

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2009-10 School Year

who was born at _____
City, Town, County, State

on _____ to compete in SDHSAA approved athletics for _____ High School
Date of Birth

during the 2009-2010 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Date _____ Signed _____
Parent or Legal Guardian

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

INITIAL PRE-PARTICIPATION HISTORY

**SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE**

INITIAL PRE-PARTICIPATION HISTORY

(This form must be completed prior to the taking of a physical examination.)

NAME _____ GRADE _____ DATE OF BIRTH _____
(2009-10 School Year)

		YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?		
2.	Do you have an ongoing medical condition (like diabetes or asthma)?		
3.	Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills?		
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?		
5.	Have you ever passed out or nearly passed out DURING exercise?		
6.	Have you ever passed out or nearly passed out AFTER exercise?		
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?		
8.	Does your heart race or skip beats during exercise:		
9.	Has a doctor ever told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?		
10.	Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)		
11.	Has anyone in your family dies for no apparent reason?		
12.	Does anyone in your family have a heart problem?		
13.	Has any family member or relative dies of heart problems or of sudden death before age 50?		
14.	Does anyone in your family have Marfan Syndrome?		
15.	Have you ever spent the night in a hospital?		
16.	Have you ever had surgery?		
17.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game?		
18.	Have you had any broken or fractured bones or dislocated joints?		
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?		
20.	Have you ever had a stress fracture?		
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
22.	Do you regularly use a brace or assistive device?		
23.	Has a doctor ever told you that you have asthma or allergies?		
24.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
25.	Is there anyone in you family who has asthma?		
26.	Have you ever used an inhaler or taken asthma medicine?		
27.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?		
28.	Have you had infectious mononucleosis (mono) within the last month?		
29.	Do you have any rashes, pressure sores, or other skin problems?		

		YES	NO
30.	Have you had a herpes skin infection?		
31.	Have you ever had a head injury or concussion?		
32.	Have you been hit in the head and been confused or lost your memory?		
33.	Have you ever had a seizure?		
34.	Do you have headaches with exercise?		
35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
36.	Have you ever been unable to move your arms or legs after being hit or falling?		
37.	When exercising in the heat, do you have sever muscle cramps or become ill?		
38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell anemia?		
39.	Have you had any problems with your eyes or vision?		
40.	Do you wear glasses or contact lenses?		
41.	Do you wear protective eyewear, such as goggles or a face shield?		
42.	Are you happy with your weight/		
43.	Are you trying to gain or lose weight?		
44.	Has anyone recommended you change your weight or eating habits?		
45.	Do you limit or carefully control what you eat?		
46.	Do you have any concerns that you would like to discuss with a doctor?		
47.	Are there other sports that you would like to participate in that were not approved at a previous examination?		

FEMALES ONLY:

48.	Have you ever had a menstrual period?		
49.	How old were you when you had your first menstrual period?		
50.	How many periods have you had in the last 12 months?		

Explain "Yes" answers here: _____

(continue on front side of this form if necessary)

I do not know of any additional health reason which should keep this student from participating in interscholastic athletics. I certify that the answers to the above questions are true.

SIGNED _____ DATE _____
Signature of Parent or Guardian



**SOUTH DAKOTA HIGH SCHOOL
ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION FORM**

Date Exam Expires: _____

Check Appropriate Physical Exam Term:
 ___ Annual ___ Biennial ___ Triennial

NAME _____ GRADE _____ DATE OF BIRTH _____
 CHECK ONE: ___ MALE ___ FEMALE (2008-09 School Year)

1. Blood pressure (sitting) _____ / _____ Repeat in 5 minutes, if elevated _____ / _____.

2. Height _____

3. Weight _____

4. Vision 20/ _____ (L) 20/ _____ (R)

5. Head _____

6. Mouth (dentures, braces?) _____

7. Eyes (contacts?) _____

8. Chest/lung _____

9. Heart

a. Heart sounds _____

b. Murmurs _____

c. pulse discrepancy (rad. vs fem.) _____

d. abnormal rhythm _____

10. Abdomen

a. liver or spleen enlargement _____

b. masses _____

11. Genitalia

a. hernias _____

b. testes _____

12. Orthopedic

a. cervical spine _____

b. shoulder shrug _____

c. deltoid _____

d. arms/elbow _____

e. hands _____

f. hips _____

g. knees _____

h. ankles _____

i. Scoliosis _____

13. Tanner Maturation Index (Optional) Circle: I II III IV V

SPORTS PARTICIPATION RECOMMENDED FOR:

