USD 417 Morris County Schools

Athletic Physical

Head Injury Release

Code of Conduct

Last Name: _____

First Name: _____

Grade (2023-2024)_____

Signatures Needed:

Physical Form: *Doctor, Parent, Student*

Head Injury Release Form: *Parent, Student*

Code of Conduct: *Parent, Student*

Please keep these forms attached

ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ ***(PLEASE PRINT CLEARLY)***

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

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

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

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

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

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

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

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

Rule 7 **Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

Rule 14 **Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

Rule 15 **Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

Rule 16 **Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.

Rule 17 **Age Requirements**—Students are eligible if they are not 19 years of **age** *(16, 15 or 14 for junior high or middle school student)* on or before August 1 of the school year in which they compete.

Rule 19 **Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

Rules 20/21 **Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

Rule 22 **Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school. *NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.*

Rule 25 **Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

Rule 26 **Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

Rule 30 **Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

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

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

	YES	NO	
1.	☐	☐	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 above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

X **Signature of parent/guardian** _____ **Date** _____

X **Signature of student** _____ **Birth Date**_____ **Grade**_____ **Date** _____

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

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

☐ Medically eligible for all sports without restriction

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

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

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

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

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

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

Medications: _____

_____

Other information: _____

_____

Emergency contacts: _____

_____

Parent or Guardian Consent

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

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

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

X **Signature of parent/guardian** _____ **Date** _____

Parent/guardian phone: _____

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.

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

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.**
4. **Per Kansas Statute, students indicated as biological male at birth may not participate on girls teams.**

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

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

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

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

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

Address _____ Phone _____

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

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:	YES	NO
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
23. Have you ever used an inhaler or taken asthma medicine?	☐	☐
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?	☐	☐
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?	☐	☐
26. Have you had infectious mononucleosis (mono)?	☐	☐
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	☐	☐
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	☐	☐
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?	☐	☐
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?	☐	☐
31. Have you ever become ill while exercising in the heat?	☐	☐
32. Do you get frequent muscle cramps when exercising?	☐	☐
33. Do you or does someone in your family have sickle cell trait or disease?	☐	☐
34. Have you ever had or do you have any problems with your eyes or vision?	☐	☐
35. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
36. Do you worry about your weight?	☐	☐
37. Are you trying to or has anyone recommended that you gain or lose weight?	☐	☐
38. Are you on a special diet or do you avoid certain types of foods or food groups?	☐	☐
39. Have you ever had an eating disorder?	☐	☐
40. How do you currently identify your gender? ☐ M ☐ F ☐ 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 ☐	1 ☐	2 ☐	3 ☐
Not being able to stop or control worrying	0 ☐	1 ☐	2 ☐	3 ☐
Little interest or pleasure in doing things	0 ☐	1 ☐	2 ☐	3 ☐
Feeling down, depressed, or hopeless	0 ☐	1 ☐	2 ☐	3 ☐

(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes)
Patient Health Questionnaire Version 4 (PHQ-4)

FEMALES ONLY:	YES	NO
42. Have you ever had a menstrual period?	☐	☐
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?	☐	☐
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
from the previous two
pages.

By signing below, I certify that all information provided on pages 1-2 is accurate and true. I understand that any false or misleading information provided as part of this exam could result in disqualification from activity participation for my child and my child's teams.

X **Signature of parent/guardian** _____ **Date** _____

X **Signature of student-athlete** _____ **Date** _____

PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL

Kansas State High School Activities Association

PRE-PARTICIPATION PHYSICAL EVALUATION

PPE

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 at Birth Age Date of birth

Grade School Sport(s)

Home Address Phone -

Personal physician Parent Email

*In cases of disorder of sexual development (DSD), designation of sex at birth may be delayed for a period of time until medical providers and family can make the appropriate determination.

