

SHHS Physical Packet Requirements

The Spring Hill High School physical packet includes numerous documents that are required by the state to be on file in the office. **A student missing paperwork or signatures cannot practice until everything is complete.** Please follow these guidelines to insure you child's physical is completed correctly.

PLEASE DO NOT USE THE MIDDLE SCHOOL FORMS. The High School forms vary; using the incorrect forms could delay your student's participation. The entire packet for the 2019-2020 school year will be posted on the USD230 High School web page under the Athletics tab. From the main page, click on Athletics, then scroll down to the link for 2019-2020 Physical Packet. The most current revision of the physical and concussion forms can also be found on the KSHSAA web page under the KSHSAA Links section – Sports Medicine and Safety.

IMPORTANT: Physicals obtained for the previous school year are not valid for the 2019-2020 school year. To be valid for the upcoming school year, all physicals must be dated after **May 1, 2019.**

The physical packet includes the following documents:

1. Pre-Participation Physical Evaluation (Self Completion)

The student and parent should jointly complete this page.

Signatures are required from both at the bottom of the page.

2. Pre-Participation Physical Evaluation (Dr. Completion)

Your doctor will complete and sign this page.

Note: Physicals can only be signed by one of the following: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Doctor of Chiropractic Medicine, Physician Assistant Certified (PA-C), and Advanced Practice Registered Nurses (APRN)

3. Parent or Guardian Consent Page

The student and parent should jointly complete this page.

Signatures are required from both at the bottom of the page.

4. KSHSAA Concussion Release Form

The concussion release form will be dated 2019-2020 on the front.
The back requires both the student and parent signature.

5. KSHSAA Emergency Medical/Insurance Verification Form

The Emergency Medical Information and Insurance Verification form should be completed by the parent – **please be sure to provide the policy number.** A parent signature is required at the bottom of the page.

NOTE: All athletes must have medical insurance to participate in activities.

6. SHHS Impact Testing Release Form

Please choose either Consent or Opt-Out. **The form then requires both a student and parent signature.**

7. Student Transportation Release Form

The transportation form has three student/parent signature lines.
The first two lines are mandatory. Please sign the third line if your student has a valid driver's license and could potentially be driving to school or school activities.

TIPS: Do not wait to turn in physical documentation. Do not give physicals to the coaches. Turn all documentation into the office.

- The office is open during the summer.
Monday – Thursday from 7 am to 5 pm
- Turning it in early keeps documentation from getting lost in your student's car or backpack.
- Even if your student is not participating in a fall sport, the forms can be turned into the office as soon as they are completed.
- Waiting until the first day of practice could potentially cause a delay in your student's participation if anything is missing.

Please contact Mrs. Volkman at 913 592 7299 if you have any questions on how to complete the physical packet.



Pre-Participation Physical Evaluation

PPE

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

HISTORY FORM *(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 _____

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

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: _____

Do you have any allergies? Yes No If yes, please identify specific allergy below. No Medications

Medicines Pollens Food Stinging Insects

What was the reaction? _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

General Questions		Yes	No	Medical Questions		Yes	No
1. Have you had a medical condition or injury since your last check up or sports physical?				27. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Has a doctor ever denied or restricted your participation in sports for any reason?				28. Have you ever used an inhaler or taken asthma medicine?			
3. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____				29. Is there anyone in your family who has asthma?			
4. Have you ever spent the night in the hospital?				30. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
5. Have you ever had surgery?				31. Do you have groin pain or a painful bulge or hernia in the groin area?			
Heart Health Questions About You				Heart Health Questions About Your Family			
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?				14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			
8. Does your heart ever race or skip beats (irregular beats) during exercise?				16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			
9. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____				17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			
10. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)				Done And Joint Questions			
11. Do you get lightheaded or feel more short of breath than expected during exercise?				18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			
12. Have you ever had an unexplained seizure?				19. Have you ever had any broken or fractured bones or dislocated joints?			
13. Do you get more tired or short of breath more quickly than your friends during exercise?				20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			
Medical Questions (continued)				21. Have you ever had a stress fracture?			
32. Have you had infectious mononucleosis (mono) within the last month?				22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			
33. Do you have any rashes, pressure sores, or other skin problems?				23. Do you regularly use a brace, orthotics, or other assistive device?			
34. Have you had a herpes or MRSA skin infection?				24. Do you have a bone, muscle, or joint injury that bothers you?			
35. Have you ever had a head injury or concussion? If yes, how many? _____ What is the longest you've been held out of sports or school? When were you last released? _____				25. Do any of your joints become painful, swollen, feel warm, or look red?			
36. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?				26. Do you have any history of juvenile arthritis or connective tissue disease?			
37. Do you have a history of seizure disorder?				Female Only			
38. Do you have headaches with exercise?				53. Have you ever had a menstrual period?			
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling (Stinger/Burner/Pinched Nerve)?				54. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?			
40. Have you ever been unable to move your arms or legs after being hit or falling?				55. How old were you when you had your first menstrual period?			
41. Have you ever become ill while exercising in the heat?				56. How many periods have you had in the last 12 months?			
42. Do you get frequent muscle cramps when exercising?				Explain "yes" answers here			
43. Do you or someone in your family have sickle cell trait or disease?				_____			
44. Have you had any problems with your eyes or vision?				_____			
45. Have you had any eye injuries?				_____			
46. Do you wear glasses or contact lenses?				_____			
47. Do you wear protective eyewear, such as goggles or a face shield?				_____			
48. Do you worry about your weight?				_____			
49. Are you trying to or has anyone recommended that you gain or lose weight?				_____			
50. Are you on a special diet or do you avoid certain types of foods?				_____			
51. Have you ever had an eating disorder?				_____			
52. Do you have any concerns that you would like to discuss with a doctor?				_____			

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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Pre-Participation Physical Evaluation

PPE

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

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, 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 supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt and use a helmet?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

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, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Gross Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic***			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended.

