

Pre-Participation Physical Evaluation

Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329

PPE

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

Date of recent immunizations: Td _____ Tdap _____ Hep B _____ Varicella _____ HPV _____ Meningococcal _____

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 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 and use a helmet?

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

EXAMINATION		
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/> BP (reference gender/height/age chart)**** / (/) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDICAL		
	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none">• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat <ul style="list-style-type: none">• Pupils equal• Gross Hearing		
Lymph nodes		
Heart * <ul style="list-style-type: none">• Murmurs (auscultation standing, supine, +/- Valsalva)• Location of point of maximal impulse (PMI)		
Pulses <ul style="list-style-type: none">• Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin <ul style="list-style-type: none">• HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic***		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none">• Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended.

***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

****Chart found in: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatric BP mobile application can also be used.

☐ 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 student history 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. 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 healthcare provider (print/type) _____ Date _____

Address _____ Phone _____

Signature of healthcare provider _____, MD, DO, DC, PA-C, APRN
(please circle one)

ATTENTION PARENTS AND STUDENTS

KSHSAA ELIGIBILITY CHECKLIST

PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

Rule 7 Physical Evaluation - Parental Consent—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

Rule 14 Bona Fide Student—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

Rule 15 Enrollment/Attendance—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

Rule 16 Semester Requirements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.

Rule 17 Age Requirements—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.

Rule 19 Undue Influence—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

Rules 20/21 Amateur and Awards Rules—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

Rule 22 Outside Competition—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.

Rule 25 Anti-Fraternity—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

Rule 26 Anti-Tryout and Private Instruction—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

Rule 30 Seasons of Sport—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Guidelines for District-Provided Transportation

USD 305 provides transportation for all activities where attendance is mandatory or where the activity is approved by the school and will take place during the regular school day (school activities). In rare cases, the building principal does have authority to approve other means of transportation when the transportation provided by the district is not feasible. The primary modes of transportation provided by the district are school bus, district-owned vehicles, and, in rare cases, employee-owned automobiles.

There are some circumstances under which USD 305 does not provide transportation and the parents or guardians of the students assume responsibility for providing transportation for their students. These circumstances include, but are not limited, to the following:

- USD 305 does not provide transportation to and from in-town school activities that occur outside of the school day;
- USD 305 does not provide transportation to and from practices whether on or off-campus; and
- USD 305 does not provide transportation to activities sponsored by parent groups, outside organizations or other individuals which occur outside the school day.

As a general rule, USD 305 also does not provide transportation for secondary students traveling between district buildings for the purpose of taking various courses. Such transportation is considered the responsibility of the student's parent/guardian. However, the building principals are authorized to make arrangements for such transportation at his/her discretion.

All students attending school activities that are out of town or during the school day are required to use the mode of transportation authorized or provided by the district. However, a student may be released to his/her parent/guardian with signed written permission given in advance of the activity.

USD 305 Athletics Permission Form (Athletic Director/Coach/Teacher/Sponsor should complete the shaded section.)			
Student Name:			
Activity(ies) Participating In:	Any activity/sport throughout the 2019-2020 athletic season.		
School:			
School Year:			
Primary Mode of Transportation:	<i>(please check the mode of transportation expected to be used most regularly)</i>		
	<input type="checkbox"/> Bus	<input type="checkbox"/> District Vehicle	<input type="checkbox"/> Employee-Owned Vehicles
	I understand that my student is expected to ride on district-provided transportation to and from out-of-town events during the school day using the mode(s) of transportation identified above. I understand that students are required to use district-provided transportation only unless I provide written permission for his/her release to me in accordance with Board Policy. I also understand that there are situations where the district does not provide transportation and that I am responsible for transporting my student in those situations.		
Parent/Guardian Signature: _____		Date: _____	
Administrator Approval:			

Notice of Nondiscrimination

Unified School District #305 does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Any person having inquiries concerning Unified School District #305 compliance with the regulations implementing Title VI, ADA, Title IX, or Section 504 is directed to contact the Unified School District #305 Executive Director of Human Resources, P.O. Box 797, Salina, Kansas 67402, 785-309-4726.