_____ All Sports: collision, contact/endurance, other

_____ Contact/Endurance Sports only due to

_____ Other Sports Only due to

_____ Sports Participation Not Recommended, due to

_____ Approval Withheld Pending evaluation for

Definition: [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

NAME OF EXAMINER _____ DATE _____

NOTE: The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physicians Assistant and licensed Nurse Practitioner.

This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school and another copy should travel with each team on which the athlete competes.

CONSENT FOR MEDICAL TREATMENT

I am the _____ (Mother-Father-Legal Guardian)
of _____, who participates in co-curricular activities
for _____ High School. I hereby consent to any
medical services that may be required while said child is under the supervision of an employee of
_____ School District while on a school-sponsored
activity and hereby appoint said employee to act on behalf in securing necessary medical services from
any duly licensed medical provider.

Dated this _____ day of _____,

Parent's Signature: _____

CONSENT OF CHILD

I, _____, have read the above Consent form signed by
my _____ (Mother-Father-Legal Guardian) and join
with _____ (him/her) in the consent.

Dated this _____ day of _____,

Student's Signature: _____

CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Students Name _____ Date of Birth _____

1. I authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
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, 20_____.
6. I understand that once the above information is disclosed, it may be redisclosed 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

Date

This form must be completed annually and must be available for inspection at the school

Extra Curricular Training Rules 2009-2010

General Statement:

The Plankinton School District discourages the use of alcohol, controlled substances and tobacco products by all students at any and all times.

- 1.1. **Extra Curricular Training Rules** - Students involved in Extra Curricular Activities at Plankinton School will abstain from the use of or possession of alcohol, controlled substances, or tobacco products.
- 1.2. **Possession is being** present in a vehicle or on public or private property where alcohol or a controlled substance is present, served or consumed.
- 1.3. Establishments licensed to serve alcoholic beverages are an exception to the possession definition (unless the student is drinking inside the premise.)
- 1.4. A student who is present in the home or property of a legal age adult/parent is not considered in possession if the adult/parent has alcohol on the premises.

Example: Sally is visiting Jane and Jane's parents are entertaining neighbors with alcoholic beverages. No threat to Sally's eligibility.

Example: Sally invites a group to her home for a party. Her parents are upstairs and alcohol is being served to anyone who wants it. Jane does not drink, but continues to enjoy the party, drinking pop. Jane's eligibility is in jeopardy! To protect her eligibility – Jane should leave the party.

- 1.5. Student violators of the training rules may be declared ineligible to perform in school sponsored activities by the administration.
2. The violation of drug and alcohol rules during the season carries a minimal penalty of:
 - 2.1.1. **FIRST VIOLATION:**
 - 2.1.1.1. **Possession** – loss of 20% of all regular season events.
 - 2.1.1.2. **Consumption** – loss of 40% of all regular season events.
 - 2.1.1.3. **Honesty Rule:** If a student reports a possession or consumption violation to the coach or activity director, within the next regular scheduled school day, the penalty will be reduced in half.

Example: Possession – loss of 10% of all regular season events.
Consumption – loss of 20% of all regular season events.
 - 2.1.2. **SECOND VIOLATION:**
 - 2.1.2.1. If the first violation was **possession** – loss of 40% of all regular season's competition will be forfeited.
 - 2.1.2.2. If the first violation was **consumption** – dismissal from ALL ACTIVITIES for the remainder of the school year, plus loss of awards.
 - 2.1.3. **THIRD VIOLATION:**
 - 2.1.3.1. **Possession** - automatic dismissal from ALL ACTIVITIES for the remainder of the school year, plus loss of awards.

