



PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA). In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way.
(available for download at www.ihsaa.org<<http://www.ihsaa.org>/>)
2. The PPE Form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
 - The signature must be hand-written. No signature stamps will be accepted.
 - The signature and license number must be affixed on page two (2).
 - The parent signatures must be affixed to the form on pages one (1) and four (4).
 - The student-athlete signature must be affixed to pages one (1) and four (4).

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of 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 | MEDICAL QUESTIONS | Yes | No |
|--|------------|-----------|---|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | | 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 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: _____ | | | 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 3. Have you ever spent the night in the hospital? | | | 28. Is there anyone in your family who has asthma? | | |
| 4. Have you ever had surgery? | | | 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No | 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | | 33. Have you had a herpes or MRSA skin infection? | | |
| 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: _____ | | | 34. Have you ever had a head injury or concussion? | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | | 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | | 36. Do you have a history of seizure disorder? | | |
| 11. Have you ever had an unexplained seizure? | | | 37. Do you have headaches with exercise? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | | 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No | 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 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)? | | | 40. Have you ever become ill while exercising in the heat? | | |
| 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? | | | 41. Do you get frequent muscle cramps when exercising? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | | 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | | 43. Have you had any problems with your eyes or vision? | | |
| BONE AND JOINT QUESTIONS | Yes | No | 44. Have you had any eye injuries? | | |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | | 45. Do you wear glasses or contact lenses? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | | 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | | 47. Do you worry about your weight? | | |
| 20. Have you ever had a stress fracture? | | | 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 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) | | | 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | | 50. Have you ever had an eating disorder? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | | 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | | FEMALES ONLY | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | | 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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■ PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| EXAMINATION | | | |
|---|--------|---|---|
| Height | Weight | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| BP | / | (/) | Pulse |
| | | | Vision R 20/ |
| | | | L 20/ |
| | | | Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS | |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | |
| Eyes/ears/nose/throat • Pupils equal • Hearing | | | |
| Lymph nodes | | | |
| Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | | |
| Pulses • Simultaneous femoral and radial pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only) ^b | | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | | |
| Neurologic ^c | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/toes | | | |
| Functional • Duck-walk, single leg hop | | | |

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

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). *(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10*

Name of physician (print/type) (MD, DO, NP, or PA) _____ Date _____
 Address _____ Phone _____
 Signature of physician (MD, DO, NP, or PA) _____ License # _____

PREPARTICIPATION PHYSICAL EVALUATION
CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X)

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**
 - The student has school student accident insurance.
 - The student has adequate family insurance coverage.
 - The student has football insurance through school.
 - The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X)

Printed: _____

Date: _____ Parent/Guardian Signature: (X)

Printed: _____

CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.
 9150 North Meridian St., P.O. Box 40650
 Indianapolis, IN 46240-0650

File In Office of the Principal
 Separate Form Required for Each School Year



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A 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 a “ding,” “getting your bell rung,” 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 (<i>even briefly</i>) • Shows mood, behavior, or personality changes • Can't recall events <i>prior</i> to hit or fall • Can't recall events <i>after</i> 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.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

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

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A 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.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

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

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



**CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known): _____ Date: _____

Due to the new law "Student Athletes: Concussions and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach. The law further states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

Parent - please read the attached "Heads Up – Concussion in High School Sports – A Fact Sheet for Parents" and ensure that your child has also received and read "Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes". After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her coach.

I am a student athlete participating in the above mentioned sport. I have received and read the Student Athlete Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read the Parent Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Parent or Guardian)

(Date)

ATHLETIC CONCUSSION PROTOCOL

Based on Zurich International Concussion Guidelines 2012:

The player should not be left alone during the first 24 to 48 hours following concussion and serial monitoring should be done as necessary. It can be normal for the patient to sleep or nap more following a concussion. However, the patient should go to a hospital if they:

- Have a headache that gets worse, are very drowsy or can't be awakened, can't recognize people or places, have repeated vomiting, behave unusually or seem confused; are very irritable, have seizures (arms and legs jerk uncontrollably), have weak or numb arms or legs, are unsteady on their feet; have slurred speech, or has difficulty understanding speech or directions.
- If the player is 14 or under, has had a previous concussion in the last 12 months or 2 or more concussions prior to this concussion-a minimum of 7 days from time/date of concussion will be used for return to play.
- If the player is 15 or older, without previous concussions in the last 12 months, or only 1 concussion longer than 12 months ago-a minimum of 5 days from time/date of concussion will be used for return to play.
- If an athlete has already been tested with neurocognitive computer testing, it is recommended that a follow-up test be performed after the athlete has been symptom free for 24 hours, but may be done more than once throughout the course of management.

