



Sturgis Brown High School

Sturgis Williams Middle School

Stagebarn Middle School



Name of Student: _____

The following pages:

1. Parent Permission forms along with your son/daughter's

2. Physical form must be signed and turned into the

SBHS/SWMS/SBMS Activities Office

Prior to your son/daughter's first practice.

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 _____

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Student Participation Parent Approval Form
2019-2020

"I hereby give my consent for (student's name) _____ to represent Sturgis Brown High School, Sturgis Williams Middle School, or Stagebarn Middle School in athletic activities and other organizations sponsored by Meade School District 46-1 and/or the SDHSAA. I authorize the school to obtain any emergency medical care that may become reasonably necessary for the student in the course of such activities. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above student in the course of such activity or such travel. "

Parent/Guardian Signature

Date

Insurance

The Meade School District does not provide any type of health or accident insurance for injuries incurred by your child at school.

As a service to students and their families, the Meade School District is making available a Student Accident Insurance Plan for your child at a very nominal cost. The district offers this program because of trends in rising family health and dental insurance costs, increased deductibles, co-payments, or lack of health or dental insurance coverage.

Reasons to Purchase this Coverage:

1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses.
2. No Insurance

This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays. If you have no other insurance this will become your primary accident plan.

Purchase Coverage On-Line (with Visa/MasterCard) at www.1stAgency.com and then follow directions at "Find your School".

Print Procedure PDF from School District page at www.1stAgency.com and pay with check or money order.

*All questions regarding this coverage should be directed to First Agency, Inc. at (269) 381-6630, or toll free (800)243-6298.

It is the responsibility of the parent/guardian of each student to make sure that he/she has one or more of the following plans in force:

1. Individual or Group Health/Accident Insurance
2. Student Accident Insurance
3. Special insurance for Football ONLY

_____ We WILL BE purchasing school student insurance at our own expense to protect our son/daughter.
Parent/Guardian signature: _____ Date: _____

OR

Parental Insurance Waiver

_____ We HAVE adequate insurance to protect our son/daughter
In case of an accident. We DO NOT plan to buy school insurance.

Parent/Guardian signature: _____ Date: _____

Bus Conduct

The school has the administrative responsibility for the operation of school buses. Be reminded: The Meade School District 46-1 is not required to provide bus transportation to high school aged students. Act accordingly or lose your privilege. The following is information relative to the operation and control on buses:

1. The bus driver is the official representative of the school and has the full authority to control pupils on the bus and any violation of the rules will mean the cancellation of bus privileges. Seats may be assigned to any or all students.
2. Absolutely no tobacco use on the bus or in the general area of the bus.
3. Rowdiness is not permitted; pushing, crowding, loud talk or unnecessary noise or other distractions are not to be tolerated.
4. The bus driver is responsible for the safety and welfare of the pupils on the bus, and should never be bothered in any way, which would interfere with responsible, safe driving.
5. Loading pupils will be done at regular bus stops and at loading zones only. Do not rush to the bus: wait until the bus has completely stopped. Younger students will be loaded first.
6. Pupils must be on time at the designated bus stops. The bus cannot wait beyond its regular time schedule for tardy pupils.
7. Pupils will assist the driver in keeping the interior of the bus clean, sanitary, and in orderly condition. Pupils must not throw waste paper or rubbish on the floor or out of the windows of the bus.
8. Pupils will not open or close the windows without permission of the bus driver and should report to the driver any damage occurring to the bus.
9. Pupils must wait for the signal from the driver to cross a road, then cross promptly. The crossing should be made approximately 10 feet in front of the bus, in full view of the driver.
10. Pupils desiring to leave the bus at other than their designated bus stop must present the driver with written permission from the parents.
11. Pupils will be courteous to the driver, each other, and the general public.
12. Violations of bus regulations by a student are to be reported by the driver to the parent, bus contractor, and principal. Violations of bus rules may cause the student to lose the bus as a means of transportation.
13. High School students receiving bus conduct slips may receive a warning, suspension, or the revoking of privileges depending on the severity of the situation.
14. Students in town may board the bus at the Middle School.
15. Students at the Middle School waiting to change buses are to remain at the Middle School and not cross the street.
16. Buses will occasionally stop for a vandalism check.
17. Violation(s) of sufficient magnitude will result in immediate and permanent suspension.
18. Activity Trips – The coach or advisor may release students to their parents or guardian. Notes from parents/guardians giving permission for their student(s) to ride with someone else will not be accepted.
19. Any endangerment of a bus or its passengers will result in suspension or expulsion. Careless driving or harassing a bus by any other drivers is included. Taunting or teasing a driver in another vehicle while riding in a bus will result in suspension or expulsion.
20. Any student riding the after school activities bus to Piedmont must have a bus pass from the school.
21. Any student on a sports activity bus found using alcohol will be reported to the authorities.
22. All students riding a school bus/motor coach for an activity must stay seated and facing forward for their own protection and safety. This is not the bus driver's responsibility, it is the coach's.
23. On activity trips with more than one coach, one coach must sit up in front of the bus and one coach must sit in the back to keep control of the students.

Home Events--Travel/Transportation Permission

I hereby give _____ permission to attend extracurricular HOME events
(Student's full name)

(Scheduled activities) that are held off campus away from Sturgis Brown High School.

I grant permission for this student to transport him/herself in a personal vehicle for this purpose. I understand that all vehicle liability is assumed by the student.

*No Student may ride with another student to or from a school function or activity during the school day, unless the students are siblings
(Student Transportation on School Trips File: JHFE)

Student Printed Name

Student Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

CONCUSSION FACT SHEET FOR ATHLETES

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's better to miss one game than the whole season.

Student's Name (please print) _____ Date: _____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL

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

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 teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen 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 teen to return to sports.
3. **Teach your teen 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 teen convince you that s/he's "just fine".
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen 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 teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

Parent/Guardian's Name (Please print) _____ Date _____, 20____

Parent/Guardian's Signature _____ Date _____, 20____

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