

# MUST BE COMPLETED, SIGNED AND TURNED IN BEFORE FIRST PRACTICE

## SOUTH SIOUX CITY SCHOOL DISTRICT ATHLETIC HEALTH EXAMINATION FORM

Health examination for an athlete must be submitted to the superintendent or principal once each year prior to permitting an athlete to practice or compete in any athletic activity sponsored by the Nebraska School Activities Association certifying that the athlete has been examined and is physically fit for athletic participation for the current school year. The requirement that a physical must be taken once each year means the examination must be given during the school year in which the student participates or during the summer vacation (May 1 or after) that precedes the school year in which the student participates.

Name of Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Significant Past Illness or Injury \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Eyes \_\_\_\_\_ R 20/ \_\_\_\_\_ ; L 20/ \_\_\_\_\_ Ears \_\_\_\_\_ Hearing R \_\_\_\_\_ /15; L \_\_\_\_\_ /15  
Respiratory \_\_\_\_\_ Musculoskeletal \_\_\_\_\_  
Cardiovascular \_\_\_\_\_ Neurological \_\_\_\_\_  
Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_  
Skin \_\_\_\_\_ Genitalia \_\_\_\_\_  
Laboratory: Urinalysis \_\_\_\_\_ Other: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Completed Immunizations: Polio (date) \_\_\_\_\_ Tetanus (date) \_\_\_\_\_  
Other \_\_\_\_\_

"I certify that I am qualified to conduct all phases of the health examination of the above-named student. I further certify that I have on this date examined the student and on the basis of the examination, requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT BELOW."

BASEBALL	FOOTBALL	FIELD HOCKEY	CROSS COUNTRY	BASKETBALL
HOCKEY	GOLF	GYMNASTICS	ROWING	SKATING
SKIING	SOCCER	SOFTBALL	SPEEDBALL	SWIMMING
TENNIS	TRACK	VOLLEYBALL	*WRESTLING	
OTHERS _____			*Estimated Desirable Weight Level _____	LBS

Date of Examination \_\_\_\_\_  
Examiner's Signature (MD, DO, PA, APRN or DC) \_\_\_\_\_  
Examiner's Address \_\_\_\_\_ Telephone \_\_\_\_\_

### STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

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

Signature of Student \_\_\_\_\_

"I hereby give my consent for the above-named student (1) to represent his/her school in athletic activities, except those crossed out on this form by the examining health care provider, provided that such activities are approved by the State Association; (2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I acknowledge that I have selected the health care provider who has examined the student and assume full responsibility for the selection of such examiner. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such activities or such travel."

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

Address \_\_\_\_\_ City \_\_\_\_\_

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## SPORTS CANDIDATES' QUESTIONNAIRE (To be completed by parents or family physician)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Telephone \_\_\_\_\_

- |                                                                                            |     |    |
|--------------------------------------------------------------------------------------------|-----|----|
| 1. History of diabetes in family                                                           | Yes | No |
| 2. History of epilepsy or other seizure disorders                                          | Yes | No |
| 3. Has had injuries requiring medical attention                                            | Yes | No |
| 4. Has had an illness lasting more than a week                                             | Yes | No |
| 5. Is under a physician's care now                                                         | Yes | No |
| 6. Takes medication now                                                                    | Yes | No |
| 7. Wears glasses or<br>Contact lenses                                                      | Yes | No |
| 8. Has had a surgical operation                                                            | Yes | No |
| 9. Has been in the hospital (except for tonsillectomy)                                     | Yes | No |
| 10. Do you know of any reason why this individual should<br>not participate in all sports? | Yes | No |

PLEASE EXPLAIN ANY "YES" ANSWERS TO ABOVE QUESTIONS:

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- |                                                                                                  |     |    |
|--------------------------------------------------------------------------------------------------|-----|----|
| 11. Has had complete poliomyelitis immunization by<br>inoculation (Salk) or oral vaccine (Sabin) | Yes | No |
| 12. Most recent tetanus toxoid immunization Date _____<br>Was this a booster?                    | Yes | No |
| 13. Has seen a dentist within the last 6 months                                                  | Yes | No |

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Parent/Physician Signature

**Laboratory Examination:** Urinalysis, hemoglobin test, tuberculin test, and chest x-ray are recommended components of the medical appraisal. Other tests will be indicated in some cases. A recent chest x-ray is recommended on the basis of its screening advantage in detecting possible heart problems as well as pulmonary disease.

**Immunizations:** All athletes should be protected adequately by immunization as locally recommended, especially against tetanus and polio.

**Health Examination Form:** The following suggested Health Examination Form comprises the medically observable considerations important in evaluating the advisability of an individual's participation in athletics.

Please indicate one of the following:

\_\_\_\_\_ Our son/daughter is covered by \_\_\_\_\_ Insurance Co.

OR

\_\_\_\_\_ We will purchase the necessary insurance provided by the school to cover our son/daughter.

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Parent/Guardian Signature

PLEASE SIGN

OVER

## South Sioux City High School

**This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Irritability
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Feeling sluggish or slowed down
- More emotional
- Confusion
- Repeating the same question/comment
- Concentration or memory problems (forgetting game plays)

**Signs observed by teammates, parents, and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

**Adapted from the CDC and the 3<sup>rd</sup> International Conference in Sport**

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

**Return to Practice and Competition**

South Sioux City High School Concussion Management Policy provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health-Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The South Sioux City High School recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion.

For current and up-to-date information on concussions you can go to:

**<http://www.cdc.gov/concussion/HeadsUp/youth.html>**

For concussion information and educational resources collected by the South Sioux City High School, go South Sioux City High School web site:

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Student-athlete Name Printed Student-athlete Signature

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Date

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Parent or Legal Guardian Name Printed Parent or Legal Guardian Signature

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Date

To be completed for  
students participating in any  
NSAA activities.

### Student and Parent Consent Form



School Year: 20\_\_\_\_-20\_\_\_\_  
Member School: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

\_\_\_\_\_  
Name of Student [Print Name] Student Signature Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for \_\_\_\_\_ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross Country	Soccer	Volleyball
Music	Unified Bowling	Softball	Wrestling	Debate	Journalism

\_\_\_\_\_  
Parent [Print Name] Parent Signature Date  
Revised July 2018

**CONSENT TO TEST FORM**

**SOUTH SIOUX CITY COMMUNITY SCHOOLS**

I understand fully that my performance as a student and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Board of Education of South Sioux City Public Schools, the administration, and the coaches and sponsors for the activities in which I participate.

I consent to and authorize South Sioux City Public Schools to conduct a drug and alcohol test if my number is drawn from the random pool. I also authorize the release of information concerning the results of such tests to designated District personnel.

I understand that this form remains in effect until the submission of an Activity Drop Form or graduation and/or withdrawal from the District.

_____ Student Name (print)	_____ Parent or Guardian Name (print)
_____ Student Signature	_____ Parent or Guardian Signature
_____ Date	_____ Date

I plan to participate in one or more of the following school sponsored competitive extracurricular activit(ies) that are subject to random drug testing:

\_\_\_\_\_

\_\_\_\_\_ I am volunteering to be placed in the testing pool.