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 Medications

Do 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?	☐	☐
2. Has a provider ever denied or restricted your participation in sports for any reason?	☐	☐
3. Do you have any ongoing medical issues or recent illness?	☐	☐
4. Have you ever spent the night in the hospital?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU:	**YES**	**NO**
5. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?	☐	☐
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	☐	☐
8. Has a doctor ever told you that you have any heart problems?	☐	☐
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	☐	☐
10. Do you get light-headed or feel shorter of breath than your friends during exercise?	☐	☐
11. Have you ever had a seizure?	☐	☐
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)?	☐	☐
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)?	☐	☐
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	☐	☐
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?	☐	☐
16. Have you ever had any broken or fractured bones or dislocated joints?	☐	☐
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?	☐	☐
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?	☐	☐
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?	☐	☐
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?	☐	☐
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Downs Syndrome or Dwarfism)?	☐	☐

Kansas State High School Activities Association

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. ☐ Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
4. ☐ 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.
5. ☐ Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
6. ☐ 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!

The PPE form becomes part of the student's record at their school and should not be sent to the KSHSAA.

SCHOOL ADMINISTRATORS AND SCHOOL MEDICAL PERSONNEL

1. ☐ Collect the completed PPE forms with the appropriate signatures on pages 2 – 5. **ONLY** personnel with a medical or educational need to review this information should have access to the PPE form. Forms should be kept secure and confidential at all times. The PPE should **NOT** be collected by coaches at practice.
2. ☐ Based on your school's policy, determine which medical personnel or administrative staff are responsible to review and disseminate the student's medical information provided on the form. [Ensure Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) compliance]*
3. ☐ Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
4. ☐ Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.

* Schools should 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.

KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM
2023-2024

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:	
• 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	• 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:	
• 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	• 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.

Revised by KSHSAA SMAC, 04/18
Revised 04/14

CODE OF CONDUCT POLICY

USD 417 Morris County Schools (District Wide)

Mission Statement

In an effort to be proactive and preventative, USD 417 Morris County Schools will provide students with current information regarding drugs and their social and medical effects. We believe that education is the best means of dealing with this issue. We offer such educational opportunities for all freshmen and junior high students as part of health and physical education curriculum. Activity programs will involve both parents and coaches/sponsors in this education process. The lettermen's club at CGHS will continue to assist by providing guest speakers and a constant flow of student and community- generated information, and other district or community outlets may be employed for drug, tobacco and alcohol education as well.

Policy

No student may come to school or any school activity or school-sponsored event under the influence or in possession of alcohol or an illegal substance. Reports from law enforcement officials, court records, USD 417 staff members, or self-admission will be considered valid corroboration of violations. Staff members witnessing student use or possession of tobacco, alcohol or illegal substances, non-prescribed substances off campus are expected to report the situation to building administration.

Policy Violations

Administration will handle drug and alcohol issues, including tobacco, according to the process outlined in the Consequence Action Guide listed below. Administration will determine appropriate action. Administration will meet with the parents/guardians of the violating student regarding the offense to inform them of the situation and the action taken.

Consequence Action Guide:

1st Violation;

- Immediate Probation (minimum of 14 days): Days are defined as when school or practice / competition is in session. The student is required to participate in practice during probation time. Probation includes all other school-sponsored activities (i.e. attending dances, plays, events etc.).
- Completion of substance awareness education program through coaches, administration, or counselors with materials/resources provided by various sources including but not limited to: online, school resources or Flint Hills Regional Prevention agency.
- Additional work may be assigned at the coach's discretion.
- Coach/Sponsor will inform parent/guardian of any additional work assigned. Parent/guardian involvement is essential to the process.
- Suspension of a minimum one competition or event but not more than two. Probationary assignments may and will most likely extend beyond competition/event suspensions.

- A student who refuses to abide by the interventions imposed by administration will be removed from further participation until compliance.

2nd Violation:

- Immediate Probation (minimum of 21 days): Days are defined as when school or practice/competition is in session. The student is required to participate in practice during probation time. Probation includes all other school-sponsored activities (i.e. attending dances, plays, events etc.).
- Administration determines further disciplinary action.
- Mandatory Parent/Coach / Athletic Director meeting to discuss future action and participation.
- Drug and Alcohol Evaluation completed by an outside agency at parental expense. Enrollment in prescribed Drug/ Alcohol program as prescribed by evaluation agency at parental expense.
- Participant is ineligible for competition until enrollment in a Drug / Alcohol Evaluation can be verified by school administration.
- Building administration will have resource contacts for Drug/Alcohol Evaluation Agencies.
- Suspension of a minimum of two competitions or events but not more than three. Probationary assignments may and will most likely extend beyond
- competition/event suspensions.
- A student who refuses to abide by the interventions imposed by administration will be removed from further participation until compliance.