Student's Name _____
(PLEASE PRINT CLEARLY)

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (*See KSHSAA Handbook, Rule 7*). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

**The above named student and I have read the
KSHSAA Eligibility Checklist
and how to retain eligibility information listed in this form.**

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on **all** transfer students.*)

YES NO

1. ☐ ☐ Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2. ☐ ☐ Did you **pass at least five new subjects (those not previously passed)** last semester? (*The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.*)
3. ☐ ☐ Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? (*The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.*)
4. ☐ ☐ Did you **attend** this school or a feeder school in your district last semester? (*If the answer is "no" to this question, please answer Sections a and b.*)
 - ☐ ☐ a. Do you reside with your parents?
 - ☐ ☐ b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

Parent or Guardian's Signature

Date

Student's Signature

Date

Birth Date

Grade

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

U.S.D. #305
Parent/Guardian Consent and Insurance Coverage

Dear Parent/Guardian and Student:

This consent form is intended to alert you to the potential risks to students participating in athletics, to inform you of the limited insurance coverage provided by U.S.D. #305 (the "District") either directly or through the Kansas State High School Activity Association (KSHSAA) and therefore, to your responsibility in this area, and to enlist your commitment to help your student follow instructions from the coaches and to cooperate with all training and team rules. If you have any questions, please feel free to call your school's athletic director or principal.

We (parent/guardian and student) are aware that participation in organized athletic activities involves risks of serious injury. Because of these risks, we recognize the importance of following the coaches' instructions regarding playing techniques and training and team rules. We agree to obey such instructions. In the event of an injury, a physician's decision regarding further participation will be followed. We are also aware that it is extremely important for us to carry our own medical insurance since the District coverage and KSHSAA coverage is very limited.

Students participating in activities under the jurisdiction of KSHSAA have been provided with basic coverages beginning 8-1-19* as follows:

1. Excess Athletic Participant Legal Liability coverage: \$500,000 per occurrence.
2. Excess Catastrophic Medical Plan: \$5,000,000 max. *(\$25,000 deductible)

*Subject to change; pending KSHSAA notification (4-01-19).

ATHLETIC PARTICIPANT LEGAL LIABILITY PROTECTION:

This policy provides \$500,000 (in addition to legal defense costs) of liability coverages for incidents arising out of student participation in sports events under the jurisdiction of KSHSAA. Member schools are covered for bodily injury claims for which they are liable, not including vehicle accidents. Coverage is provided for KSHSAA Group Purchasing Inc. and is excess to any other liability coverages available to the school and is **not applicable to intentional self-insurance programs and is subject to other restrictions.**

LIFETIME CATASTROPHIC ACCIDENT MEDICAL COVERAGE:

This policy provides coverage for students/athletes (grade 7-12) injured while practicing for, participating in, or **traveling by school transportation** directly to and from activities under the jurisdiction of KSHSAA. Mutual of Omaha provides this coverage for KSHSAA. **It does not cover activities outside the jurisdiction of KSHSAA. For example, a band trip to a bowl game would not be covered.** Transportation of participant students is covered **only if** it is directly to or from the covered event, authorized by the school district and is paid for or subject to reimbursement by the school.

Benefit Summary:

1. Lifetime excess medical, dental, and rehabilitative expense benefit pays reasonable and customary covered expense, up to \$5,000,000 with a lifetime benefit period, for those injuries which incur **\$25,000** in medical expenses within 2 years after the date of the accident, thus meeting the covered accident deductible of **\$25,000.**
2. \$10,000 accidental death and dismemberment benefit.
3. \$10,000 heart or circulatory malfunction loss of life benefit.
4. \$500,000 cash indemnity/disability benefit; payable as a \$100,000 lump sum then as installment payments of \$40,000 per year thereafter while the condition exists not to exceed 10 years.

We also understand that the District assumes no responsibility for any medical expenses not covered by insurance; those expenses are the responsibility of the parent/guardian.

I, the parent/guardian, have read and understand this information. I agree and consent to the participation of my student in organized athletic activities at and for _____ School during the _____ school year.

Parent/Guardian

Date

I, the student, have read and understand this information. I agree to abide by the coaches' instructions, training and team rules.

