

2020-21



Name:

Graduation Year:

PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician's assistant holding a license to practice in the State of Indiana. Previously, on April 22, the IHSAA released a statement validating the physical exam on file from the 2019-2020 school year to be valid during the upcoming 2020-2021 school year. Since this release, there has been additional guidance from medical professionals addressing those individuals at higher risk for developing severe COVID-19 disease or complications to obtain an updated Pre-Participation Physical Examination. We know this may come at an unwanted time, but our number one priority is the safety of all Montgomery County Student-Athletes.

Those Student-Athletes defined to be at higher risk that would need to obtain a new Pre-Participation Physical Examination include:

- Student-Athlete with a confirmed diagnosis of COVID-19
 - Student-Athlete with close exposure to someone with COVID-19
 - Student-Athlete with a heart condition
 - Student-Athlete with asthma
 - Student-Athlete with chronic lung disease
 - Student-Athlete with diabetes
 - Student-Athlete with obesity
 - Student-Athlete with pre-existing kidney disease on dialysis
 - Student-Athlete with a weakened immune system
1. The most current version of the IHSAA PPE Form must be used & may not be altered or modified in any manner.
 2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician's assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
 3. SIGNATURES
 - The signature must be hand-written. No signature stamps will be accepted.
 - The provider's signature and license number must be affixed on page four (4) if a physical exam is required due to a pre-existing condition
 - The parent signatures must be affixed to the form on pages one (1), three (3), six (6), eight (8) and ten(10)
 - The student-athlete signature must be affixed to pages three (3), six (6), eight (8) and ten(10)
 - If the student-athlete is at least 18 years old or parent if not, the signature must be affixed to pages seven (7) and eight (8)

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

Indiana High School Athletic Association, Inc.

2020-21 HEALTH HISTORY UPDATE
QUESTIONNAIRE
And
CONSENT & RELEASE CERTIFICATE



HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: _____

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student's sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student's parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative ('Yes'), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student _____ Age _____ Grade _____

Date of Last IHSAA Pre-Participation Physical Examination _____

Since the last pre-participation physical examination, has your son/daughter:

- | | |
|--|----------------|
| 1. Been medically advised not to participate in a sport? | Yes ___ No ___ |
| 2. Been diagnosed with COVID-19? | Yes ___ No ___ |
| 3. Sustained a concussion, been unconscious or lost memory from a blow to the head? | Yes ___ No ___ |
| 4. Fainted or "blacked out?" | Yes ___ No ___ |
| 5. Experienced chest pains, shortness of breath, "racing heart" or had any heart issues? | Yes ___ No ___ |
| 6. Had a history of unusual fatigue or unusual tiredness? | Yes ___ No ___ |
| 7. Been hospitalized or had surgery? | Yes ___ No ___ |

Undersigned, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student's participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

Date: _____ Parent/Guardian/Emancipated Student (X) _____

Printed _____

PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	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 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			10. Have you ever had a seizure?		
3. Do you have any ongoing medical issues or recent illness?			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	11. 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)?		
4. Have you ever passed out or nearly passed out during or after exercise?			12. 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 poly-morphic ventricular tachycardia (CPVT)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?					
7. Has a doctor ever told you that you have any heart problems?					
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.					

BONE AND JOINT QUESTIONS	Yes	No
14. 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?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the last 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 use any other appearance/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, and use condoms?



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

EXAMINATION						
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female				
BP / (/)	Pulse	Vision R 20/	L 20/	Corrected?	Y	N
MEDICAL				NORMAL	ABNORMAL FINDINGS	
Appearance						
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						
Eyes/ears/nose/throat						
• Pupils equal						
• Hearing						
Lymphnodes						
Heart						
• Murmurs (auscultation standing, supine, +/- Valsalva)						
• Location of point of maximal impulse (PMI)						
Pulses						
• Simultaneous femoral and radial pulses						
Lungs						
Abdomen						
Genitourinary (males only)						
Skin						
• MSV, lesions suggestive of MRSA, tinea corporis						
Neurologic						
MUSCULOSKELETAL						
	NORMAL	ABNORMAL FINDINGS			NORMAL	ABNORMAL FINDINGS
Neck				Knee		
Back				Leg/ankle		
Shoulder/arm				Foot/toes		
Elbow/forearm				Functional		
Wrist/hand/fingers				• Duck-walk, single leg hop		
Hip/thigh						

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

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete 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. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

■ PREPARTICIPATION PHYSICAL EVALUATION
IHSAA ELIGIBILITY RULES



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSJET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

'Consent & Release Certificate - on back or next page)

■ PREPARTICIPATION PHYSICAL EVALUATION
CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____
 Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports *not marked out*:
 Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
 Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the appropriate space:

