

# **FORT LORAMIE LOCAL SCHOOLS**

## **ATHLETIC PACKET**

**2014 - 2015**

### **Parent(s), Guardian(s) and Student Athletes**

Enclosed you will find several pieces of information and several forms that must be completed and signed before your son or daughter may participate in the athletic program.

**All forms must be signed and returned before the first day of participation.**

**Forms A, B, C, D, E must be returned to the Athletic Director, Coach or High School Office before the student athlete will be permitted to try-out, practice or participate in any sport or athletic activity.**

#### **Form A**

##### **Fort Loramie Local Schools Interscholastic Code of Conduct**

- The Athletic Contract & Conduct & Training Rules apply to all athletic programs and are in effect for the sports season.
- The student athlete and parent/guardian are to sign the signature page.

#### **Form B**

##### **Fort Loramie Emergency Medical Authorization**

- The parent/guardian is to complete and sign the Emergency Medical Authorization Form and return the form.

#### **Form C**

##### **Ohio High School Athletic Association Physical Evaluation**

- The Physical Evaluation is good for one calendar year from the date of the exam.
- The front of the form is to be completed, signed and dated by the student athlete and the parent prior to seeing the physician.
- The back of the form is to be completed, signed and dated by the physician.

#### **Form D**

##### **OHSAA Eligibility and Authorization Statement**

- Review the Eligibility / Authorization Statement
- The student athlete and parent/guardian are to sign and date the form.
- The OHSAA Form is a two-sided form and both pages need signed.

#### **Form E**

##### **ODH Concussion Information Sheet**

- Review the Concussion Information Sheet.
- The student athlete and parent/guardian are to sign and date the signature form.



## **FORT LORAMIE LOCAL SCHOOLS INTERSCHOLASTIC CODE OF CONDUCT**

### **ATHLETIC CONTRACT & CONDUCT & TRAINING RULES**

To: Parent(s), Guardian(s), and Student Athletes

The most important goal of the interscholastic athletic program is to provide every participant the opportunity to grow mentally, morally, physically and emotionally. To assure that the program can provide these opportunities, self-discipline is required of each participant. Self-discipline involves compliance with rules and regulations concerning personal behavior. Rules promote order and safety, and assist participants to reach maximum performance potential.

The Fort Loramie Athletic Department believes that, due to their high visibility, the student athletes have a strong influence on members of the student body as well as the community. Their conduct while representing a team, traveling to and from an event, as well as in the community, is seen as a direct reflection upon the athletic program and the standards of Fort Loramie Schools.

The athletic training rules apply to all student athletes in grades 7 through 12 of the Fort Loramie Local Schools. The training rules are to be followed by the student athlete during the full duration of his/her sports season.

#### **Student Athlete**

The term student athlete refers to any student participating in an athletic sport as a member of the team, manager, statistician, or cheerleader.

#### **Sports Season**

Sports season refers to the length of the season beginning from the first day of organized practice and terminating with the conclusion of post season tournaments per the OHSA Sports Regulations and Guidelines.

#### **Participation**

Participation in interscholastic sporting activities is encouraged in the following sports and activities that are sponsored by the Fort Loramie Board of Education.

- High School students: Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Softball, Track and Field, and Volleyball.
- Junior High Students: Basketball, Cheerleading, Cross Country, Football, Track and Field and Volleyball.

#### **Minimum Standard**

The Fort Loramie Board of Education and the Ohio High School Athletic Association both maintain that participation in athletic activities is not a right but a privilege that will be regulated. The Conduct and Training Rules are set forth as a minimum standard for student athletes of Fort Loramie Local Schools.

## **GENERAL REGULATIONS**

### **Required Forms**

Student athletes and their parent(s)/guardian(s) must complete the following requirements before being permitted to try-out, practice or participate in any athletic program each school year.