3rd Violation:

- Indefinite suspension from participating in extra-curricular activities pending review by administration.

Participant Intervention Team

Immediately following verification that a violation has occurred, the activities director will form a Participation Intervention Team. The Participation Intervention Team will be convened that will include the offender, the offenders varsity coach, parent/s, counselor and the activities director. Other participants (i.e. clergy, parental figures etc.) may be invited to join the team to aid in intervention attempts. This team will assist with assigning appropriate action relating to drug and alcohol violations or criminal activity.

Coach/Sponsor Discretionary Decision

o A coach/sponsor may, at any time remove the student from his/her program

for violations of policy or misconduct detrimental to team.

o. The coach/sponsor will keep the administration and other coaches informed

at all times.

Probationary consequences will be carried over from season to season. The coach/sponsor in-season will handle the situation with administration. If the violation occurs during buffer week or between sports season, or if the student is not participating in a season of sport at the time of the violation, or if the student is completing a sports season, but not participating in any further competitions that season, then the coach of the student's next sport season will handle the situation.

Violations are cumulative for the year and administration will have the authority to carry over from one school year to the next, allowing past history to be considered in their decision-making. In such cases where season / participation time is undefined (typically non athletic activities) probation time will be determined by administration.

Students who choose to violate policy in the off-season during the school year (i.e. play only football and violate policy in the spring), will be held to the standards listed in violation. However, administration may choose to substitute several hours of community or school service (or other) in lieu of activity suspension the following year. Again, past history of student participant will be considered and review board will be called upon for multiple case offender.

DUI

If a student is charged with a DUI, he/she shall be suspended from three weeks of games and school activities. The coach and administration will convene to discuss the student's activity and athletic future. The student will complete a drug and alcohol evaluation and complete prescribed drug and alcohol education program, at parent expense.

If the student is reinstated after serving a three-week suspension, and recommended program, and any additional action assigned by the coach and then an additional violation of this policy occurs, student will be suspended indefinitely until the Participant Intervention Team has met to discuss the student's future participation in activities and athletics. A DUI *is* a valid reason for the coach to remove the athlete from his/her team or activity.

Criminal Activity

Any USD 417 student participant involved in criminal activity including charges that would be considered a misdemeanor or activity that is detrimental to the program creating a participant "not in good standing". They will be subject to same levels within the consequence action guide.

The Participant Intervention Team will meet and communicate regarding actions taken and requirements for participant to re-attain "good standing" status.

Felony Charges

Any situation involving felony charges student will be suspended indefinitely pending administrative review. The student's future participation in athletics and activities will be the primary focus.

Felony charges will carry over from year to year, in cases in which the court system has yet to complete its actions.

Self-referral

Students will be encouraged to come forward to admit a situation when it occurs. Administration will note such self-referrals when considering situations and may adjust actions accordingly.

Conclusion

No policy can be all-inclusive or foresee every possible situation. This policy provides some necessary flexibility for case-by-case consideration. The concept of self-referral should encourage increased honesty and openness. Our role as coaches and administrators is to work with students as they attempt to overcome problems. Coaches must communicate openly with each other, with administration, with USD 417 parents, and with student-athletes deals with drug and alcohol issues and criminal activity.

Review of Policy

Review of this policy will be conducted at the end of each season for SY 2023-24: Periodical review will take place after the first year.

USD 417 Morris County Schools
CODE OF CONDUCT POLICY
(District Wide)
2023-24

This statement is to be read and signed by student AND parent/guardian

Student:

I have read and understand the USD 417 code of Conduct Policy and I agree to abide by it while I am involved in school activities.

Student's Signature _____

Date _____ Year of Graduation _____

Parent/Guardian:

I have read and understand the USD 417 Code of Conduct Policy.

Parent/Guardian's Signature _____

Date _____