

PRINCIPALS' COMMITTEE ON ATHLETICS GRADES 6-8

Acknowledgement, Authorization and Assumption of Risk Form

Academic Year _____

The undersigned, being an adult student athlete or parent/legal guardian of the undersigned minor prospective student athlete, hereby acknowledge that said student seeks to participate in a student sports program sponsored the Principals' Committee on Athletics Grades 6-8. The undersigned specifically assert that said student athlete will comply with the rules and regulations governing athletics participation of the Principals' Committee on Athletics Grades 6-8; the undersigned hereby authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency and disciplinary record of the undersigned student to Principals' Committee on Athletics Grades 6-8 for the purpose of enforcing the rules and regulations of the athletics program; that they are aware that the athletic participation requires physical fitness; that the student possesses such fitness; and that some risk is involved in sports participation. For sports involving helmets, we acknowledge the following WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.

Now, therefore, pursuant to Rhode Island General Laws 7-6-9, as amended, the undersigned, in consideration of participation in a Principals' Committee on Athletics Grades 6-8 sports program, herein grant to its officers, directors, trustees, agents (to include but not limited to the local School Committee or its parochial or private equivalent), servants and employees, a waiver of liability as regards to participation in the sports program sponsored by the Principals' Committee on Athletics Grades 6-8. The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sponsored by Principals' Committee on athletics Grade 6-8.

School (Print)

Name of Parent/Guardian (Print)

City or Town (Print)

Signature of Parent/Guardian

Name of Student (Print)

Date of Signature

Signature of Student

<NOTARY SEAL>

Age of Student Student's DOB Current Grade

Signature of Notary Public / Commission Expires

This form must be completed by all students intending to participate in any Principals' Committee on Athletics Grades 6-8 sport. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the school principal or principal's designee for storage in the school. Failure to submit a duly executed form will cause the athlete to be declared ineligible. Only one form for each participant is necessary for the duration of one's eligibility in sports programs sponsored by the Principals' Committee on Athletics Grades 6-8.

School Name & Address:

Grade: _____



STATE OF RHODE ISLAND
SCHOOL PHYSICAL FORM

Health Care Provider Name and Address:

Phone: _____

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last	First	Middle	Date of Birth	Sex
Address: Street	Apt #	City	State	Zip Code
			Home Phone	

PLEASE COMPLETE ALL INFORMATION BELOW (May attach immunization transcript)

IMMUNIZATIONS	Please enter dates in MM/DD/YYYY format			
Hepatitis B				
Diphtheria-Tetanus-Pertussis DTaP < 7 years				
Pneumococcal Conjugate PCV				
Polio				
Haemophilus Influenzae Type B Hib				
Measles-Mumps-Rubella MMR				
Varicella				<input type="checkbox"/> Student has history of varicella disease
Tetanus-Diphtheria-Pertussis Tdap/Td > 7 years				
Rotavirus				
Hepatitis A				
Meningococcal				
HPV				
Influenza				

Medical Exemption:

- Hep B
 DTaP
 PCV
 Polio
 Hib
 MMR
 Varicella
 Td/Tdap
 Rotavirus
 Hep A
 Mening
 HPV
 Influenza

PHYSICAL EXAMINATION

Date of PE: ____/____/____ Height: _____ Weight: _____ BP: _____

PLEASE NOTE ANY HEALTH PROBLEM, CHRONIC HEALTH CONDITION OR DISABILITY THAT MAY AFFECT BEHAVIOR OR HEALTH AT SCHOOL:

- ASTHMA: No Yes If yes, complete an Asthma Action Plan (www.health.ri.gov/publications/actionplans/2012Asthma.pdf)
- ALLERGIES: No Yes (Please explain) _____ EPINEPHRINE AUTO-INJECTOR REQUIRED: No Yes
If student has a severe allergy (food, insect, other) complete a Food Allergy & Anaphylaxis Emergency Care Plan (www.foodallergy.org/document.doc?id=234)
- DIABETES: No Yes If yes, complete a Physicians Order Form For Students With Diabetes (www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf)
- OTHER: _____

Treatment Plan: _____

RESTRICTIONS: Can participate in physical education/sports: Full With limitation _____

MEDICATION (REQUIRED AT SCHOOL): No Yes (Please list) _____

Other medication(s) that may affect behavior or health at school: _____

LEAD SCREENING (Required for children < 6 years old) Student is in compliance with lead screening requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>	SCALD TUBERCULOSIS SCREENING Yes <input type="checkbox"/> No <input type="checkbox"/>	VISION SCREENING (Children entering Kindergarten) <input type="checkbox"/> Passed Screening <input type="checkbox"/> Screened & referred for comprehensive exam <input type="checkbox"/> Referred for comprehensive exam, but not screened
TUBERCULOSIS (if required by school/district) Date of TB test: _____	Screening / Referral Date: _____	Comprehensive Exam Date: _____

HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Tiverton Athletic Department

Insurance Form

For a student/athlete to compete at Tiverton High School they must have some form of medical insurance. If there is no family medical insurance, then prior to competition, the student must apply and acquire school insurance. No Participation will be allowed until evidence of insurance is demonstrated.

