

# SDHSAA PREPARTICIPATION PHYSICAL EXAM FORM

Athlete Name: \_\_\_\_\_

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

Date of Exam: \_\_\_\_\_

Grade: \_\_\_\_\_

Annual/Biennial/Triennial: \_\_\_\_\_

## 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, e-cigarettes, vaping, chewing tobacco, snuff or dip?
- Over the past 30 days, have you used 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-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seatbelt or helmet?

### 2. Consider reviewing questions on cardiovascular symptoms (#4-13 on health history form)

| EXAMINATION |                          |             |
|-------------|--------------------------|-------------|
| Height:     | Weight:                  | BP:         |
| Pulse:      | Vision: R 20/      L 20/ | Corrected?: |

| MEDICAL                                                                    | Normal | Abnormal Findings |
|----------------------------------------------------------------------------|--------|-------------------|
| Appearance                                                                 |        |                   |
| Head/Mouth                                                                 |        |                   |
| Eyes, ears, nose and throat - Pupils equal & Hearing                       |        |                   |
| Lymph Nodes                                                                |        |                   |
| Heart* -Heart sounds, murmurs, pulse, rhythm, auscultation                 |        |                   |
| Lungs                                                                      |        |                   |
| Abdomen - Liver/Spleen, masses                                             |        |                   |
| Skin - HSV, Lesions, Staphy, MRSA, etc                                     |        |                   |
| Neurological                                                               |        |                   |
| MUSCULOSKELETAL                                                            | Normal | Abnormal Findings |
| Neck                                                                       |        |                   |
| Back                                                                       |        |                   |
| Shoulder & Arm                                                             |        |                   |
| Elbow & Forearm                                                            |        |                   |
| Wrist, Hand and Fingers                                                    |        |                   |
| Hip & Thigh                                                                |        |                   |
| Knee                                                                       |        |                   |
| Leg & Ankle                                                                |        |                   |
| Foot & Toes                                                                |        |                   |
| Functional                                                                 |        |                   |
| • Double-leg squat test, single-leg squat test, box drop or step drop test |        |                   |

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination

## Sports Participation Recommended for (Mark One):

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendation for further evaluation or treatment of: \_\_\_\_\_
- ☐ Medically eligible for certain sports (list here): \_\_\_\_\_
- ☐ Not medically eligible pending further evaluation \_\_\_\_\_
- ☐ Not medically eligible for any sports \_\_\_\_\_

Name of Examiner: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

**Note: SDCL allows Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Licensed Physician Assistant and Licensed Nurse Practitioners as those that can provide this recommendation.**

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# SDHSAA HEALTH HISTORY FORM - To be completed (with parent/guardian if student is under 18) in years when a physical exam is given, prior to the exam.

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

Date of Exam: \_\_\_\_\_ Grade: \_\_\_\_\_ Sports: \_\_\_\_\_

|                                                                                  |  |
|----------------------------------------------------------------------------------|--|
| List all past and current medical conditions:                                    |  |
| Have you ever had surgery?<br>If Yes, list all procedures:                       |  |
| List all prescriptions, over-the-counter meds or supplements you currently take: |  |
| Do you have any allergies?<br>If Yes, Please list them here:                     |  |

Over the last two weeks, how often have you been bothered by the following problems? (Circle Response)

|                                             | Not At All | Several Days | Over Half the Days | Nearly Every Day |
|---------------------------------------------|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious or on edge         | 0          | 1            | 2                  | 3                |
| Not being able to stop or control worrying  | 0          | 1            | 2                  | 3                |
| Little interest in pleasure or doing things | 0          | 1            | 2                  | 3                |
| Feeling down, depressed or hopeless         | 0          | 1            | 2                  | 3                |

