

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines

Pollens

Food

Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____

Signature of parent/guardian _____

Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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, use a helmet, and use condoms?
- 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 <input type="checkbox"/> Y <input type="checkbox"/> 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		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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 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 physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- 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 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 physician (print/type) _____ Date _____
Address _____ Phone _____
Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

Wishram School District #94

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

STATEMENT OF ACCIDENT PLAN COVERAGE

I understand that my child cannot participate in interscholastic athletics unless he/she is covered by the School Accident Coverage Plan or by a plan provided by the family.

I have insurance coverage equal to or better than the Washington State Industrial Insurance Fee Schedule for doctors' services or hospitalization and will continue to keep it in force throughout the sports season. Therefore, I do not wish to enroll _____ in the School Accident Coverage Plan.

I accept full responsibility for the cost of treatment for any injury which my child may suffer while taking part in the program.

Parents Signature

Date

Name of Insurance Company

Wishram School

MEDICAL EMERGENCY AUTHORIZATION FORM

TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL OFFICE

Name of Student Athlete _____

As Parent or Legal Guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Name _____ Date _____
(Signature of Parent or Guardian)

Parent's Home Phone _____ Business Phone _____

Emergency Contact Person

Name _____ Phone _____

Relationship of contact person _____

Family Physician's Name _____ Phone _____

Name of Family Insurance Company _____ Policy # _____

=====

FOR SCHOOL USE ONLY:

Completed Form Received _____
Date Name

Duplicate Copy Distributed to _____

on _____
Date

Insurance coverage by parents Yes _____ No _____ Unknown _____

One copy filed in Student Permanent Record: _____ By _____
Date Name

EXTRA-CURRICULAR ACTIVITIES AGREEMENT

In contrast to other school activities, athletic participation is not a right of students, but is a privilege that must be earned by the athlete. It is earned by both academic achievement and personal conduct. WIAA policy for eligibility will be followed. Also see policy #2151

Academic Requirements

1. Eligibility for extra-curricular activities will be determined by the following:
 - a. Monitoring of grades will be a minimum of every two weeks in all classes.
 - b. Each student must pass, or be passing ALL CLASSES, in a seven period class schedule, and must maintain a minimum of a 2.0 GPA to be considered eligible for practice or games.
 - c. Student will not be allowed to attend practices or games if an in-school or out of school suspension is pending or being carried out.
 - d. Regular School Attendance is required.

2. Any student who has failing grades in ANY of his/her classes will be subject to the following monitoring procedures and requirements:
 - a. Any student with failing grades in ANY classes will be placed on academic probation until such a time as the failing grades are eliminated.
 - i. Student will be required to attend before, at lunch, and after school study hall until the failing grade has been improved to a "D" or better, so long as the "D" pulls the student past the minimum required GPA of a 2.0.
 - b. Students on academic probation will be allowed to practice, at the school administrator's discretion, but are not eligible to play in competition until their grades have improved to a level deemed acceptable. Students on academic probation will be required to arrive at school by 7:15 a.m. to attend the morning homework table.
 - c. Students on academic probation are required to suit up for each game, but will not participate in the game. Students remain a part of the team and must support the team from the bench until he/she becomes academically eligible. This applies to home games only. Students on academic probation will not be allowed to participate in away games.

Extra-Curricular activities include all school-sponsored activities, which are not directly related to course work. Cheerleaders, ASB for example, have to meet the same requirements as other athletes.

Conduct Requirements

1. Athletes must abide by a curfew of 10:30 p.m. to 6:00 a.m. on school days and 12:30 p.m. to 6:00 a.m. on days not followed by a school day. Consequences for curfew violations and other conduct-related incidents:

- a. 1st offense – miss one game
- b. 2nd offense – miss two games
- c. 3rd offense – out for the season

2. **Athletes must be in attendance the entire day in order to practice or play in a game.** On the day after games, participating students are expected to be in his/her 1st period classes on time. Exceptions for excused absences will be made by the Athletic Director. All other sanctions against tardiness and absence will also apply.

Elementary athletes are required to attend practice every day unless absent from school or excused by his/her parent/guardian. On the day of or day after games, participating students are encouraged to be in attendance the entire day and be in class on time. For every hour late to school, the participating student will lose (1) quarter of game eligibility of the very next game (or the equivalent to one quarter). Exceptions for excused absences will be made. (See attendance policy on pages 7-11).

3. When the bus does not return to Wishram before midnight, participating students will be allowed to come to school at 9:00 a.m. without penalty. However, any participating student who arrives later than 9:00 will not be eligible to practice that day or be eligible for the next game.