3. **Community Service** – Community Service is work for any government, church, or school agency. If the Community Service is not completed by the first contest of the activity (season), the "In Season" rule will be enforced. Documentation of hours served must be on file with the administration.
 - 3.1. **"Off " Season Violation of Conduct Code** – The violation of drug and alcohol rules during the school year (between) seasons carries the following penalty:
 - 3.1.1. **First Violation**
 - 3.1.1.1. **Possession** – 30 hours community service and considered as 1st violation.
 - 3.1.1.2. **Consumption** –60 hours community service and considered as 1st violation.

3.1.1.3. **Honesty Rule:** If a student reports a possession or consumption to the coach or athletic Director, within the next regular scheduled school day, the penalty will be reduced by one-half.

3.1.2. **Second Violation**

3.1.2.1. If the first violation was **Possession** – 60 hours of community service and considered as a second violation. ***Third Possession violation*** is automatic dismissal from ALL ACTIVITIES for the remainder of the school year plus loss of awards.

If the first violation was **Consumption** – dismissal from ALL ACTIVITIES for the remainder of the school year plus loss of awards. ***Second consumption*** is automatic dismissal from ALL ACTIVITIES for the remainder of the school year plus loss of awards.

3.2. **Rules Determining Loss of Performance**

3.2.1. District, Region and State events are counted as part of the regular season.

3.2.2. Each day of a scheduled tournament is considered as one event.

3.2.3. Canceled events do not count as an event served.

3.2.4. Rescheduled events are counted as events ***not*** served.

4. During the school year, defined as the period between the first and last day of classes, students in school activities will be under the Drug/Alcohol Policy for the entire school calendar period including the “pre/post” school year (when the activity officially begins and until the activity officially ends). ***Students who participate in “pre/post” school year activities are also under the Drug/Alcohol Policy even though the student has not signed an individual training rule contract.***

HOURS FOR ATHLETES:

Weekdays (including Sundays)	11:00 P.M.
Weekends (Friday and Saturday)	1:00 A.M.
Night before a contest	10:00 P.M.

Correction for infractions of the hour’s policy will be left to the discretion of the coaching staff. Under certain circumstances, these hours may be adjusted by the activity coaching staff.

After carefully reading over all training rules, I _____ understand and agree to follow these rules at all times while I am a student member of the Plankinton School District from the time they are signed until the end of the school year/season.

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

DATE: _____

**ATHLETIC TRAINING PROGRAM
EMERGENCY MEDICAL INFORMATION**

Please complete the following information concerning your son/daughter's medical information. The form is to provide athletic training staff/coach with needed information in the event your son/daughter should be come ill or injured while participation in athletics. All information will be kept strictly confidential. (This form must be filled out in its entirety before your child will be allowed to participate.)

Athlete's Name: _____ Age: _____

SS # _____ Date of Birth: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Family Physician: _____

Hospital Reference: _____

Person to contact in CASE OF EMERGENCY (Other than parents)

Name: _____

Relationship: _____

Address: _____

Phone Number: _____ Cell Phone: _____

List all activities your child will participate in during the school year:

Insurance Information:

Company Name: _____

Address: _____

Policy Number: _____ Group Number: _____

Medical Information:

Does your child have any known allergies: ___ YES ___ NO

If YES, please list known allergies and explain any medication or treatment procedures:

Please list any medications your child is currently taking:

Medication	Reason	Dosage:

Please list all medical conditions your child may have:

Please list any orthopedic injuries/conditions your child may have:

Does your child wear contacts: ___ YES ___ Hard or ___ Soft

Please list any other comments, conditions, disorders or any other information you wish the athletic training staff/coach to be aware of:

In case of a medical emergency involving _____ at a time when the undersigned cannot be contacted or notified, the undersigned hereby authorizes agents, employees, and offices of the Plankinton School District to perform and/or consent to any medical treatment or procedure as may be deemed necessary or required to include, but not limited to x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and/or hospital care.

Parent/Guardian Signature: _____

Date: _____

If your child is over 18, please have them sign below as well:

Student Signature: _____

Date: _____