorization is signed by a licensed health care professional trained in the evaluation and management of concussions, such authorization must also be countersigned by the directing physician.

Category 8000 STUDENTS	Form Number 8214F2
Policy Title Concussion Guidelines	Effective Date: April 11, 2017

ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

Parent's/Guardian's Signature

I, (print name) _____, acknowledge that I am the parent or guardian of the student (below), that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 8214p, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Snake River School District #52, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

Signature _____ Date: _____

Student's Signature

I, print name, _____, acknowledge that I am a student of Snake River School District #52, or otherwise am allowed to participate in school athletics leagues, or sports, that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 8214p, and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

Signature _____ Date: _____

NOTE: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school leagues or sports.

Category 8000 STUDENTS	Form Number 8214F3
Policy Title Concussion Guidelines	Effective Date: April 11, 2017

AUTHORIZATION TO RETURN TO PLAY OR PARTICIPATE IN STUDENT SPORTS

Student-Athlete's Name _____

Date of Suspected Concussion: _____ Place: _____

Activity: _____

Referred By: _____ Title: _____

Signs/Symptoms Observed or Experienced by Athlete After Injury Occurred:

- Appeared Dazed, Stunned or Disoriented
- Forgot Plays or Demonstrates Short-Term Memory Difficulties (e.g. is unsure of the game, score or opponent)
- Exhibited Difficulties with Balance or Coordination
- Answered Questions Slowly or Inaccurately
- Lost Consciousness How long: _____
- Demonstrated Behavior or Personality Changes/Overly Emotional
- Was Unable to Recall Events Prior To or After the Hit
- Had Headache
- Was Nauseous or Vomiting
- Complained of Blurry Vision
- Had Difficulty Remembering
- Complained of Being Sensitive to Bright Lights/Loud Noises

In accordance with Idaho Law, Snake River High School has a strict concussion management policy. If during any practice or game situation, an athlete sustains a concussion or exhibits the signs, symptoms or behaviors consistent with the injury; he/she must be immediately removed from all athletic participation. That athlete may only return to physical activity if/when he/she is evaluated by a licensed health care provider trained in the evaluation and management of sports concussion and receives written clearance to return to play. By signing this form, I acknowledge that I have thoroughly evaluated this athlete for concussion and have decided that the athlete is symptom free and it is safe for him/her to return to physical activity:

- Cleared to Return to Play – No RESTRICTIONS
- Cleared to Return to Play – WITH THE FOLLOWING RESTRICTIONS
 - Must follow 5-Day Stepwise Return to Play Protocol
 - Provide Academic Accommodations/Support

Signed: _____ Date: _____
Physician/Physician Assistant/Nurse Practitioner/Certified Athletic Trainer/Sport-Certified Physical Therapist

Print Name: _____