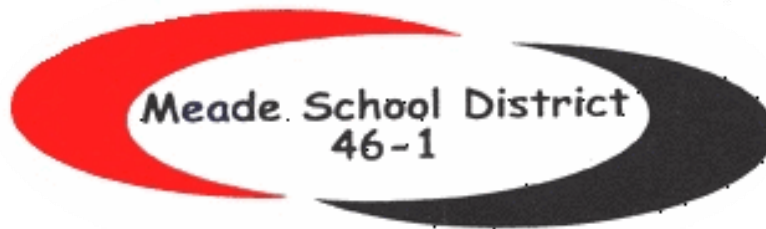


South Dakota High School Activities Association



Extracurricular Activities

Parent Permission Forms & Physical

2023-2024



**STURGIS HIGH SCHOOL
STAGEBARN MIDDLE SCHOOL
STURGIS WILLIAMS MIDDLE SCHOOL**

Athletics/Activities Paperwork Checklist:

- ✓ Page 1: **HEALTH HISTORY FORM** completed by parent/guardian with signatures
- ✓ Page 2:
EMERGENCY MEDICAL AUTHORIZATION completed and signed by parent/guardian
MEDICAL RELEASE HIPAA signed by parent/guardian (exemption available)
- ✓ Page 3: **INSURANCE WAIVER** (Indicated YES or NO and signed by parent/guardian)
- ✓ Page 4: **BUS CONDUCT**. Signed by parent/guardian and student
- ✓ Page 5-6: **CONCUSSION FACT SHEETS** signed by parent/guardian and student (athletics only)
- ✓ Page 7: **CONSENT** for Participation in Activities signed by parent/guardian and student
- ✓ Page 8: **ANNUAL PHYSICAL EXAM** Completed after July 1 for the upcoming year. (Only needed for athletics)

All documents checked by coach/advisor

(coach / mentor)

(date)

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: _____

Sports: _____

List all past and current medical conditions:	
Have you ever had surgery? If Yes, list all procedures:	
List all prescriptions, over-the-counter meds or supplements you currently take:	
Do you have any allergies? 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?			MEDICAL QUESTIONS		
3. Do you have any ongoing medical issues or recent illnesses?			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
HEART HEALTH QUESTIONS ABOUT YOU			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?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			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 (CVPT)?			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?		
BONE AND JOINT QUESTIONS			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?			FEMALES ONLY		
			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: _____

EMERGENCY MEDICAL AUTHORIZATION

Student Name	Date of birth	Grade
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Address	City	State	Zip
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Parent/Guardian Name	phone
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Parent/Guardian Name	phone
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Non-Household relation/friend	phone
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I hereby consent to any medical services that may be required while said child is under the supervision of an employee of Meade 46-1 while on a school-sponsored activity, and hereby appoint said employee to act on behalf of myself in securing medical services from a duly licensed medical provider.

Signature of Parent/Guardian	Date
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CONSENT FOR MEDICAL RELEASE FORM (HIPAA)

1. I authorize the use or disclosure of the above-named individual's health information including the Pre-participation History and Physical Exam information pertaining to a student's ability to participate in SDHSAA 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 in this form, or, from pre-existing conditions that require care plans pertaining to participation during the time period covered in 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 care of this student.
3. This information for which I am 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, 2024.
6. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
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.

Signature of Parent/Guardian	Date
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Signature of Student	Date
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*Student signature is required if student is over 18 or turning 18 before July 1, 2024

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

_____ **YES, WE WILL BE** purchasing school student insurance at our own expense to protect our son/daughter.

Signature Parent/Guardian

Date

_____ **NO, we do not need school insurance. WE HAVE ADEQUATE INSURANCE** to protect our son/daughter in case of an accident.

Student Name

Date of Birth

Signature of Parent/Guardian

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.

Student Printed Name

Student Signature

Date

Home Events--Travel/Transportation Permission ***(High School students only)***

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)

Parent/Guardian Printed Name

Signature Parent/Guardian

Date

SDHSAA CONSENT FOR PARTICIPATION IN ACTIVITIES

Student Name: _____

Date of Birth: _____

School Year: 2023-24 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.

Signature of Parent

Date

Signature of Student

Date

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!!!

_____	_____
Student's Name (Please Print)	Date
_____	_____
Signature of Student	Date
_____	_____
Parent's 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">• 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 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.

Parent's Name

Date

Signature of Parent

Date

Student's Name

SDHSAA PREPARTICIPATION PHYSICAL EXAM FORM

Athlete Name: _____ Date of Birth: _____

Date of Exam: _____ 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, Staph, 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.