- **Form A Waiver, Consent and Release Form – Sign and return.**
- **Form B Emergency Medical Authorization Form – Sign and return.**
- **Form C OHSAA Authorization Form (2 Sided) – Sign and return.**
- **Form D OHSAA Physical Evaluation (2 Sided) - Complete a physical Examination and sign and return.**

### **General Guidelines**

- A student athlete is to follow all rules and regulations established by the coaching staff as well as the guidelines established in the athletic contract.
- A student athlete is to attend every practice unless excused by the coach.
- The student athlete will conduct oneself at all times in a manner that will bring credit to the team, school and community.
- The student athlete is to travel to and from contests with the team when transportation is provided unless the coach has prior notification from a parent and the Athletic Director or Principal has approved this request.
- All student athletes are to dress in an appropriate fashion as determined by the coach on days of a contest as well as travel to the contest.
- A student athlete may not practice, attend open gyms, participate in conditioning, or receive post-season awards, until all uniforms and equipment from the previous season have been returned. Exceptions will be granted for extended tournament play or all-star competitions.
- Any student athlete who quits or is dismissed from a team after the first contest has been played may not participate in another sport or in the off-season workouts for another sport until the end of the regular season of the sport.

### **Attendance Guidelines**

- All students are expected to attend a full day of school. Student athletes absent during any portion of the school day due to a doctor's or dentist's appointment, funeral, college visitation or other excused absence as judged by the principal will be permitted to participate in practice or a contest on the day of the absence.
- A student athlete absent from school during any portion of the school day due to an unexcused absence shall not participate in practice or a contest on the day of the unexcused absence.

### **Duration of Athletic Contract**

The Fort Loramie athletic contract and training rules will be in force during the sport seasons as outlined in the OHSAA Sports Regulations and any summer team activities in which the student athlete participates. Only one athletic contract will need to be signed by the student and parent(s) or guardian(s) each school year.

## **ELIGIBILITY REGULATIONS**

Student athletes must meet all eligibility requirements of Fort Loramie Local Schools and the Ohio High School Athletic Association including but not limited to residency, age, attendance and scholarship.

The Ohio High School Athletic Association Athletic Eligibility and Information Bulletin is attached for your reference. Information concerning specific issues of eligibility can be found in the OHSAA Constitution, By-laws and Sports Regulations.

### **Residence**

A student is eligible to participate in athletics at Fort Loramie Local Schools if the student and the parent or legal guardian resides in the Fort Loramie school district. Tuition students may also be eligible to participate if they meet OHSAA guidelines.

### **Transfers**

The OHSAA Bylaw 4-7-3 states "If a student transfers after the first day of the student's ninth grade year from a non-public to a public school, from a public to a non-public school, from a public to a public school, or from a non-public to a non-public school, the student will be ineligible for one year from the date of enrollment."

### **Age Limitations**

Grades 9-12: A student who turns 19 after August 1 is eligible during the school year.

Grades 7-8: A student who turns 15 after August 1 is eligible during the school year.

- A student who is ineligible in grade 7 or 8 due to age limitations is eligible at the high school level.

### **Semesters of Eligibility**

A student athlete will have 8 semesters of high school eligibility.

### **Procedures for Addressing Athlete/ Parent Concerns**

The student athlete should take the initiative to meet with the coach to discuss any concerns.

- Game nights and practice times are not the proper time for a meeting.
- Schedule meetings at a time removed from the game nights and practice times at a mutually convenient time.
- Phone calls received by the Athletic Director will refer parents to the steps below.
- The Athletic Director will confirm with the coach involved if the step-one meeting has taken place before proceeding.
- Head coaches, as well as the coach involved, will be informed if the Athletic Director has received a legitimate complaint.

Steps to be taken by the Athlete or Parent/Guardian

1. Athlete/Coach meeting
  2. Athlete/Coach and Parent meeting
  3. Athlete/Coach, Parent and Athletic Director meeting.
- Steps 2 and 3 may be combined if requested by one of the parties.

## **SCHOLARSHIP REGULATIONS**

### **Grade Point Average**

All student athletes must maintain a Grade Point Average of 1.00 as per Board of Education policy IGDK and the Ohio High School Athletic Association Scholarship By-Laws.

### **Enrollment**

- Students enrolled in Grades 9-12: To be eligible, a student must be currently enrolled in school and have received passing grades in a minimum of five one-credit courses, or the equivalent, in the immediately preceding grading period.
  - Students taking post-secondary options will comply with these standards.
- Students enrolled in Grades 7-8: To be eligible, a student must be currently enrolled in school and have received passing grades in 75 percent of subjects in which he/she is enrolled in the immediately preceding grading period.