4. **Students must return on the bus. Exceptions may be made if prior arrangements are made with the Athletic Director and the coach. Under no circumstances will a student be released to anyone other than a parent/guardian after an away game, unless prior arrangements have been made in the school office. Parents need to give the coach a signed and dated note in order to take students with them.**

6. Training rules are in effect from the first day of practice until the end of the season, which includes holidays and weekends. However, students who use tobacco, alcohol, or other drugs during the off-season must accept responsibility for their own diminished performance and recognize that they will not play as often or as well as they could otherwise. The coach and/or the administration will investigate any reported violations. Any student may be reported by any employee of the school district or by a school board member and will be considered in violation of these rules.

7. Students are warned that by being in a car or a home where others (particularly students) are in possession and/or using illegal drugs or alcohol, they may be considered to be in possession themselves. Anyone arrested for drugs or alcohol possession will be considered in violation of training rules.

8. Athletes are expected to conduct themselves properly on the playing floor or field, on the bus to and from games, and to willingly follow all directions of his/her coaches. Participation can be denied if these requirements are not met.

9. Any student who is removed from the team for disciplinary reasons may request a hearing.

CONDUCT DURING SPORTS EVENTS

The following is an outline of rules that students will follow with the assistance of their parents and game supervisors.

- a. Once in the building the student is expected to be in the gym watching the game. If there is excessive wandering, the student will be asked to leave. (This includes wandering the halls.)
- b. Locker rooms for home team and visiting team are off limits to everyone except team members.
- c. Harassing or vulgar remarks directed towards opposing team members or referees are prohibited. Offenders will be asked to leave the building immediately.

Student Signature _____

Parent Signature _____

Lyle/Wishram Drug and Alcohol Violations

Any student participating in any co-curricular activities or athletics, will not be allowed to associate with, use, distribute, or be in possession, (including possession by consumption), of any legend drugs (only available by prescription), schedule one drugs, anabolic steroids, marijuana, alcohol, tobacco, vaping products and or paraphernalia. This policy is in effect 24 hours a day/7 days a week. If you are representing the school by participating in athletics or co-curricular activities, age does not excuse you from the rules. Guilt will be determined by the student/athlete being observed, student athlete admission, and/or law enforcement contact. Appearance or attendance at parties or gatherings where use of alcoholic beverages, drugs, tobacco or vaping products are being used is prohibited. Students found to be in violation of this rule will be referred to an Intervention Specialist. Student will be deemed ineligible for any and all co-curricular activities and/or athletics until student has been assessed by the Intervention Specialist, agrees to any and all recommendations by the Intervention Specialist and are following all recommendations

1st Violation (of the year) –Grades 5th-12th

(Use or possession of legend drugs, schedule one drugs, anabolic steroids, marijuana, products or any paraphernalia for any of these products)

- a. Student will be referred to the building principal or designated administrator. The student will be subject to district policy and will be immediately declared ineligible from participating in any athletic and co-curricular activities.
- b. Building principal will refer student to the Student Substance Support Committee which will include both Lyle and Wishram's Athletic Directors and one coach from each school.
- c. Student will be referred to the schools intervention specialist. The Intervention Specialist reports his/her review of the case to the Principal and the Student Substance Support Committee.
- d. The first violation will constitute a minimum loss of ONE contest and a Maximum loss of all contests for that year in which the student represents Lyle/Wishram Middle School or Lyle/Wishram High School.
- e. Student Substance Support Committee will issue punishment based on:
 - a. Severity of situation
 - b. Student's willingness to accept responsibility for their actions.

- c. Student must agree to follow any and all recommendations of intervention specialist through written contract or student will automatically be deemed ineligible for all athletic or co-curricular activities for the remainder of that year.
- f. In any situation where the student is selling or distributing alcohol and other illegal drugs including the distribution of prescription medications drugs the student will be turned over to law enforcement and will immediately be deemed ineligible for ONE Calendar Year.
- g. Student/athletes who violate this provision must serve the consequences in that sport season and, if not completely served, the next sport season. If the student fails to complete the season in which they are serving the consequence, the consequence must be served in whole, the next sport season.

2nd Violation (of the year) – Grades 5th 12th

If a student is found to have violated the drug and alcohol policy for the second time during Grades 5th – 12th, the student will be immediately declared ineligible from participation in any Lyle or Wishram School District athletic or co-curricular activity program for a period of ONE calendar year from the date the second violation was determined and discipline assigned.

3rd Violation (of the year) – Grades 5th 12th

If a student is found to have violated the drug and alcohol policy for third time during grades 5th-12th, the student shall be immediately declared ineligible and permanently prohibited from participation in any Lyle or Wishram District athletic and activity program a period of ONE calendar year from the date the third violation was determined and discipline assigned. Additionally, given this is the third violation, the committee may assign additional consequences, up to and including the removal of the possibility for any future participation. The student's in drug/alcohol cessation and abstinence plan will be essential in resolving a 3rd violation.