*A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes*

## ANSWER EACH OF THE FOLLOWING QUESTIONS SPECIFIC TO "IN THE PAST YEAR" & EXPLAIN ANY YES ANSWERS ON THE BACK OF THIS SHEET:

| GENERAL QUESTIONS                                                                                                                                                                                                                                                                                                    | Yes | No | BONE AND JOINT QUESTIONS, CONTINUED:                                                                                                            | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Do you have any concerns you'd like to discuss with your provider?                                                                                                                                                                                                                                                |     |    | 15. Do you have a bone, muscle, ligament or joint injury that bothers you?                                                                      |     |    |
| 2. Has a provider ever denied or restricted your participation in sports for any reason?                                                                                                                                                                                                                             |     |    | <b>MEDICAL QUESTIONS</b>                                                                                                                        | Yes | No |
| 3. Do you have any ongoing medical issues or recent illnesses?                                                                                                                                                                                                                                                       |     |    | 16. Do you cough, wheeze, or have difficulty breathing during or after exercise?                                                                |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOU</b>                                                                                                                                                                                                                                                                              | Yes | No | 17. Are you missing a kidney, an eye, a testicle, your spleen or any other organ?                                                               |     |    |
| 4. Have you ever passed out or nearly passed out during or after exercise?                                                                                                                                                                                                                                           |     |    | 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?                                                          |     |    |
| 5. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?                                                                                                                                                                                                                          |     |    | 19. Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?                                                     |     |    |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?                                                                                                                                                                                                                |     |    | 20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?                                    |     |    |
| 7. Has a doctor ever told you that you have any heart problems?                                                                                                                                                                                                                                                      |     |    | 21. Have you ever had numbness, tingling or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? |     |    |
| 8. Has a doctor ever requested a test for your heart? (Example: electrocardiography or echocardiography)                                                                                                                                                                                                             |     |    | 22. Have you ever become ill while exercising in the heat?                                                                                      |     |    |
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise?                                                                                                                                                                                                                              |     |    | 23. Do you or does someone in your family have sickle cell trait or disease?                                                                    |     |    |
| 10. Have you ever had a seizure?                                                                                                                                                                                                                                                                                     |     |    | 24. Have you ever had, or do you have any problems with your eyes or vision?                                                                    |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>                                                                                                                                                                                                                                                                      | Yes | No | 25. Do you worry about your weight?                                                                                                             |     |    |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before 35 years of age (including drowning or unexplained car crash)                                                                                                                                   |     |    | 26. Are you trying to, or has anyone recommended that you gain or lose weight?                                                                  |     |    |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS) short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? |     |    | 27. Are you on a special diet, or do you avoid certain types of foods or food groups?                                                           |     |    |
| 13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?                                                                                                                                                                                                                              |     |    | 28. Have you ever had an eating disorder?                                                                                                       |     |    |
| <b>BONE AND JOINT QUESTIONS</b>                                                                                                                                                                                                                                                                                      | Yes | No | 29. Have you ever had COVID-19?                                                                                                                 |     |    |
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or a game?                                                                                                                                                                      |     |    | <b>FEMALES ONLY</b>                                                                                                                             | Yes | No |
|                                                                                                                                                                                                                                                                                                                      |     |    | 30. Have you ever had a menstrual period?                                                                                                       |     |    |
|                                                                                                                                                                                                                                                                                                                      |     |    | 31. How old were you when you had your first period?                                                                                            |     |    |
|                                                                                                                                                                                                                                                                                                                      |     |    | 32. When was your most recent period?                                                                                                           |     |    |
|                                                                                                                                                                                                                                                                                                                      |     |    | 33. How many periods have you had in the past 12 months?                                                                                        |     |    |

**CERTIFICATION OF HEALTH:** I hereby state that, to the best of my knowledge, my answers on this form are complete and correct:

Signature of Athlete: \_\_\_\_\_

Signature of parent/guardian (if under 18): \_\_\_\_\_

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

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## **SDHSAA CONSENT FOR PARTICIPATION IN ACTIVITIES**

Student Name: \_\_\_\_\_

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

School Year: 2022-23 School Year

Place of Birth: \_\_\_\_\_

Name of High School: \_\_\_\_\_

### **The parent and student, by signing this form, hereby:**

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. Understand and agree that:
  - (a) By this Consent Form the SDHSAA has provided notification 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 injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death;
  - (d) Even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility; and;
  - (e) By signing this form, I/we give our consent for the listed student to compete in SDHSAA approved athletics for the school year as listed on this form. Further, I/we give our permission for our child to participate in organized high school athletics, realizing that such activity involves the potential for injury and harm which exists as an inherent element in all sports.
3. Understand, consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and
4. Understand, consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. If I/we do not wish to have any or all such information disclosed, I/we must notify the above-mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.

