

NORTHWEST JUNIOR HIGH SCHOOL Permission To Practice Form 2019-2020

NOTE: This form must be filled out and signed by parents and students, physical exam forms on file, and all fees must be paid prior to an athlete attending any practice. **PLEASE TURN IN FORM TO THE NORTHWEST OFFICE.**

Name of Athlete _____ Grade _____
Address _____ Phone _____
City _____ State _____ Zip _____

1. **PHYSICAL EXAM FORM:** Iowa law dictates that all athletes must have a current physical examination form signed by a doctor on file at school prior to practice.
2. **AWARENESS OF POTENTIAL INJURY:** As the parent(s)/guardian of a Northwest Jr. High School athlete, I/we are aware that participation in sports and/or practicing in sports may be a dangerous activity involving many risks or injury and may even result in death.
3. **EMERGENCY CONSENT:**
"In the event I cannot be reached, I hereby give my consent to the attending physician, trainers, and coaches to secure and administer medical aid and ambulance service. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur for the necessity for such surgery."
____ Yes ____ No **If NO, Please give Name and Number to call** _____

4. **SUPPLEMENTAL ATHLETIC INSURANCE: ** Please Check ONE Option ****
____ A. We do not wish additional insurance. We feel we have adequate insurance coverage.
____ B. We will pick up an insurance form from West High School in order to purchase insurance.

THE SCHOOL DISTRICT **DOES NOT PURCHASE** ACCIDENT INSURANCE TO COVER INJURIES INCURRED BY YOUR CHILD AT SCHOOL. We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. If you do not have insurance on your child, or if you have a plan with a high deductible or with limited benefits for Doctor, Hospital, or Dental bills, we encourage you to review the student insurance program.

5. **STUDENT ACTIVITY CONDUCT CODE (Summary):**
Students participating in extra-curricular activities are prohibited from possessing, using or purchasing tobacco, alcoholic beverages, or controlled substances. Loss of eligibility may also occur for engaging in activities outside the school community that would be grounds for arrest or citation in the juvenile court system, excluding minor offenses, regardless of whether the student was cited, arrested, convicted, or adjudicated for the act(s). Violation of rules throughout the calendar year whether at or away from school will result in the following action:
 - **First Offense within the Student's Athletic/Activity Career** – suspension from one-third of the season's contest or performance dates with professional evaluation prior to reinstatement where applicable.
 - **Second Offense within the Student's Athletic/Activity Career** – suspension from one-half the season's contest or performance dates with professional evaluation prior to reinstatement where applicable.
 - **Third Offense within the Student's Athletic/Activity Career** – suspension from athletic competition for twelve (12) calendar months with professional evaluation prior to reinstatement where applicable.If there is not a sufficient number of contests or performances remaining in a scheduled season to fulfill the terms of a suspension, the suspension balance will be carried over to the tournament series and to the next season in which the student participates

I have read and understand the information/rules as stated above and in the parent/athlete manual.

Parent signature _____ Date _____
Student Signature _____ Date _____

A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
 - "Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - "Extracurricular interscholastic activity" means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. OBEY THE NEW LAW.
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- Tell your coaches & parents – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- Get a medical check-up – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- Give yourself time to heal – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

Signs Reported by Students:

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

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's School