<input type="checkbox"/> The student has school student accident insurance.	<input type="checkbox"/> The student has football insurance through school.
<input type="checkbox"/> The student has adequate family insurance coverage.	<input type="checkbox"/> The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____
 Printed: _____

Date: _____ Parent/Guardian Signature: (X) _____
 Printed: _____

CONSENT & RELEASE CERTIFICATE
 Indiana High School Athletic Association, Inc.
 9150 North Meridian St., P.O. Box 40650
 Indianapolis, IN 46240-0650

File in Office of the Principal
 Separate Form Required for Each School Year



Athletic Consents and Authorization Forms

This document contains (1) a consent for Franciscan Alliance (FA) to initiate and provide medical treatment to your student athlete in the event of an Injury or illness; (2) an acknowledgement of receipt of FA's Notice of Privacy Practices; (3) a HIPAA Authorization Form; (4) an acknowledgement of your and the student's receipt of written information about concussions and head injuries in student athletes; (5) an acknowledgement of your and the student's receipt of written information about sudden cardiac arrest in student athletes; and (6) an Emergency Medical and Contact Information form. It is very important that you read and complete all of these sections and forms thoroughly and sign all sections/forms separately. If the student athlete is 18 years old or older, he or she must sign for him/herself, except for parent/guardian acknowledgement of receipt of concussion information. Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in exclusion of your child from athletic programs

Consent for Treatment

I consent to FA initiating any medical care or first aid treatment for _____ *Name of Student Athlete* in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, FA may initiate the treatment that FA and its personnel believe to be in the best interest of the above-named student athlete. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

<i>Signature of Student Athlete if 18yo or Parent/Guardian if not:</i> _____	<i>Relationship to Student Athlete:</i> _____
<i>Printed:</i> _____	<i>Date:</i> ____-____-____

Notice of Privacy Practices

FA has prepared a detailed NOTICE OF PRIVACY PRACTICES (NPP) to help you better understand its policies in regard to your student athlete's personal health information. You have the right to the NPP prior to signing this consent. The current NPP will be available from the Athletic Trainer and posted on FA's website.

<i>Signature of Student Athlete if 18yo or Parent/Guardian if not:</i> _____	<i>Relationship to Student Athlete:</i> _____
<i>Printed:</i> _____	<i>Date:</i> ____-____-____

HIPAA Authorization

I hereby authorize FA and its personnel and/or agents, to disclose the protected health information (PHI) of _____ *Name of Student Athlete* (Student) as follows:

The PHI of the Student that may be disclosed under this Authorization includes the records of physical examinations performed by FA to determine the Student's eligibility to participate in classroom or other school sponsored activities; records of the evaluation; records and reports regarding the diagnosis and treatment of injuries which the Student incurred while engaged 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 Student's PHI may be disclosed to (1) the school principal or assistant principal, athletic director, coaches, teachers, school nurses or other members of the school's administrative staff or their designees, and (2) emergency medical personnel, hospitals or any other health care professional or provider who evaluates, diagnoses

Franciscan HEALTH
SPORTS MEDICINE

or treats an injury, illness or other condition incurred by the Student while participating in a school sponsored activity, as necessary to:

- Evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic or intramural sports programs, physical education classes or other classroom activities;
- Document the sports medicine services provided by FA and evaluate program outcomes;
- Resolve grievances; and
- Evaluate treatment alternatives.

I understand that FA has requested this Authorization to disclose PHI so that the school, together with FA, can make certain decisions about the Student's health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA). I also understand that the Student's participation in certain school sponsored activities is conditioned upon my signing this Authorization. I understand that I may revoke this Authorization in writing at any time prior to its expiration date, except to the extent that action has been taken by FA in reliance on this Authorization, by sending a written revocation to the athletic trainer or his/her designee. I understand that the PHI released may be subject to re-disclosure by any recipient and no longer protected by federal and/or state privacy laws. Expiration of Authorization: End of upcoming school year athletic calendar.

<i>Signature of Student Athlete if 18yo or Parent/Guardian if not:</i> _____	<i>Relationship to Student Athlete:</i> _____
<i>Printed:</i> _____	<i>Date:</i> ____-____-____

Acknowledgement of Concussion Information

Prior to participating in interscholastic or intramural sports, a high school student and his/her parent or guardian must be given an information sheet regarding the nature and risk of concussions and head injuries to student athletes, including the risks of continuing to play after a concussion or head injury.

I acknowledge that I have received and read the attached information regarding concussions for parents

<i>Signature of Parent/Guardian:</i> _____	<i>Printed:</i> _____	<i>Date:</i> ____-____-____
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I acknowledge that I have received and read the attached information regarding concussions for student athletes

<i>Signature of Student Athlete:</i> _____	<i>Printed:</i> _____	<i>Date:</i> ____-____-____
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Acknowledgement of Cardiac Information

Prior to participating in interscholastic or intramural sports, a high school student and his/her parent or guardian must be given an information sheet regarding the nature and risk of sudden cardiac arrest to student athletes.