### **Nine Week Athletic Eligibility**

- Eligibility for each grading period is determined by grades received the preceding grading period.
- Semester and yearly grades have no effect on eligibility.
- A student not meeting the eligibility requirements is ineligible for athletic competition for the following nine-weeks grading period.
- The eligibility or ineligibility of a student will begin on the fifth day following the end of the preceding grading period.

### **Procedures for Student Athlete Not Meeting Scholarship Guidelines**

- A student athlete who is academically ineligible for a nine-week grading period will no longer be a member of the team if the regular season will conclude before the end of the next grading period.
- When a student athlete is academically ineligible for a nine-week grading period but the length of season would allow the opportunity for the athlete to return to the sport before the end of the sport's regular season, the student will be allowed limited participation as per the following guidelines:
  - The student athlete will be permitted to practice and travel with the team.
  - The student athlete will not wear the team uniform, will not participate in any game warm-up activities and will not be on the bench during any contests.
  - The student must maintain passing grades in all courses during the period of ineligibility on the weekly grade check. If the student is failing/incomplete in a class during the period of nine-week ineligibility, the student will not participate in any team functions or practice with the team until passing all classes.

## **CONDUCT & TRAINING RULES AND REGULATIONS**

### **Rule A**

Student Athletes are expected to behave in a manner that reflects positively on Fort Loramie Schools and their team. Behavior which reflects negatively would include, but is not limited to, the following offenses:

- Academic Ineligibility
- Repeated violation of school rules
- Abusive language, gestures, or profanity
- Acts of vandalism, or abuse of persons or property
- Repeated violation or infractions of the coaches' rules such as attendance or pre-contest preparations
- Behavior such as insubordination or unsportsmanlike conduct at practice sessions, or during athletic contests
- Violations of law

### **Penalties for violations of Rule A**

The Principal, Athletic Director, and Coach will review the facts of the violation and, in accordance with the student conduct code in the Student Handbook and Athletic Conduct & Training rules, will determine the penalties for these behaviors.

- The penalties could include, but are not limited to detention, in-school suspension, out of school suspension, and/or denial of participation.
- In instances of denial of participation for one or more complete contest, the student athlete will receive Due Process procedures.

### **Rule B**

Student athletes are not to use and/or possess tobacco or tobacco products of any kind.

### **Rule C**

Student athletes are not to use, possess, and attempt to possess, or sell any alcoholic beverages.

### **Rule D**

Student athletes are not to use, possess, and attempt to possess, or sell any illegal drug or controlled substance, or any substance proposing to be illegal drugs or controlled substances of any kind.

Examples of violation(s) could include but are not limited to:

A student athlete with alcohol, tobacco or drugs in his/her vehicle is in violation.

A student athlete who brings alcohol, tobacco or drugs to another person's home is in violation.

### **Penalties for violations of Rules B, C, & D**

The Principal/Designee will follow the steps for Denial of Participation with the following consequences.

## **Conduct & Training Rules and Regulations Continued**

### **Junior High Student Athletes**

1. Self-referral – defined as admission of problem
  - Denial of participation for 20% of the season.
    - Cancelled dates do not apply.
  - Required to receive an assessment and/or enroll in a counseling program.
    - The school will need to receive confirmation of the assessment and counseling program.
2. Judged guilty through due process or second offense - no self-referral permitted on second offense.
  - Denial of participation for one calendar year.
  - Required to receive an assessment and enroll in a counseling program.
    - The school will need to receive confirmation of the assessment and counseling program.
3. Penalties will carry over into the student's freshman year.
  - Example: The student is caught on Jan. 10<sup>th</sup> of his/her 8<sup>th</sup> grade year. He/She will remain ineligible until Jan. 10<sup>th</sup> of his/her freshman year.
4. Students will be permitted to try-out and practice for a sport for which they will become eligible.

### **High School Student Athletes - First Violation**

1. Self-referral – defined as admission of problem.
  - Denial of 20% of the season.
    - Cancelled dates do not apply.
  - Denial of any Special Awards. Example: MVP, MIP.
    - Student will still be eligible for numerals, letters and tournament awards.
  - Required to receive an assessment and/or enroll in a counseling program.
    - The school will need to receive confirmation of the assessment and counseling program.
2. Judged guilty through due process
  - Denial of participation for the remainder of the season.
  - Denial of Post Season awards, letters, numerals, etc.
  - Required to receive an assessment and enroll in a counseling program.
    - The school will need to receive confirmation of the assessment and counseling program.
  - Exception – See State Tournament in procedures list.
  - Students will be permitted to try-out and practice for a sport for which they will become eligible.



