



**PIAA COMPREHENSIVE INITIAL
PRE-PARTICIPATION PHYSICAL EVALUATION**



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1st and shall be effective, regardless of when performed during a school year, until the latter of the next May 31st or the conclusion of the spring sports season.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ___/___/_____ Age of Student on Last Birthday: ___ Grade for Current School Year: ___

Current Physical Address _____

Current Home Phone # () _____ Parent/Guardian Current Cellular Phone # () _____

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware _____

Student's Prescription Medications and conditions of which they are being prescribed _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ School and a resident of the _____ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

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

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

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

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

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

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

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

F. **CONFIDENTIALITY:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

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

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

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 a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

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

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn'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 students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

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

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_____	_____	Date ____/____/____
Signature of Student-Athlete	Print Student-Athlete's Name	
_____	_____	Date ____/____/____
Signature of Parent/Guardian	Print Parent/Guardian's Name	

SECTION 5: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

<p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:</p> <p>19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:</p> </div> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper arm</td><td>Elbow</td><td>Forearm</td><td>Hand/ Fingers</td><td>Chest</td></tr> <tr> <td>Upper back</td><td>Lower back</td><td>Hip</td><td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot/ Toes</td></tr> </table> <p>20. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	<p>23. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>CONCUSSION OR TRAUMATIC BRAIN INJURY</p> <p>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Are you unhappy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FEMALES ONLY</p> <p>47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> <p>50. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes										

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____/_____/_____ (_____/_____, _____/_____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/____ L 20/____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

CLEARED **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE ____/____/____

Name	Grade Level
Date of Birth	Place of Birth

ACKNOWLEDGMENT OF RISK AND CONSENT TO PARTICIPATE

I/WE HEREBY ACKNOWLEDGE AN AWARENESS THAT PARTICIPATION IN _____ INVOLVES A RISK OF INJURY, WHICH MAY (SPORT) INCLUDE SEVERE INJURIES POSSIBLY INVOLVING PARALYSIS, PERMANENT MENTAL DISABILITY, OR DEATH, AND THAT THESE INJURIES MAY OCCUR IN SOME INSTANCES AS THE RESULT OF UNAVOIDABLE ACCIDENTS. WE ACCEPT THESE RISKS IN GIVING CONSENT TO PARTICIPATION IN _____ DURING THE (SPORT) 20____-20____ SEASON BY THE UNDERSIGNED ATHLETE.

(PLEASE PRINT) _____
(ATHLETE'S FULL NAME)

MONTH _____ DAY _____ YEAR _____
(ATHLETE'S DATE OF BIRTH)

(SIGNATURES) _____ (ATHLETE) _____ (DATE)

_____ (FATHER OR GUARDIAN) _____ (DATE)

_____ (MOTHER OR GUARDIAN) _____ (DATE)

**DONEGAL SCHOOL DISTRICT
MOUNT JOY PA 17552**

CODE OF CONDUCT FOR EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES

1. The administration, teachers, advisors and coaches of Donegal School District consider participation in student extra-curricular and co-curricular activities to be a privilege, not a right. Students who participate in these programs are expected to accept the guidelines and responsibilities granted them by this privilege (22 P.S. 511). This Code of Conduct remains in effect 24 hours a day, seven days a week from the first official day of the organization until the last official day of the activity, club, camp, or athletic season. When the student is participating in extra-curricular or co-curricular activities during summer months, which are conducted under the supervision of a school district employee, this Code of Conduct will also remain in effect.
2. The following shall be considered violations:
 - a. Use and/or possession of a controlled substance as defined in Donegal School Board Policy 227.
 - b. Prolonged presence where controlled substances as defined in Donegal School Board Policy 227 are being used illegally. It is the student's responsibility to remove him/herself immediately from the situation.

3. Any violation of Donegal School Board Policy 227 shall warrant automatic and direct consideration by the Code of Conduct Committee and shall result in one of the following disciplinary action(s):

Level I (First Offense): Suspension from **all** extra-curricular and co-curricular activities for a minimum of 30 calendar days (excluding Sundays) from the date of the infraction or upon the completion of an investigation by school personnel. Students will also forfeit all awards, letters, recognition and banquet attendance for the extra-curricular or co-curricular activity/activities they were involved with at time of the offense. This includes all practices, contests, extra-curricular and co-curricular activities, excluding baccalaureate and graduation.

Level II (Second Offense): Suspension from **all** extra-curricular and co-curricular activities for a minimum of 90 calendar days (excluding Sundays) from the date of the infraction or upon the completion of an investigation by school personnel. Students will also forfeit all awards, letters, recognition and banquet attendance for the extra-curricular or co-curricular activity/activities they were involved with at time of the offense. This includes all practices, contests, extra-curricular and co-curricular activities, excluding baccalaureate and graduation.