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**Signature of Parent**

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**Date**

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**Signature of Student**

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**Date**

## ***SDHSAA CONSENT FOR MEDICAL RELEASE FORM (HIPAA)***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **I/We the undersigned do hereby:**

1. Authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information for the purposes of evaluating, observing, diagnosing and creating treatment plans for injuries that occur during the time period covered by this form, or, from pre-existing conditions that require care plans pertaining to participation during the time period covered by this form.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the medical care of this student.
3. This information for which I/we are authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2023.
6. I understand that once the above information is disclosed, there is potential for it to be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. Schools, School districts and school personnel are to uphold the bounds of FERPA. As such, disclosure and re-disclosure by schools or school employees must be done in compliance with FERPA guidelines.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

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**Signature of Parent**

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**Date**

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**Signature of Student (if over 18 or turning 18 before July 1, 2023)**

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**Date**

**This form must be completed annually and must be available for inspection at the school**

## TRAINING RULES FOR INTERSCHOLASTIC ACTIVITIES IN THE HURON PUBLIC SCHOOLS

THE KEYNOTE TO PERFECT PHYSICAL CONDITIONING IS THE PROPER TRAINING OF THE WILL POWER AND A WILLINGNESS TO ABIDE BY A FEW FUNDAMENTAL TRAINING RULES. THE RULES FOR THE HURON PUBLIC SCHOOL'S INTERSCHOLASTIC PARTICIPANTS ARE AS FOLLOWS:

### Eligibility/Participation in Co-curricular Activities

There are specific requirements governing student eligibility for participation in activities. Some regulations are set by the South Dakota High School Activities Association and some by Huron School District. For a complete listing of requirements, please contact the Athletic Director or the High School Office.

1. The Training Rules are in force, year-round, for all students in grades 6-12, participating in extracurricular activities under the auspices of the Huron School District.
2. One specific regulation has been established by law: SDCL 13-32-9. **Any person adjudicated, convicted, the subject of an informal adjustment or court-approved diversion program, or the subject of a suspended imposition of sentence or suspended adjudication of delinquency** for possession, use, or distribution of controlled drugs or substances or marijuana as defined in chapter 22-42, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by § 22-42-15, is ineligible to participate in any extracurricular activity at any secondary school accredited by the Department of Education for one calendar year from the date of adjudication, conviction, diversion, or suspended imposition of sentence. **The one-year suspension may be reduced to thirty calendar days** if the person participates in an assessment with a certified or licensed addiction counselor. If the assessment indicates the need for a higher level of care, the student is required to complete the prescribed program before becoming eligible to participate in extracurricular activities. **Upon a second adjudication, conviction, diversion, or suspended imposition of a sentence** for possession, use, or distribution of controlled drugs, substances, or marijuana as defined in chapter 22-42, or for ingesting, inhaling, or otherwise taking into the body any substance as prohibited by § 22-42-15, by a court of competent jurisdiction, that person is ineligible to participate in any extracurricular activity at any secondary school accredited by the Department of Education for one year from the date of adjudication, conviction, diversion, or suspended imposition of sentence. **The one year suspension may be reduced to sixty calendar days** if the person completes an accredited intensive prevention or treatment program. **Upon a third or subsequent adjudication, conviction, diversion, or suspended imposition of sentence for possession**, use, or distribution of controlled drugs or substances or marijuana as defined in chapter 22-42, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by § 22-42-15, by a court of competent jurisdiction, that person is ineligible to participate in any extracurricular activity at any secondary school accredited by the Department of Education. Upon such a determination in any juvenile court proceeding the Unified Judicial System shall give notice of that determination to the South Dakota High School Activities Association and the chief administrator of the school in which the person is participating in any extracurricular activity. The Unified Judicial System shall give notice to the chief administrators of secondary schools accredited by the Department of Education for any such determination in a court proceeding for any person eighteen to twenty-one years of age without regard to current status in school or involvement in extracurricular activities. The notice shall include name, date of birth, city of residence, and offense. The chief administrator shall give notice to the South Dakota High School Activities Association if any such person is participating in extracurricular activities. Upon placement of the person in an informal adjustment or court-approved diversion program, the state's attorney who placed the person in that program shall give notice of that placement to the South Dakota High School Activities Association and chief administrator of the school in which the person is participating in any extracurricular activity.