## **Conduct & Training Rules and Regulations Continued**

### **High School Student Athlete - Second Violation**

1. Self-referral – defined as admission of problem.
  - Denial of participation for the remainder of the season.
  - Denial of any Special Awards. Example: MVP, MIP.
    - Student will still be eligible for numerals, letters and tournament awards.
  - Required to receive an assessment and enroll in a counseling program.
    - The school will need to receive confirmation of the assessment and counseling program.
2. Judged guilty through due process
  - Denial of participation for one calendar year.
  - Denial of Post Season awards, letters, numerals, etc.
  - Required to receive an assessment and enroll in a counseling program.
    - The school will need to receive confirmation of the assessment and counseling program.
  - Exception – See State Tournament in procedures list.
3. Students will be permitted to try-out and practice for a sport for which they will become eligible.

### **High School Student Athlete - Third Violation**

1. Denial of participation for the remainder of High School athletic career.
2. The three violation rule begins in the freshman year and carries over throughout the athletic career of a student athlete.
3. If an athlete is competing in two sports at the same time (ex. Cross Country and Golf), the penalty covers both sports.

## **DUE PROCESS PROCEDURE**

The actual violation or evidence of the violation of the Conduct & Training rules must be observed by a teacher, coach, advisor, chaperone, school administrator, and school board member, a member of any law enforcement agency, or the parent or guardian of the student athlete or there must be a statement of admission on the part of the student athlete.

In the event of an infraction of the training rules on the part of the student athlete, the Principal shall be informed and the following steps will be followed.

- The principal/designee will meet with the student athlete to conduct an informal hearing. The principal/designee will inform the student athlete of the violation and the student athlete will be given the opportunity to explain his/her actions.
- The principal/designee will review the information and inform the student athlete of the consequence for the violation of the Conduct & Training rule.
- The principal/designee will review the information with the coach.
- The student athlete and his/her parent(s); guardian(s) will be informed in writing of the denial of participation and shall be informed that they may appeal the decision to the review committee.
- If the student and his/her parent(s), guardian(s) request an appeal; a reasonable effort shall be made in a timely manner to hold the appeal prior to the disciplinary action being enforced upon the student athlete.
- If appealed, the Review Committee, consisting of the Athletic Director, a coach of another sport, and a non-coaching teacher, will meet with the student, his/her

parent(s), guardian(s) and the coach to hear the issue. The Review Committee will then recommend to the principal to uphold, vacate, or modify the decision.

**Procedures for student athlete during a denial of participation:**

The student athlete must follow all Conduct & Training rules and requirements of the sport during this time.

Regular season – The student athlete will participate in practice and travel with the team and will be with the team, not in uniform, during the contest, under the direction of the coach.

Tournament season – This includes the sectional, district and regional tournaments. If the student athlete can serve the denial of participation and still participate in further tournament contests, the student athlete will follow the regular season procedure above.

State Tournament – This includes the entire state level event. If the denial of participation for the student athlete will carry over to this event, then the student will not participate in practice or travel with the team



## FORT LORAMIE LOCAL SCHOOL

### ATHLETIC CONTRACT ATHLETIC PARTICIPATION WAIVER, CONSENT AND RELEASE FORM SIGNATURE PAGE

- We understand that participation in athletics at Fort Loramie Local Schools is a choice that we make. We have reviewed the Fort Loramie Local Schools Athletic Contract and Conduct and Training Rules and the Ohio High School Athletic Association Athletic Eligibility Bulletin.
- The Fort Loramie Athletic Contract and Conduct and Training rules will be in force during the sport seasons as outlined in the OHSAA sports regulations and any summer team activities that your son/daughter participates in as a student athlete. Therefore you will only need to sign one contract for the year.
- The Athletic Contract and Conduct and Training Rules apply to all sports offered at the Fort Loramie Local Schools. We agree that our son/daughter will be subject to all regulations contained herein since he/she will be representing Fort Loramie Local Schools in Interscholastic competition.
- In my capacity as parent and legal guardian of the named student athlete, I hereby consent to his/her participation in any Board approved extra-curricular athletic program, sponsored by the Fort Loramie Local School District.
- I hereby acknowledge that there are inherent risks associated and accompanied with the identified sport and/or activity and that the student athlete named on this document may be injured as a result of an accident arising out of participation in the named activity.
- In consideration for permitting the named student athlete to participate in any Board approved extra curricular athletic program, the undersigned releases and holds harmless the Fort Loramie Local School District and/or its employees, teachers, coaches, administrators, et al., from any and all liability including, but not limited to liability for injuries or damages sustained by the individual.