***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

****Chart found in: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatric BP mobile application can also be used.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- *Reason _____

Recommendations _____

I have examined the above-named student and student history and completed the preparticipation physical evaluation. The athlete does not present apparent physical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

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

Address _____ Phone _____

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

ATTENTION PARENTS AND STUDENTS

KSHSAA ELIGIBILITY CHECK LIST

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

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 to be 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 and is available at your school principal's office.

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.

Student's Name _____

(PLEASE PRINT CLEARLY)

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. **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.

Parent or Guardian Consent

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.

**The above named student and I have read the
KSHSAA Eligibility Check List
and how to retain eligibility information listed in this form.**

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. Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
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.)
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.)
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.)
 - a. Do you reside with your parents?
 - b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

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.

Parent or Guardian's Signature

Date

Student's Signature

Date

Birth Date

Grade

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2019-2020**

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 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/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 INFORMATION
AND
INSURANCE VERIFICATION (MANDATORY BY KSHSAA)**

Name of Student (PLEASE PRINT)

PARENT OR GUARDIAN MUST ANSWER THESE QUESTIONS:

1. Is your child covered by Medical Insurance? YES NO

2. If yes, what is the name of the Insurance Company?

3. What is the Medical Insurance Policy Number?

4. If you have a family physician, please list his/her name and telephone number(s):

PHYSICIAN

	Work#:	Home#:
--	---------------	---------------

5. If your child is injured while participating in a school-sponsored activity and it is necessary to take him/her to a hospital, do you have a preference? YES NO

HOSPITAL PREFERENCE

6. List below telephone numbers where you might be reached:

HOME

WORK

7. In case of emergency, if we cannot contact one of the parents, list below either a relative or a neighbor whom we should contact:

NAME

RELATIONSHIP

PHONE

Please communicate with the coach/sponsor of any special medical needs that your child may have.

Special conditions/information emergency personnel should be aware of: (ex. Contacts, Asthma, Inhaler needed, Diabetes, etc.):

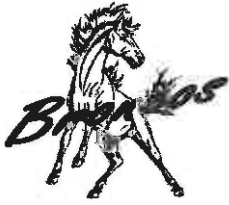
This is to verify that the above named student is currently covered by an insurance policy, which will be in effect throughout the _____ school year, and that the above-mentioned policy covers injuries sustained in both practice sessions and/or athletic events. It is understood that neither the school nor the coaching staff assumes any responsibility in case of accident. Insurance is **mandatory** before a student can practice or participate in any sport per the Kansas State High School Activities Association. If your student does not have insurance contact the athletic office immediately to inquire about student insurance that is available from K & K Student Insurance Group. Forms are available in the athletic office for your convenience.

Date

Signature of Parent/Guardian

Revised
9/00

**READ, SIGN & MUST RETURN
WITH PHYSICAL IN ORDER FOR
STUDENT TO PRACTICE**



Dear Parent/Guardian,

Spring Hill High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor or, to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The **Spring Hill High School** administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. It is mandatory to return one of the attached forms with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me at 913-592-7248.

Sincerely,

Jeff Miller, A.D.
Spring Hill High School

See back of letter for your selection of an option for signatures and return along with students physical.



Select only ONE of the following: Either Consent or Opt-out

1. Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport(s) _____

Signature of Athlete

Date

Signature of Parent

Date

2. Opt-Out Form

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I choose not to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport(s) _____

Signature of Athlete

Date

Signature of Parent

Date

USD 230
STUDENT TRANSPORTATION FOR EXTRA-CURRICULAR
ACTIVITIES
CONSENT AND RELEASE

There are times during the school year when practices or games will be held away from Spring Hill High School. The School District will provide transportation from the High School to and from all away games and will generally provide transportation to practices and home games that are held away from the High School. Students are expected and encouraged to utilize the School District provided transportation. Students not using School District provided transportation are not covered by the School District's or the KSHSAA's insurance.

I/We hereby give my/our student, _____,
(PRINT FULL NAME)
a member of the _____, permission to
(TEAM/ACTIVITY)
ride to and from extra-curricular activities in School District provided transportation.

Parent/Guardian Signature

Student Signature

Date

This consent may be revoked in writing at any time.

However, there may be circumstances where transportation is not provided and the School District does not provide transportation from these extra-curricular activities to the student's home. Parents are solely responsible for making transportation arrangements for their children in those circumstances where transportation is not provided or when parents elect to provide alternative transportation for their children and to ensure that their children use the mode of transportation authorized by the parent. Kansas law does not permit individuals with restricted driver's licenses or permits to transport minors.

I/We understand that School District employees cannot supervise activity participants except when they travel to and from events and practices in School District provided transportation. For valuable consideration, the receipt of which is hereby acknowledged, I/We knowingly and voluntarily release and forever discharge Unified District No. 230 and the members of its Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from activity events or practices by transportation other than a school authorized vehicle.

Parent/Guardian Signature

Student Signature

Date

My/our student, _____, has a valid
(PRINT FULL NAME)

Kansas driver's license and has my/our permission to drive him/herself to and from extra-curricular activities.

Parent/Guardian Signature

Student Signature

Date