Student Athlete

Date

SALINA SCHOOL DISTRICT ATHLETIC DEPARTMENT

EMERGENCY AND NON-EMERGENCY MEDICAL AUTHORIZATION AND CONSENT OF RELEASE

This form must be made available by the coach at all team practices and contests for each participant to insure proper treatment by health care providers in the event of serious injury.

School Name: _____

Student's Name _____

First

Middle

Last

Birth Date _____ Grade _____ Sex _____ Home Phone _____

Address _____ Zip _____

Mother _____ Phone _____

First

Last

Occupation _____ Workplace _____ Business Phone _____

Father _____ Phone _____

First

Last

Occupation _____ Workplace _____ Business Phone _____

Insurance Carrier _____ Plan _____ Policy # _____ Phone _____

In the event parents/guardians cannot be contacted, please contact: _____ Phone _____

I hereby give my consent for any emergency or non-emergency care or treatment deemed necessary by the health care providers (e.g. physicians, physician assistants, and/or athletic trainers) designated by school authorities and sponsors and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from or occurring in conjunction with his/her participation in this activity. To the extent permitted by law, I waive any claim against such health care providers, school authorities, and sponsors arising out of any care or treatment provided to him/her in good faith for any illness or injury arising from or occurring in conjunction with his/her participation in this activity.

The undersigned parent(s) or guardian(s) hereby authorize all medical providers (including, but not limited to, athletic training staff, physician assistants and physician(s)) providing treatment pursuant to this consent to disclose any and all protected health information concerning any and all treatment received by the above-mentioned student pursuant to this consent, as reasonably necessary to and for the purpose of informing school officials (including, but not limited to, coaches and school athletics staff) about the student's prognosis and status. This authorization will expire at the conclusion of the school year to which this consent applies.

The undersigned parent(s) or guardian(s) understand that treatment is not conditioned upon the execution of this authorization. The undersigned parent(s) or guardian(s) understand that if protected health information is disclosed to school officials, that information may be re-disclosed and no longer protected by HIPAA regulations under 45 C.F.R. 164.500 *et seq.* The undersigned parent(s) or guardian(s) understand they may revoke this authorization at any time by providing a written notice to the designated privacy officer of Salina Regional Health Center, Inc.

1. Date of last tetanus shot _____

2. Any drug allergies (Penicillin, sulfa, etc.) _____

3. Any physical condition such as diabetes, epilepsy, asthma, etc. _____

4. List any medication or medical treatment prescribed for child _____

Preferred Physician/Hospital _____

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Sport(s) Athlete plays _____

MUST BE SIGNED AND DATED IN FRONT OF A WITNESS

Signed (Parent or Guardian) _____ Date _____

Witness my hand this _____ day of _____ (month/year)

Witness Signature _____



**KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION
RECOMMENDATIONS FOR COMPLIANCE WITH THE KANSAS SCHOOL SPORTS HEAD
INJURY PREVENTION ACT AND IMPLEMENTATION OF THE NATIONAL FEDERATION
SPORTS PLAYING RULES RELATED TO CONCUSSIONS**

The following language appears in all National Federation sports' rules books:

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The Kansas Legislature has enacted the School Sports Head Injury Prevention Act (hereinafter the “Kansas Act”) effective July 1, 2011:

Sec. 72-135. (a) This section shall be known and may be cited as the school sports head injury prevention act.

(b) As used in this section:

(1) “School” means any public or accredited private high school, middle school or junior high school.

(2) “Health care provider” means a person licensed by the state board of healing arts to practice medicine and surgery.

(c) The state board of education, in cooperation with the Kansas state high school activities association, shall compile information on the nature and risk of concussion and head injury including the dangers and risks associated with the continuation of playing or practicing after a person suffers a concussion or head injury. Such information shall be provided to school districts for distribution to coaches, school athletes and the parents or guardians of school athletes.

(d) A school athlete may not participate in any sport competition or practice session unless such athlete and the athlete’s parent or guardian have signed, and returned to the school, a concussion and head injury information release form. A release form shall be signed and returned each school year that a student athlete participates in sport competitions or practice sessions.

(e) If a school athlete suffers, or is suspected of having suffered, concussion or head injury during a sport competition or practice session, such school athlete immediately shall be removed from the sport competition or practice session.

