

# VCS



## Athletics/Activities Participation Packet

- Notice of Risk
- Concussion Information
- Interim Questionnaire (Please fill out)
- Physical Forms (7th/ 9th/ 11th grade or first time participating)

**Please read and fill out all forms-signatures required upon completion**

## Golden Eagles

### "Notice of Risk" - IHSAA Activities student's plan to participate in during the school year

When a person practices, plays and participates in any activity/sport, the activity/sport can be dangerous. Every participant places themselves in situations where they face the risk of serious and/or permanent injury and death. Injuries, which may result from practicing, playing and participating in activities/sports, could cause serious injury, impairment and death. The damage could affect the general health and well being of the participant.

Serious injury could impair a person's ability to earn a living and engage in social recreational activities in the future.

We the undersigned understand the inherent dangers of practicing, playing and participating in school sponsored activities/sports. We also recognize the importance of following instructions given by the coaches/advisors regarding playing techniques, training, diet, hydration, and the importance of following all team rules and guidelines.

We specifically acknowledge we have carefully read and understand this "Notice of Risk" for students participating in athletics/activities and that my son/daughter plans on participating in.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fall Activities	Winter Activities	Spring Activities
Volleyball	Girl's Basketball	Softball (high school only)
Swim (high school only)	Boy's Basketball	Baseball (high school only)

## CONCUSSION MANAGEMENT IMPLEMENTATION GUIDE

# RECOGNIZING CONCUSSION

### POSSIBLE SIGNS AND SYMPTOMS OF CONCUSSION:

A concussion is an injury to the brain's cells that causes a disturbance in normal brain function. Concussion can be caused by either getting hit directly on the head or by a hit to another part of the body that causes the head to accelerate forward or backward (like whiplash). Most athletes who experience concussion will exhibit any one of more of a variety of symptoms.

*Signs observed by coaches, administrators, athletic trainers, officials, parents, or other athletes include but are not limited to*

- Appears Dazed, Stunned, or Disoriented
- Forgets Plays or Demonstrates Short-Term Memory Difficulties (e.g. is unsure of the game, score, or opponent)
- Exhibits Difficulties with Balance or Coordination
- Answers Questions Slowly or Inaccurately
- Loses Consciousness
- Demonstrates Behavior or Personality Changes
- Is Unable to Recall Events Prior To or After the Hit

*Symptoms reported by the student-athlete to a coach, athletic trainer, and/or physician include but are not limited to*

- Has a Headache
- Is Nauseous or Vomiting
- Has Blurry Vision
- Has Difficulty Remembering Things/Memory Impairment
- Is Dizzy
- Is Drowsy
- Is Sleeping More or Less Than Usual
- Feeling Fatigued
- Feeling "In a Fog"
- Feeling Like Things are Moving in Slow Motion
- Is Unusually Emotional
- Is Unusually Irritable, Nervous or Sad
- Feels a Loss of Orientation
- Has Poor Balance/Coordination
- Feels Ringing in the Ears
- Is Sensitive to Bright Lights/Loud Noises



### CONCUSSED KIDS TAKE LONGER TO HEAL

The recognition of concussion is especially critical for those working with younger athletes. Leading experts agree that high school athletes have a significantly greater risk of sustaining a concussion, and those concussions are taking significantly longer to heal when compared to older athletes. There are many potential reasons for this, but most researchers agree that the younger brain is more vulnerable because it is not fully developed. There is also a strong suggestion that many concussions sustained by younger athletes go unreported because of a lack of awareness of what constitutes a concussion. Because of this, young athletes are often not referred for medical care and are allowed to continue to play. This can be catastrophic.

Youth sport coaches and parents of young athletes should be vigilant in their watch for the onset of concussive signs and symptoms. If concussion is suspected,

- Always seek advice from a Physician and/or Certified Athletic Trainer, and
- Never return the young athlete to play the same day as the concussive injury is sustained.

## CONCUSSION MANAGEMENT IMPLEMENTATION GUIDE



### UNDERSTANDING THE RISK OF SECOND IMPACT SYNDROME

The immediate recognition of the concussion in young athletes, especially, is critical because repeated concussions pose a very real threat of catastrophic outcome, even death.