Appeal Process.

A student or parent/guardian may appeal a disciplinary action within five (5) school days following the date of being provided with the written decision.

The appeal must be made in writing in the following order

1. Superintendent/Principal
2. Board of Directors. The decision of the Board of Directors is final in all matters of the appeal. Lyle Students will appeal to the Lyle Board of Directors and Wishram Students will appeal to the Wishram Board of Directors.

Tobacco/Nicotine/Use of Vaping Device and Paraphernalia Violations

1st Violation (of the year) – Grades 5th-12th

If a student is found to have violated the tobacco/nicotine/use of vaping device/paraphernalia policy for the 1st time during grades 5th-12th the student must immediately enroll in a tobacco sensation class or face a ONE game suspension.

2nd Violation (of the year) – Grades 5th 12th

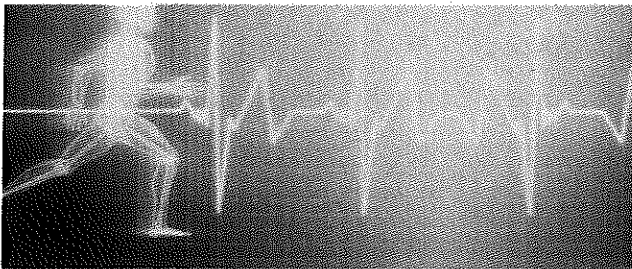
If a student is found to have violated the tobacco/nicotine/use of vaping device/paraphernalia policy for the 2nd time during grades 5th-12th the violation will constitute a TWO game suspension.

3rd Violation (of the year) – Grades 5th 12th

If a student is found to have violated the tobacco/nicotine/use of vaping device/paraphernalia policy for the 3rd time during grades 5th-12th the violation will constitute a suspension from all athletics and co-curricular events for the rest of that season.

Parent Signature _____ Date _____

Student Signature _____ Date _____

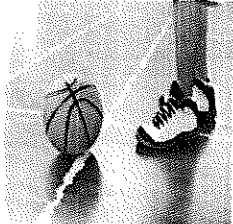
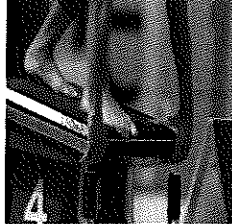
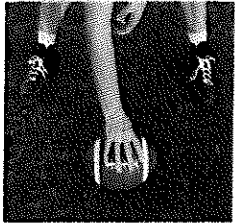


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

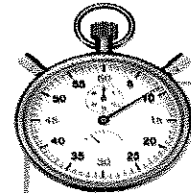
What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

AED



**Be Prepared!
Every Second Counts!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org



WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION



SCA Awareness
Youth Heart Screening
CPR/AED in Schools

www.nickoftimefoundation.org

Wishram School District No. 94
Concussion Information Sheet

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:

- 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

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

Wishram School District No. 94 Concussion Information Sheet

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. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete 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 medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

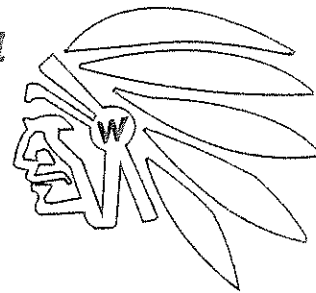
and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

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

<http://www.cdc.gov/ConcussionInYouthSports/>



“Wishram School District”

Student/Parent Concussion and Sudden Cardiac Arrest Awareness For

The “Wishram School” believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in “Wishram School” athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

_____	_____	_____
<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>

_____	_____	_____
<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>

LYLE SCHOOL DISTRICT
STUDENT/ATHLETE, PARENT ACKNOWLEDGMENT

I am aware that athletics are considered HIGH RISK and that practicing or competing in athletics will be dangerous and involves MANY RISKS OF INJURY. I understand that the dangers and risks of practicing and competing in athletics include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in athletics may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers of athletics, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and agree to obey such instructions.

I understand, that in order to begin practicing and playing athletics, I need the following:

- A current physical (good for 24 months)
- Proof of insurance
- The bottom of this page, Parental Consent, signed by both student/athlete
- An emergency medical release form
- An ASB card

I also understand all the eligibility and training rules and responsibilities outlined in this document.

Along with these school rules, each individual coach may have some of their own team rules that will be communicated to the players at the beginning of the season.

PARENTAL CONSENT

By signing this form, we, student/athlete and parent/guardian, have read and understand all the rules and eligibility requirements of Lyle Schools and that I, as student/athlete, agree that I will immediately remove myself from any situation where illegal activities are occurring, or that I can be suspended. We also understand that the student/athlete may not participate in any athletic activities without this form signed.

Student/Athlete

Date

Parent/Guardian

Date