Level III (Third Offense): Suspension from **all** extra-curricular and co-curricular activities for a minimum of 365 calendar days from the date of the infraction or upon the completion of an investigation by school personnel. Students will also forfeit all awards, letters, recognition and banquet attendance for the extra-curricular or co-curricular activity/activities they were involved with at time of the offense. This includes all practices, contests, extra-curricular and co-curricular activities, excluding baccalaureate and graduation.

4. **CARES Program:** In addition to the disciplinary action, the student(s) must also successfully follow the recommendations of the CARES team before reinstatement to the activity can occur. If the violation occurs in the summer, the student must provide documentation of a drug and alcohol assessment from the Lancaster Guidance Center or another approved provider. If a student does not participate or begins but does not complete the assessment process and/or does not follow the recommendation of the CARES team, he/she is subject to additional days of suspension from **all** extra-curricular and co-curricular activities. The duration of this additional suspension period will be decided by the Code of Conduct Committee.

NOTE: The CARES (Committee to Assist/Refer Students) is a multi-disciplinary team composed of school personnel (teachers, staff, administrators, nurses and counselors) which has been trained to understand and work with adolescent chemical use, abuse and dependency. The committee will perform an assessment and make recommendations for further treatment and/or actions. Parental participation is required.

5. The Code of Conduct shall not preclude other action(s) by school or law enforcement authorities, such as but not limited to arrests, fines, probation, suspensions or expulsions.
6. A student may not resume participation in school activities without a written medical determination that no residual evidence of a controlled substance exists, regardless of the level of the violation or type of offense.

7. The following are other actions which shall warrant automatic and direct consideration by the Code of Conduct Committee and which shall result in disciplinary consequences:
 - a. Social misconduct on or off school grounds.
 - b. Declaration of delinquency by the courts.
 - c. Conduct which reflects unfavorably upon the school district, staff, administration, and/or student body.
 - d. Conduct which adversely affects the morale of the school district and/or any student organization.
 - e. Disruption of the orderly operation of extra-curricular and co-curricular activities and/or the educational environment.
8. Students are required to serve all disciplinary flexes, detentions, and/or suspensions on the date and time they are assigned. Extra-curricular and co-curricular activities are not an excuse for not serving the assigned discipline.
9. If a student is assigned an in-school suspension, the student will be ineligible to participate in practices, dressing for a game, or the game itself held on the day of the suspension assignment. A student serving multiple days of in-school suspension which fall over a week-end in which events are taking place would be ineligible to participate in those week-end events.

DISQUALIFICATION FROM CONTESTS

Any contestant ejected from a contest by a state high school association recognized and/or registered official in that sport for unsportsmanlike conduct or flagrant misconduct shall be disqualified from participating for the remainder of the day and in the next contest on the next play day at the same level (varsity, junior varsity or otherwise).

Any contestant ejected from the last contest in that sport in a sport season shall be disqualified from participating in the first contest in that sport in the subsequent sport season, at any level of competition at any school.

Any student disqualified from a contest will be prohibited from attending the contest from which he/she has been disqualified.

HAZING, BULLYING AND HARASSING

Donegal is committed to maintaining a safe, positive environment for students and staff; one that is free from hazing, bullying and harassing. Hazing, bullying and harassing are prohibited at all times.

Hazing and bullying are defined as any activities that recklessly or intentionally endanger the mental health, physical health or safety of a student for the purpose of initiation or membership in or affiliation with any organization recognized by the Board.

Any hazing or bullying activity, whether by an individual or a group, shall be presumed to be a forced activity, even if a student willingly participates.

The Board encourages students who have been subjected to hazing or bullying to promptly report such incidents to the building principal.

District administrators shall investigate promptly all complaints of hazing and bullying and administer appropriate discipline to any individual who violates this policy.

It is the policy of the Donegal School District to maintain a learning and working environment that is free from harassment in any form, including slurs, jokes, or other verbal, graphic, or physical conduct relating to a person's race, color, religion, ancestry, ethnic background, sex, age, physical condition/disability, among others. It is considered unlawful for any person to harass another person through any conduct or communication which creates an intimidating, hostile or offensive environment.

The Board encourages students who have been harassed to report promptly, orally or in writing, to a designated employee, who shall inform the student of his/her rights and of the complaint process. Students may choose to report harassment complaints to:

- building principals
- teachers
- counselors
- nurses
- administrators

The Board directs that complaints of harassment shall be investigated promptly, and corrective action shall be taken when allegations are verified. Confidentiality of all parties shall be maintained, consistent with the district's legal and investigative obligations. No reprisal nor retaliation shall occur as a result of good faith charges of harassment. Founded incidents will be dealt with as a Class III Violation of the Student Discipline Code.