I acknowledge that I have received and read the attached information regarding sudden cardiac arrest in athletics

<i>Signature of Parent/Guardian:</i> _____	<i>Printed:</i> _____	<i>Date:</i> ____-____-____
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I acknowledge that I have received and read the attached information regarding sudden cardiac arrest in athletics

<i>Signature of Student Athlete:</i> _____	<i>Printed:</i> _____	<i>Date:</i> ____-____-____
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ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, commonly referred to as COVID-19 (hereinafter, "COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend or require social distancing measures and have, in many locations, prohibited the congregation of groups of people. By Executive Order No. 20-16 issued by Indiana Governor Eric J. Holcomb ("Governor Holcomb") on April 2, 2020, all Indiana schools, including those within The North Montgomery Community School Corporation ("the School District"), are closed for the remainder of the 2019-2020 academic year.

By Executive Order No. 20-26 issued on May 1, 2020, Governor Holcomb announced and presented a Roadmap to Re-Open Indiana for Hoosiers, Businesses and State Government (the "Roadmap"), which gradually relaxes restrictions and regulations previously imposed by Governor Holcomb in response to COVID-19.

In accordance with Governor Holcomb's Roadmap, the Indiana High School Athletic Association (the "IHSAA") has authorized the return of certain organized high school athletic activities, provided that the resumption of athletics and other extracurricular activities will be subject to social distancing guidelines and other restrictions intended to prevent the spread of COVID-19.

The School District desires to allow athletics and extracurricular activities (collectively, the "Activities") to resume on the School District's campus, subject to the aforementioned guidelines and restrictions.

The School District has put in place preventative measures to reduce the spread of COVID-19 consistent with all relevant Orders of Governor Holcomb and in accordance with guidance issued by the Centers for Disease Control ("CDC").

Much is unknown about the spread of COVID-19 and, despite the preventive measures taken by the School District, the School District cannot guarantee that participation in the Activities will not increase the participants' risk of exposure to and contraction of COVID-19.

The School District requires that all Activities participants and attendees, including non-student coaches (head coach, paid assistants, volunteer assistants, and otherwise), extracurricular sponsors, supervisors, athletic trainers, and spectators, execute the following Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19 (the "Waiver") in order to participate in or otherwise attend the Activities. Participants under 18 years of age must have the Waiver executed by a parent or legal guardian. Any person who has not submitted a validly executed Waiver to the School District prior to the Prom or Graduation will not be allowed to participate in or attend the Activities.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

By signing this Waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (or my child/children or ward/wards, if I am executing this Waiver in my capacity as the parent or legal guardian of a minor child or minor children) may be exposed to or infected by COVID-19 as a result of my/their participation in or attendance of the School District’s athletic and extracurricular Activities. I further acknowledge that, given the contagious nature of COVID-19, I (or my child/children or ward/wards, have experienced numerous opportunities for exposure to COVID-19 prior to the Activities and, accordingly, my/their participation in or attendance of the Activities may have no causal link whatsoever to any future diagnosis of COVID- 19. I further acknowledge that exposure or infection to COVID-19 in any setting or circumstance, including the Activities, may result in personal injury, illness, permanent disability, and/or death to me, my child/children or ward/wards, or other persons whom I/they may subsequently encounter, most notably elderly or immunocompromised persons.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness or injury to me, or to my child/children or ward/wards if I am executing this Waiver as the parent or legal guardian of minor child(ren), including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child/children or ward/wards may experience or incur in connection with my/their participation in or attendance of the Activities or my/their exposure to/contraction of COVID-19 (collectively, the “Claims”). On my behalf, and on behalf of my child/children or ward/wards, if applicable, I hereby release, covenant not to sue, discharge, and hold harmless the School District, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the School District, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any School District program, including but not limited to the Activities.

Signature of Parent/Legal Guardian

Date

Printed Name of Participant Student/Minor Printed

Printed Name of Participant Student

North Montgomery Schools CONCUSSION INFORMATION SHEET

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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 or after a hit or fall.

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussionproof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

TO LEARN MORE GO TO >> cdc.gov/HEADSUP

SUDDEN CARDIAC ARREST

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest
- If an athlete does not look or feel right and you are just not sure

FACTS for STUDENTS ATHLETES

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

How can I help prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?

1. Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse
2. Get checked out by your health care provider
3. Take care of your heart
4. Remember that the most dangerous thing you can do is to do nothing

FACTS for PARENTS

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

How can I help my child prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough preseason screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?

1. Tell your child's coach about any previous events or family history
2. Keep your child out of play
3. Seek medical attention right away