As used in this section, the term, extracurricular activity, means any activity sanctioned by the South Dakota High School Activities Association. Students are ineligible to participate in activity events, competitions, and performances, but a local school district may allow a student to participate in practices.

No local school board may impose a lesser consequence than those established in § 13-32-9, but

a local school district may adopt a policy, by local school board action, with more strict consequences to meet the needs of the school district.

**If a suspension is reduced pursuant to § 13-32-9, a suspension for a first offense shall make the student ineligible for a minimum of two South Dakota High School Activities Association sanctioned events upon completion of the reduced suspension period. If a suspension is reduced pursuant to § 13-32-9, a suspension for a second offense shall make the student ineligible for a minimum of six South Dakota High School Activities Association sanctioned events upon completion of the reduced suspension period.** To count toward the minimum number of events the student must participate in the entire activity season and may not drop out or quit the activity to avoid suspension and the failure of a student to complete the entire activity season shall result in the student being ineligible for one year from the date of adjudication, conviction, the subject of an informal adjustment or court approved diversion program, or the subject of a suspended imposition of sentence or suspended adjudication of delinquency. A suspension that is not completed by the student during one activity season shall carry over to the next activity season in which the student participates.

**A suspension begins on the day following the notification to a school administrator** by the Unified Judicial System that a student has been adjudicated, convicted, the subject of an informal adjustment or court approved diversion program, or the subject of a suspended imposition of a sentence or a suspended adjudication of delinquency for possession, use, or distribution of controlled drugs, substances, or marijuana as defined in chapter 22-42, or for ingesting, inhaling, or otherwise taking into the body any substance prohibited by § 22-42-15 and the school administrator gives notice to the South Dakota High School Activities Association and the students.

The Huron School District will utilize and comply with all South Dakota Codified Laws in the implementation of this policy.

**The calendar days towards a state law suspension will begin (first allowable practice) and end (last SDHSAA state event) with the SDHSAA activity calendar.**

Any student-athlete who possesses, used/purchased alcohol and/or tobacco products, or has been found to misuse/abuse drugs, will be suspended immediately for a Huron School District Training Rules Violation.