Progression should take approximately 1 week with return to play and only increase a step if asymptomatic on previous step. Steps should be about 24 hours apart:

- | | |
|--------------------------------|---|
| 1. Rest | 24-48 hours post injury or until asymptomatic |
| 2. Light aerobic activity | Walking, swimming, max HR <70%, no resistance training |
| 3. Sport Specific Exercise | Skating drills in hockey, running drills in soccer |
| 4. Non-contact training drills | More complex training drills ex. Passing drills in ice hockey |
| 5. Full contact practice | All normal practice activities |
| 6. Return to play | Normal Game Play |

If the athletic trainer is concerned that the athlete has been returned to play inappropriately, they will contact the Sports Medicine Medical Director and follow the IHSAA guidelines regarding return to play with concussions. The Sports Medicine Medical Director may require that the athlete be seen by themselves prior to return to play for final clearance in accordance with IHSAA guidelines. All returning athletes from a concussion must have appropriate documentation on file before any practice or competition following a concussion signed by a physician.

SUDDEN CARDIAC SYMPTOMS PROTOCOL

In Accordance with Indiana House Bill 1290, beginning January 2015, any athlete reporting or exhibiting any symptoms related to possible sudden cardiac arrest will be immediately removed from participation in their sport. This includes, but is not limited to:
 chest pain fainting dizziness shortness of breath an abnormally rapid heartbeat irregular heart beat

Once removed from participation, the athlete's parent will be notified and the athlete will not be allowed back into competition until cleared back by the athletic trainer, nurse practitioner or physician. At minimum the athlete will undergo appropriate American Heart Association guidelines screening including history and physical examination. But other more advanced screening or testing may be warranted on a case by case basis in order to adequately clear an athlete back into participation. If an athlete is cleared back and there are any questions or concerns regarding the athlete's clearance, the case will be reviewed by the Medical Director of Sports Medicine at IU Health La Porte Hospital. The Sports Medicine Medical Director may require that the athlete be seen by themselves or a cardiologist prior to return to play for final clearance.

CONSENT FOR TREATMENT, RELEASE OF INFORMATION, AND RETURN TO PARTICIPATION

I understand that if my child sustains an injury during his/her athletic season, the Westville High School Athletic Trainer may disclose injury information to my child's specific coach (or the designated member of that coaching staff), the Westville High School Administration, any treating physicians, and/or Medical Director.

In the event of an injury, I hereby authorize the Westville High School Athletic Trainer to provide sports medicine services to my child. In the event that an injury is suspected or has occurred, the Athletic Trainer will determine whether an athlete may participate and at what capacity. All questions or concerns regarding an athlete's participation may be reviewed by the Team Physician/Medical Director of Sports Medicine at LaPorte Hospital, and a ruling will be directed through the Athletic Trainer. If the athlete is seen by another physician, any treatment to be given by the Athletic Trainer must be authorized in written form. Following a physician release, the Athletic Trainer will determine if an athlete should return to activity based on a complete functional assessment of the athlete and the determination that the athlete is both physically and mentally ready to return. Other services may include, but are not limited to: administering first aid and providing initial treatment and assessment of acute injuries.

As a parent, of a member of a Westville High School athletic squad, I have also read and understand the Athletic Concussion Protocol and Sudden Cardiac Symptom Protocol.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Student/Athlete's Printed Name

 Date

HEALTH INFORMATION AND MEDICAL RELEASE

Name Of Student _____

Name Of Parent _____

Address _____

Home Phone _____ Work Phone _____

Is Your Son/Daughter Taking Medication? _____

If Yes, State Type And Dosage _____

Is Your Son/Daughter Allergic To Any Medication? _____

If Yes, State Medication(s) _____

Explain Any Special Medical Or Dietary Problems _____

Name Of Insurance Company And Policy Number _____

Do The Coaches Of Your Son/Daughter Have Permission To Secure Medical Assistance In The Event Of Any Emergency _____

In The Event Of Any Emergency, Attending Medical Personnel Have My Permission To Treat My Son/Daughter _____

Parent/Guardian Signature