ATTENDANCE

Students must be in school for 180 minutes per school day in order to be eligible for all clubs, activities, and/or practices and/or contests. This excludes funerals, job shadowing, and college visitations. A student who is excused and/or unexcused absent from school for a total of 20 or more school days (7,820 minutes) during one semester, shall not be eligible to participate in any club, activity, and/or athletic contest/practice until the student is in attendance for a total of 60 school days (23,400 minutes). On the 61st school day following the twentieth day of absence, the student will be reinstated to extra-curricular and co-curricular activities.

ACADEMICS

If a student is failing one class, (reported every Friday), he/she shall be placed on probation for a one-week period. If at the end of that probationary week, the student is still failing the same class, he/she will become ineligible for a one week period (Sunday-Saturday).

If a student is failing two or more classes, (reported every Friday), he/she will become ineligible immediately for the duration of a period of one week (Sunday-Saturday).

In cases when a student's final grade for a semester does not meet the standards of "passing all credits and the percentage must be 60% or above in all classes," said student shall be ineligible to participate in interscholastic athletics for the first twenty (20) school days of the next grading period.

Students who attend summer school and correct their deficiencies, shall be eligible.

ENFORCEMENT BODIES

1. All advisors and coaches, in consultation with the administration, shall have the full authority to enforce the Code of Conduct, including the right to suspend or remove a student from the extra-curricular or co-curricular activity.
2. Should the student feel aggrieved by the decision of the coach, the student may appeal to the Code of Conduct Committee by filing with the Athletic Director, in writing, a request for appeal. The case shall be heard within ten school days of the receipt of the written appeal.
3. Should the student feel aggrieved by the decision of the Code of Conduct Committee, the student may appeal to the Superintendent by filing with the Athletic Director, in writing, a second letter of appeal. The case shall be heard within ten school days of the receipt of the second level appeal.
4. On appeal, the decision of the Superintendent will be final as to matters of fact and penalty imposed.
5. The Code of Conduct Committee will be comprised of:
 - Principal and/or Assistant Principal
 - Athletic Director
 - 3 coaches out-of-season
 - 2 advisors of a co-curricular activity/club

**CODE OF CONDUCT FOR EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES
SIGNATURES OF ACCEPTANCE**

In order to participate in **all** extra-curricular or co-curricular activities in the Donegal School District, all students and parents are required to formally accept the "Code of Conduct."

"I have read the Code of Conduct and hereby accept the regulations as stated in this document. I will represent the Donegal School District in a faithful and responsible manner, adhering to its policies, procedures, and expectations for conduct."

Extra-Curricular/Co-Curricular Activity

Name of Student (Please Print)

Signature of Student

Date

Signature of Parent/Guardian

Date

Students are required to sign this contract for each activity they choose to join. This Code of Conduct must be returned to the coach or advisor BEFORE the student is permitted to practice and/or participate in the extra-curricular or co-curricular activity.

**DONEGAL SCHOOL DISTRICT
PERMISSION FOR PUBLICITY**

Student's Name: _____ School: _____ Grade: _____

The Donegal School District seeks to communicate information to the public concerning our schools and the many achievements of our students. To accomplish this, newsletters are sent to the community, a district calendar is published, the yearbook is completed annually and information is conveyed to local newspapers and media outlets.

Does the school district have your permission to include your child's name, photograph, audio and/or video in the district's publications, website (no names are included) or public media (newspapers, television, radio, etc.)?

_____ Yes _____ No

Name of Parent/Guardian (Please print): _____

Parent/Guardian Signature: _____

Date: _____

DONEGAL ATHLETICS EMERGENCY INFORMATION YEAR 20 -20

PERSONAL INFORMATION

Athlete's Name _____ Age _____ Grade _____
Address _____ City _____ Zip _____
Home Phone _____ Parent Cell _____ Parent Email _____

EMERGENCY INFORMATION

Contact Mother at _____ Phone # _____ Contact Father at _____ Phone # _____
Contact person if neither the mother nor father can be reached:
Name _____ Relationship _____ Phone # _____
Medical Insurance Carrier _____ Policy # _____
Family Physician _____ Phone # _____
Athlete's Allergies _____
Athlete's Health Condition(s) of Which an Emergency Physician Should be Aware _____
Athlete's Prescription Medications _____

In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child.

Parent/Guardian Signature _____ Date _____

DONEGAL ATHLETICS EMERGENCY INFORMATION YEAR 20 -20

PERSONAL INFORMATION

Athlete's Name _____ Age _____ Grade _____
Address _____ City _____ Zip _____
Home Phone _____ Parent Cell _____ Parent Email _____

EMERGENCY INFORMATION

Contact Mother at _____ Phone # _____ Contact Father at _____ Phone # _____
Contact person if neither the mother nor father can be reached:
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Family Physician _____ Phone # _____
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