There is evidence that athletes who suffer a second concussion before the symptoms of the first have healed are susceptible to a phenomenon called Second Impact Syndrome, or SIS.

Though rare, SIS is characterized by rapid swelling of the brain. Surgery does not help and there is little hope for recovery. Most die, but those who live through SIS are often severely disabled. SIS is most often associated with athletes under the age of 19, perhaps because of the sensitivity of their developing brain and perhaps because the seriousness of the first concussion is often overlooked.

The first concussion does not need to be severe in order for SIS to occur. And, in many instances, it does not take a crushing second blow, either to spark the onset of SIS. In fact, typically it is a subtle blow and it can occur days, or even weeks after the initial concussion is sustained.

## RECOGNIZING CONCUSSION

### WHAT ARE CONCUSSION'S DANGER SIGNS?

Be alert for symptoms that worsen over time. The athlete should be seen in an emergency department right away if he/she has:

- Any loss of consciousness (even a brief loss of consciousness should be taken seriously)
- One pupil (the black part in the middle of the eye) is larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior

*Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:*

- Sports practices
- Sports games/contests
- Physical Education classes
- Recess or physical activity

### REMEMBER...

- ALL Concussions are Serious
- Most Concussions Occur WITHOUT a Loss of Consciousness
- Recognition and Proper Response to Concussions When They First Occur Can Help Aid Recovery and Prevent Further Injury, or Even Death.



# HEALTH EXAMINATION and CONSENT FORM

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

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

## MEDICAL HISTORY

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

	Yes	No	Yes	No	
1. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you presently taking any medication or pills?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees, other insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a stinger, burned or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have trouble breathing or do you cough during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?					
<input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle					
<input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot					
14. Were you born without a kidney, testicle, or any other organ?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
15. When was your first menstrual period? _____					
When was your last menstrual period? _____					
What was the longest time between your periods last year? _____					

Explain "YES" answers: \_\_\_\_\_

## CONSENT FORM

(Parent or guardian and student permission and approval)

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

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

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

# Idaho High School Activities Association Physical Examination Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

## CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. NOT cleared to participate in the following IHSAA sponsored sports / activities:  

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

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

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

Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician: \_\_\_\_\_

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

Signature of physician/medical provider: \_\_\_\_\_ Date: \_\_\_\_\_

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





# INTERIM QUESTIONNAIRE

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

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Participation Grade: \_\_\_\_\_

## MEDICAL HISTORY

### SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

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

	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: \_\_\_\_\_  
\_\_\_\_\_

## CONSENT FORM

(Parent or guardian and student permission and approval)

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

My child  should or  should NOT have a physical examination prior to participation in high school athletics.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

*Note:* The original copy of this form MUST be returned to the school

# VISION CHARTER SCHOOL

## TRANSPORTATION CONSENT and RELEASE of LIABILITY FORM

### For Student Under 18

I, \_\_\_\_\_ [name of parent(s)] represent and warrant that I am the custodial parent/legal guardian of my child/ward, \_\_\_\_\_, who is under the age of 18 on the date this document is signed and a student of the Vision Charter School ("School"). I authorize my child/ward to:

- Ride with other students who have parental permission to drive and are authorized to have other students as passengers
- Ride with parents of other students
- Ride on School authorized transportation
- Drive his/her own vehicle
  - Other students may ride with my child/ward

From \_\_\_\_\_ / To \_\_\_\_\_ Round trip / One way

For the following School sponsored activity/function [include function date(s)]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing below, for myself and on behalf of my heirs, assigns, personal representatives, next of kin, and marital community (if any), I do hereby agree to indemnify, release and hold harmless, including the costs of defense, Vision Charter School, the School Board of Trustees, their respective committees, officers, agents, employees, insurers, attorneys, servants, volunteers, representatives, subcontractors, affiliates, successors and assigns, and others for whom the released parties may have legal responsibility, from and against any and all actions, claims, causes of action, responsibility and liability for injuries or damages which arise in any way, directly or indirectly, from said Student's use of and/or participation in the transportation as specified and indicated above.

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

**I do not wish my child/ward to ride with any other parents, students, or school provided transportation.**

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