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Printed Name: \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_



**EMERGENCY MEDICAL AUTHORIZATION FORM**  
**FORT LORAMIE LOCAL SCHOOLS**

B

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Grade \_\_\_\_\_ Teacher Name (Elementary) \_\_\_\_\_

Student Name: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_  
First Last

Father's Name: \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_  
First Last

Name of Relative or Childcare Provider:

\_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**PART I: TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Phone: (\_\_\_\_\_) \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which the physician should be alerted: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**PART II: REFUSAL TO CONSENT**

I Do Not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_





## HISTORY FORM

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner. The medical examiner should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

**Medicines and Allergies:** Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

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

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

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

GENERAL QUESTIONS		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?		
2.	Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections Other: _____		
3.	Have you ever spent the night in the hospital?		
4.	Have you ever had surgery?		
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 or skip beats (irregular beats) during exercise?		
8.	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 Other: _____		
9.	Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10.	Do you get lightheaded or feel more short of breath than expected during exercise?		
11.	Have you ever had an unexplained seizure?		
12.	Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
13.	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)?		
14.	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?		
15.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16.	Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS		Yes	No
17.	Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?		
18.	Have you ever had any broken or fractured bones or dislocated joints?		
19.	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20.	Have you ever had a stress fracture?		
21.	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)		

BONE AND JOINT QUESTIONS - CONTINUED		Yes	No
22.	Do you regularly use a brace, orthotics, or other assistive device?		
23.	Do you have a bone, muscle, or joint injury that bothers you?		
24.	Do any of your joints become painful, swollen, feel warm, or look red?		
25.	Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS		Yes	No
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27.	Have you ever used an inhaler or taken asthma medicine?		
28.	Is there anyone in your family who has asthma?		
29.	Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30.	Do you have groin pain or a painful bulge or hernia in the groin area?		
31.	Have you had infectious mononucleosis (mono) within the past month?		
32.	Do you have any rashes, pressure sores, or other skin problems?		
33.	Have you had a herpes (cold sores) or MRSA (staph) skin infection?		
34.	Have you ever had a head injury or concussion?		
35.	Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36.	Do you have a history of seizure disorder or epilepsy?		
37.	Do you have headaches with exercise?		
38.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39.	Have you ever been unable to move your arms or legs after being hit or falling?		
40.	Have you ever become ill while exercising in the heat?		
41.	Do you get frequent muscle cramps when exercising?		
42.	Do you or someone in your family have sickle cell trait or disease?		
43.	Have you had any problems with your eyes or vision?		
44.	Have you had an eye injury?		
45.	Do you wear glasses or contact lenses?		
46.	Do you wear protective eyewear, such as goggles or a face shield?		
47.	Do you worry about your weight?		
48.	Are you trying to gain or lose weight? Has anyone recommended that you do?		
49.	Are you on a special diet or do you avoid certain types of foods?		
50.	Have you ever had an eating disorder?		
51.	Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY			
52.	Have you ever had a menstrual period?		
53.	How old were you when you had your first menstrual period?		
54.	How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of Student \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

The student has family insurance ☐ Yes ☐ No If yes, family insurance company name and policy number: \_\_\_\_\_



# Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2014-2015

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## THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

**PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.**

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1.	Type of disability		
2.	Date of disability		
3.	Classification (if available)		
4.	Cause of disability (birth, disease, accident/trauma, other)		
5.	List the sports you are interested in playing		
		Yes	No
6.	Do you regularly use a brace, assistive device or prosthetic?		
7.	Do you use a special brace or assistive device for sports?		
8.	Do you have any rashes, pressure sores, or any other skin problems?		
9.	Do you have a hearing loss? Do you use a hearing aid?		
10.	Do you have a visual impairment?		
11.	Do you have any special devices for bowel or bladder function?		
12.	Do you have burning or discomfort when urinating?		
13.	Have you had autonomic dysreflexia?		
14.	Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness?		
15.	Do you have muscle spasticity?		
16.	Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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

Signature of Student \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_



**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

**PHYSICIAN REMINDERS**

- 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, use a helmet or use condoms?
  - Do you consume energy drinks?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		DATE OF EXAMINATION _____	
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / ( / )	Pulse	Vision R 20/	L20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat Pupils equal Hearing			
Lymph nodes			
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the 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			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional Duck walk, single leg hop			

<sup>a</sup>Consider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third part present is recommended.