**ABSTINENCE FROM ALCOHOLIC BEVERAGES, TOBACCO, VAPING, ILLEGAL DRUGS, AND MISUSE/ABUSE OF DRUGS:**

- Throughout any calendar year, the following rules apply to a member of any school activity team, grades 6-12, who has possessed, used or purchased alcohol, tobacco products, or illegal drugs.
- The individual is to be suspended from the activity he/she is presently participating.
  - First suspension** will have a minimum of 14 calendar days of activity competition or two contests, whichever is greater, for the participant even though the present activity ends and the next activity begins. An individual involved in a fine arts program will not be allowed to participate in the next public appearance of each activity. Suspensions may include more than one activity depending upon the time of the violation. The time frame of the suspension will only be in force as long as the individual is officially involved in an activity. The suspension may carry over to the next activity or school year.
  - Second suspension**, as long as it is within 12 months of the prior violation, will result in the individual being suspended for 42 calendar days of activity competition or six contests, whichever is greater, for the participant even though the present activity ends and the next activity begins. An individual involved in a fine arts program will not be allowed to participate in the next two public appearances for each activity. The suspension may carry over to the next activity or school year.
  - Subsequent violations** occurring within 12 months of a previous violation, will result in the individual being suspended for 42 calendar days of activity competition or six contests, whichever is greater, for the participant even though the present activity ends and the next activity begins. The student/athlete **MUST** also successfully complete a rehabilitation/treatment program before being reinstated.
- The administration reserves the right to determine appropriate consequences for all **criminal or civil violations** or behavior that is determined detrimental to the representation of the school in any activity.
- Students who remain violation free for 12 consecutive months will receive a “clean slate”.
- Training Rules violations are cumulative from grades six (6) through (12) and will all include all “school activities” during the suspension period. State law suspensions include only SDHSAA sanctioned events.
- A student must successfully complete an activity season in order for the suspension to be considered “as served”.
- Individuals on suspension must practice with a team under the supervision of the coach, but cannot dress for or participate in interscholastic competition. If it is determined that the individual’s presence at practices is creating a disruption, additional actions may be taken. The student/athlete must also finish the season or the suspension will not be considered “as served”.
- **The above rules apply if the report is made and substantiated by a Huron Public Schools staff member, legal authorities, or the individual’s voluntary admission.**
  - Provision for notice to school officials and parent or guardian by law enforcement agency where student suspected of violating state drug or alcohol laws. Notwithstanding any other provision of law, a law enforcement agency may provide notice to public or nonpublic school officials and parent or guardian of any incident occurring within the agency’s jurisdiction in which the agency has probable cause to believe a school student has violated any provision of state law involving alcohol or illegal drugs. However, if there is a prolonged criminal investigation and revealing information would jeopardize a successful conclusion to the case, the law enforcement agency may provide the notice at some later appropriate time. The notice shall be in writing and sent to the Superintendent, Activities Director and Principal.
- **The AD/Building Principal will inform parents or guardians and coach when disciplinary action is taken regarding these rules.**

**PARTICIPANT’S SIGNATURE** \_\_\_\_\_

**PARENT’S/GUARDIAN’S SIGNATURE** \_\_\_\_\_

## HURON'S TIGER BELIEFS



1. I will abide by the training rules **AT ALL TIMES** because of a desire to realize my full potential, **NOT** because of punishment or fear.
2. I will always be neat in appearance to reflect pride in myself, my team, and my family.
3. I will put forth 100% desire and effort at all times. I will do my best to be the best.
4. I will respect my teammates, their abilities, weaknesses, and rights. The **TEAM** will come ahead of the individual.
5. I will attend all practice sessions. Excuses will be arranged through the **HEAD COACH/DIRECTOR IN ADVANCE.**
6. I will be punctual at all meetings and at school for all classes.
7. I will use clean language to show respect to my parents, teammates, school and opponents.
8. I will study hard, complete assignments, and make every effort to earn better than average academic grades.
9. I will limit my social life in the belief that if I make certain sacrifices for activities I will become a better, more successful participant.
10. I will respect my equipment as if it were my own. I will pay for all equipment that has been checked out to me when I am unable to return the same equipment at the end of the season.

PARTICIPANT'S SIGNATURE \_\_\_\_\_

PARENT'S/GUARDIANS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## SDHSAA CONCUSSION FACT SHEET FOR PARENTS

### *What is a concussion?*

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

### *What are the signs and symptoms?*

You can't see a concussion, Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

| Signs Observed By Parents or Guardians                                                                                                                                                                                                                                                                                                                                                                                                                                            | Symptoms Reported by Athlete                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Appears dazed or stunned</li><li>• Is confused about assignment or position</li><li>• Forgets an instruction</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily</li><li>• Answers questions slowly</li><li>• Loses consciousness (even briefly)</li><li>• Shows mood, behavior, or personality changes</li><li>• Can't recall events prior to hit or fall</li><li>• Can't recall events after hit or fall</li></ul> | <ul style="list-style-type: none"><li>• Headache or "pressure" in head</li><li>• Nausea or vomiting</li><li>• Balance problems or dizziness</li><li>• Double or blurry vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish, hazy, foggy, or groggy</li><li>• Concentration or memory problems</li><li>• Confusion</li><li>• Just not "feeling right" or is "feeling down"</li></ul> |