(f) Any school athlete who has been removed from a sport competition or practice session shall not return to competition or practice until the athlete is evaluated by a health care provider and the health care provider provides such athlete a written clearance to return to play or practice. If the healthcare provider who provides the clearance to return to play or practice is not an employee of the school district, such health care provider shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(g) This section shall take effect on and after July 1, 2011.

The KSHSAA offers the following guidelines and recommendations for compliance with the Kansas Act and for implementation of the NFHS playing rule related to concussions:

1. If a student suffers, or is suspected of having suffered a concussion or head injury during a sport competition or practice session, the student: (1) must be immediately removed from the contest or practice and (2) an urgent referral to a health care provider should be arranged (if not already onsite). The student may not again participate in practice or competition until a health care provider has evaluated the student and provided a written clearance for the student to return to practice and competition. The National Federation and the KSHSAA recommend that the student **should not** be cleared for practice or competition the same day the concussion consistent sign, symptom or behavior was observed.
2. *What are the “signs, symptoms, or behaviors consistent with a concussion”?* The National Federation rule lists some of the signs, symptoms and behaviors consistent with a concussion. The U.S. Department of Human Services, Centers for Disease Control and Prevention has published the following lists of signs, symptoms and behaviors that are consistent with a concussion:

SIGNS OBSERVED BY OTHERS	SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness • Shows behavior or personality changes • Cannot recall events prior to hit • Cannot recall events after hit 	<ul style="list-style-type: none"> • Headache • Nausea • Balance problems or dizziness • Double or fuzzy vision • Sensitivity to light or noise • Feeling sluggish • Feeling foggy or groggy • Concentration or memory problems • Confusion

These lists may not be exhaustive

3. What is a “*Health Care Provider*”? The Kansas Sports Head Injury Prevention Act defines a health care provider to be “a person licensed by the state board of healing arts to practice medicine and surgery.” The KSHSAA understands this means a Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO).
4. The first step to concussion recovery is cognitive rest. Students may need their academic workload modified or even be completely removed from the classroom setting while they are initially recovering from a concussion as they may struggle with concentration, memory, and organization. Students should also limit the use of electronic devices (computers, tablets, video games, texting, etc.) and loud noises, as these can also impair the brain’s recovery process. Trying to meet academic requirements too early after sustaining a concussion may exacerbate symptoms and delay recovery. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

5. Return to Play or Practice Clearance Requirements:
 - A. The clearance must be in writing and signed by a health care provider.
 - B. The National Federation and the KSHSAA recommend the clearance should not be issued on the same day the athlete was removed from play.
 - C. The National Federation and the KSHSAA recommend that a student who has been removed from a practice or competition because the student suffered, or was suspected of suffering, a concussion or head injury **should complete a graduated return to play protocol following medical clearance before returning to unrestricted practice or competition.** In most cases, the athlete will progress one step each day. The return to activity program schedule **may** proceed as below **following medical clearance**:

Step 1: Symptom-limited activity – daily activities that do not provoke symptoms.

Step 2: Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.

Step 3: Sport-specific exercise – running or skating drills. No head impact activities. No helmet or other equipment.

Step 4: Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Step 5: Full contact practice or training.

Step 6: Full game play.

If symptoms of a concussion re-occur, or if concussion signs and/or behaviors are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by their health care provider.

This is simply a suggested protocol. The appropriate health care provider who issues the written clearance may wish to establish a different graduated protocol.

6. Parents and students **ARE REQUIRED** to complete a Concussion & Head Injury Information Release Form and turn it into their school prior to the student participating in any athletic or spirit practice or contest each school year. Schools are required to have such form on file before a student may participate in a practice or competition.

The KSHSAA Sports Medicine Advisory Committee continually reviews current sports related concussion research and information and makes updates to these guidelines as appropriate.

REFERENCES

McCorry P, Meeuwisse WH, Dvorak J, et al. Consensus statement on concussion in sport: the 5th international conference on concussion in sport held in Berlin, October 2016. Br J Sports Med 2017;51(11):838-847.

National Federation of State High School Associations Sports Medicine Advisory Committee. Suggested guidelines for management of concussion in sports. April 2017.

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2019-2020**

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:	
<ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 3rd 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 and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a 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!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act 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 KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

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

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

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

Revised by KSHSAA SMAC, 04/18
Revised 04/14