<sup>c</sup>Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

**CLEARANCE FORM**

*Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.*

Name \_\_\_\_\_ Sex ☐ M ☐ F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

☐ 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 completed the preparticipation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student 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 physician or medical examiner (print/type) \_\_\_\_\_ Date of Exam \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician/medical examiner \_\_\_\_\_, MD, DO, D.C., P.A. or A.N.P.

**EMERGENCY INFORMATION**

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_

**THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS  
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL**

**D**



**OHSAA AUTHORIZATION FORM 2014-2015**

I hereby authorize the release and disclosure of the personal health information of \_\_\_\_\_ ("Student"), as described below, to  
**Fort Loramie Local Schools** ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: Mr. Justin Firks  
School Address: 600 East Part Street, Fort Loramie, Ohio 45845

This authorization will expire when the student is no longer enrolled as a student at the school.

**NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.**

Student's Signature \_\_\_\_\_ Birth date of Student, including year \_\_\_\_\_

Name of Student's personal representative, if applicable \_\_\_\_\_


I am the Student's (check one): ☐ Parent ☐ Legal Guardian (documentation must be provided)


Signature of Student's personal representative, if applicable \_\_\_\_\_ Date \_\_\_\_\_


A copy of this signed form has been provided to the student or his/her personal representative

### 2014-2015 Ohio High School Athletic Association Eligibility and Authorization Statement


This document is to be signed by the participant from an OHSAA member school and by the participant's parent.


 I have read, understand and acknowledge receipt of the **OHSAA Student Athlete Eligibility Guide** which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA web site at [www.ohsaa.org](http://www.ohsaa.org).


 I understand that an OHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules.


 I understand that participation in interscholastic athletics is a **privilege not a right**.


#### Student Code of Responsibility


 As a student athlete, I **understand and accept** the following responsibilities:


 I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.


 I will be **fully responsible** for my own actions and the consequences of my actions.


 I will **respect the property** of others.


 I will **respect and obey the rules** of my school and laws of my community, state and country.


 I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.


 I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period of time as determined by the principal.


 **Informed Consent** – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**


 I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.


 I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest.


 To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school I **consent to the release to the OHSAA any and all portions of school record files**, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received and attendance data.

 I **consent to the OHSAA's use of the herein named student's name**, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

 I **understand that if I drop a class**, take course work through Post Secondary Enrollment Option, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility.

 I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

 I **have read and signed** the Ohio Department of Health's **Concussion Information Sheet** and have retained a copy for myself.

 **By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.**

**\*Must Be Signed Before Physical Examination**

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 Student's Signature

---

 Birth date

---

 Grade in School

---

 Date

---

 Parent's or Guardian's Signature

---

 Date

# Ohio Department of Health Concussion Information Sheet

## For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

#### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



[www.healthyohioprogram.gov/vipp/concussion](http://www.healthyohioprogram.gov/vipp/concussion)

## What is a Concussion?

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

### Resources

ODH Violence and Injury Prevention Program  
[www.healthyohioprogram.org/vipp/injury.aspx](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

**Step 1:** Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

**Step 2:** Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

**Step 3:** Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

**Step 4:** Full contact in controlled practice or scrimmage.

**Step 5:** Full contact in game play.

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



**Ohio Department of Health**  
Violence and Injury Prevention Program  
246 North High Street, 8th Floor  
Columbus, OH 43215  
(614) 466-2144

[www.healthyohioprogram.gov/vipp/concussion](http://www.healthyohioprogram.gov/vipp/concussion)

# Ohio Department of Health Concussion Information Sheet

## *For Interscholastic Athletics*

E

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and health care provider.

I also understand that I/my child must have no symptoms before return to play can occur.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Date



Rev. 01.13

\_\_\_\_\_  
Athlete

*Please print name*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

*Signature*

\_\_\_\_\_  
Parent/Guardian

*Please print name*