### *How can you help your teen prevent a concussion?*

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

### *What should you do if you think your child has a concussion?*

1. **Keep your child out of play.** If your child has a concussion, her/his brain needs time to heal. Don't let your child return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your child is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
3. **Teach your child that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your child convince you that s/he's "just fine".
4. **Tell all of your child's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your child has ever had a concussion. Your child may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your child's coaches, school nurse, and teachers. If needed, they can help adjust your child's school activities during her/his recovery.

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Parent's Name

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Date

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Signature of Parent

---

Date

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Student's Name

## ***SDHSAA CONCUSSION FACT SHEET FOR STUDENTS***

### ***What is a concussion?***

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

### ***What are the symptoms of a concussion?***

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

### ***What should I do if I think I have a concussion?***

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

### ***How can I prevent a concussion?***

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

**IT IS BETTER TO MISS ONE GAME THAN A WHOLE SEASON – SEE SOMETHING – SAY SOMETHING!!!**

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Student's Name (Please Print)

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Date

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Signature of Student

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Date

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Parent's Signature

---

Date

## ***SDHSAA CONSENT FOR MEDICAL TREATMENT FORM***

Student Name: \_\_\_\_\_

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

The SDHSAA recommends that all member schools receive consent from all students and parent/guardians prior to activities, to ensure that medical care can be provided to the student during any activity away from home. This form should be kept both on-file at the school, as well as in the possession of a student's coach/sponsor authorizing as below:

### **CONSENT FOR MEDICAL TREATMENT (for those children 18 and under at any time during the 2022-23 school year):**

I, \_\_\_\_\_, am the (circle one) Parent or Legal Guardian, of  
\_\_\_\_\_, who participates in activities and/or athletics for  
\_\_\_\_\_ High School. I hereby consent to necessary medical services  
that may be required while said child is under the supervision of an employee of the fore-mentioned high school  
while on a school-sponsored activity, and hereby appoint said employee to act on behalf of myself in securing  
medical services from any duly licensed medical provider. Signatures on this form do not constitute consent for  
vaccinations of any kind.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### **CONSENT OF PARTICIPANT (for all students to complete):**

I, \_\_\_\_\_, have read the above consent for medical treatment form  
signed above, or, as an individual of majority age, consent to those same medical services and actions as  
indicated above on this form.

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

\_\_\_\_\_  
Date



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Birth date: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Student cell phone: \_\_\_\_\_

Father's name & phone number: \_\_\_\_\_

Mother's name & phone number: \_\_\_\_\_

Additional emergency contact & phone number: \_\_\_\_\_

Allergies & type of reaction: \_\_\_\_\_

Medications (list frequency and dose): \_\_\_\_\_

Significant medical history: \_\_\_\_\_

#### CONSENT FOR MEDICAL TREATMENT

I am the \_\_\_\_\_ (Mother-Father-Legalguardian) of  
\_\_\_\_\_, who participates in co-curricular activities for  
\_\_\_\_\_ Huron High School. I hereby consent to any medical services that may be required while  
said child is under the supervision of an employee of \_\_\_\_\_ Huron School District while on a  
school-sponsored activity and hereby appoint said employee to act on behalf in securing necessary  
medical services for any duly licensed medical provider.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Parent's signature: \_\_\_\_\_

#### CONSENT OF CHILD

I, \_\_\_\_\_, have read the above Consent form signed by my  
\_\_\_\_\_ (Mother-Father-Legal Guardian) and join with  
\_\_\_\_\_ (him-her) in the consent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Student's signature: \_\_\_\_\_