Students Name _____ Grade _____

Please check one of the following that applies to your situation:

_____ I have family insurance.

If so, list the name of the plan and it's number:

_____ # _____

_____ I have school insurance.

_____ I have no medical insurance and will obtain school sponsored insurance. I also understand that my child will not be allowed to participate until this purchase has been demonstrated.

Athletic Department

Emergency Medical Authorization

This form must be made available by the coach at all team practices and contest for each team member to insure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name _____

Birth Date _____ Grade _____ Sex _____

Parent's Name _____

Home Phone _____ Business Phone _____

Address _____ Zip Code _____

E-mail Address _____

In the event the parents cannot be contacted, please contact:

_____ at phone # _____

List sports the above-named athlete plays:

1. _____

2. _____

3. _____

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

Preferred physician _____

Preferred hospital _____

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

Signed (Parent or Guardian) _____ Date _____

CONCUSSIONS

National Federation of State High School Associations

CUMULATIVE EFFECTS OF REPEATED CONCUSSIONS

A three-year, follow-up study shows that athletes having a previous history of at least one concussion are at an increased risk for further concussions. As the number of concussions increases, so do the risk for future injuries (Guskiewicz et al, 2003). It has also been shown that repeated concussions have been linked to longer recovery periods. Highlighting the importance of making sure athletes are symptom free prior to returning to competition from a previous MHI, research has shown that 1 in 15 athletes with a concussion have recurring concussions within 7-10 days from the first concussion. Because of these findings and the potential for complications resulting from MHIs, it is recommended that athletes sustaining more than one concussion should be referred for follow-up evaluation and assessment to determine any residual effects that might preclude participation in contact or collision sports. Cases of individuals suffering permanent brain damage from multiple concussions have been reported but no consensus on how many concussions are too many or what leads to that permanent damage.

MEDICAL CLEARANCE TO RETURN TO PARTICIPATION AFTER HEAD INJURY

There is unanimous agreement within the medical community that NO athlete who has signs and symptoms of post concussion should be returned to action. There is also unanimity that there is increased risk of significant damage from a concussion for a period of time after a preceding concussion and from cumulative damage of multiple head injuries. The more concussions an individual has, the greater is the risk of having additional concussions. The exact period of increased vulnerability or the number of concussions that is "too many" has not been determined. Traditionally, physicians have advised athletes not to return to action until they have been free of symptoms for a minimum of a week. (McCrex et al, 2003). Now, rather than discuss a length of time to be free of symptoms, guidelines suggest using the gradual return-to-play protocol shown above while monitoring the athlete for symptoms. This could be longer or shorter than a week. Research, utilizing some of the testing instruments mentioned above, is now revealing subtle residual effects of concussion not found by traditional evaluation. These identifiable deficits frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to action with relative safety.

Source: National Federation of State High School Associations
Sports Medicine Handbook—Third Edition
Endorsed by the RI Interscholastic League Sports Medicine Advisory Comm.

CONCUSSIONS

School & Youth Programs

Concussion Act

File 16-90-1

Findings of Fact—The Rhode Island General Assembly hereby finds and declares:

- (1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.
- (2) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sporting activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occur without loss of consciousness.
- (3) Continuing to play with a concussion or symptoms of a head injury leaves the young athlete especially vulnerable to greater injury and even death. The general assembly also recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the State of Rhode Island.
- (4) Concussions can occur in any sport or recreational activity. All coaches, parents, and athletes shall be advised of the signs and symptoms of concussions as well as the protocol for treatment.

In response to these findings schools are required to educate and inform parents and athletes and of the Nature & Risk of Concussions and Head Injury including issues related to the continuation of play after a suspected concussion or head injury. Furthermore, an athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition. In addition, the athlete may not return to play until he/she is evaluated by a licensed physician and until athletes receives written clearance to return to play from that licensed physician. This information sheet must be reviewed, signed by all athletes and their parents and/or guardian and returned to the school at the beginning of each sport season and/or prior to the youth's return to practice or competition.

The law also requires the following:

- Any athlete who is suspected of sustaining a concussion or head injury during practice or a game shall be removed from practice or game.
 - Any athlete who is suspected of sustaining a concussion or head injury may not return to play until he/she is evaluated by a licensed physician and receives written clearance to return to play by that licensed physician.
- For more information please visit the RIIIL website (www.riilil.org)

Parent/Guardian _____

Athlete _____

Sport _____

School _____

I have reviewed the contents of this pamphlet with my son/daughter.

Parent Signature _____

Date: _____

Athlete Signature _____