

2023-2024

Student Athlete

Physical Packet



PRINCETON COMMUNITY HIGH SCHOOL

ATHLETIC DEPARTMENT

1101 North Main Street

Princeton, IN 47670

812.385.4148 Office

812.385.4149 Fax



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), nurse practitioner or physician assistant holding a license to practice in the State of Indiana. 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 manner.
2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician assistant 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 three (3).
 - ☐ The parent signatures must be affixed to the form on pages two (2) and five (5).
 - ☐ The student-athlete signature must be affixed to pages two (2) and five (5).
4. **Distribution**
 - ☐ History Form retained by Physician/Healthcare Provider
 - ☐ Examination Form and Consent and Release Form signed and returned to member school.

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

PREPARTICIPATION PHYSICAL HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.



Name: _____ Date of birth: _____
 Date of examination: _____ Grade: _____
 Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgement.



PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the last 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 use any other appearance/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?



2. 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? Y 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										
Lymphnodes										
Heart										
• Murmurs (auscultation standing, supine, +/- Valsalva)										
• Location of point of maximal impulse (PMI)										
Pulses										
• Simultaneous femoral and radial pulses										
Lungs										
Abdomen										
Genitourinary (males only)										
Skin										
• HSV, lesions suggestive of MRSA, tinea corporis										
Neurologic										
MUSCULOSKELETAL										
	NORMAL	ABNORMAL FINDINGS					NORMAL	ABNORMAL FINDINGS		
Neck						Knee				
Back						Leg/ankle				
Shoulder/arm						Foot/toes				
Elbow/forearm						Functional				
Wrist/hand/fingers						• Duck-walk, single leg hop				
Hip/thigh										

☐ 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

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).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

■ PREPARTICIPATION PHYSICAL EVALUATION IHSAA ELIGIBILITY RULES



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)

■ PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (next page or on the 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, illness and even death, is a possible result of 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, illness 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 participation in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming & Diving, Tennis, Track & Field, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming & Diving, Tennis, Track & Field, Volleyball.
Unified Sports: Unified Flag Football, Unified Track & Field
- 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, illness and even death, is a possible result of 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 adequate family insurance coverage. ☐ The student does not have insurance
☐ The student has football insurance through school.

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

North Gibson School Corp.

1108 N. Main Street
Princeton, Indiana 47670
PCHS Athletic Department
athletic-department.ngsc.pchs.schoolfusion.us
Telephone 812-385-4148
Fax 812-385-4149

MEDICAL INSURANCE WAIVER FORM

Date_____

I, _____, understand that the North Gibson School Corporation is not responsible for any medical expenses my child may have while playing Athletics during the _____ school year.

Parent/Guardian Signature

Student Athlete Signature

Parent/Guardian printed name

Student Athlete printed name

A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

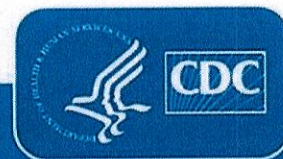
- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*


**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



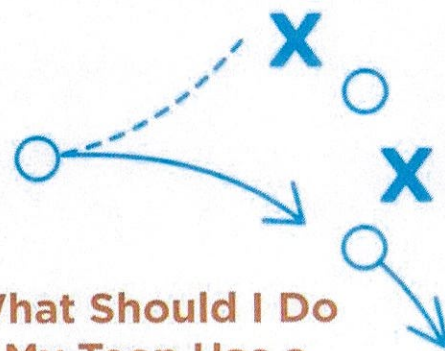
Plan ahead. What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP



A FACT SHEET FOR High School Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

What Should I Do If I Think I Have a Concussion?



Report It. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

Get Checked Out. If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



Give Your Brain Time to Heal.

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  Get a headache
-  Feel dizzy, sluggish, or foggy
-  Are bothered by light or noise
-  Have double or blurry vision
-  Vomit or feel sick to your stomach
-  Have trouble focusing or problems remembering
-  Feel more emotional or “down”
-  Feel confused
-  Have problems with sleep

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

How Can I Help My Team?



Protect Your Brain.

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



Be a Team Player.

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP



CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (Current and Potential): _____

School: _____ Grade: _____

IC 20-34-7 requires schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

This law requires that each year, before beginning practice for an interscholastic sport, a 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.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, 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, and at least twenty-four hours have passed since the injury occurred.

Parent/Guardian - please read the Concussion Fact Sheet for Parents and ensure that your student athlete has received and read the Concussion Fact Sheet for Students. After reading these fact sheets, please ensure that you and your student athlete sign this form and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read the Concussion Fact Sheet for Students. 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 Concussion Fact Sheet for Parents. 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)

SUDDEN CARDIAC ARREST

A Fact Sheet for Student Athletes

FACTS

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENTS

Student's Name (Please Print): _____

Activity Participating In (Current and Potential): _____

School: _____ Grade: _____

IC 20-34-8 requires schools to distribute information sheets to inform and educate students and their parents on the nature and risk of sudden cardiac arrest (SCA) to students, including the risks of continuing to participate in physical activities while experiencing warning signs of SCA. These sheets must also include information about electrocardiogram testing, including the potential risks and benefits of testing.

The law requires that each year, before beginning participation in a physical activity, applicable students and their parents must be given the information sheet, and both must sign and return a form acknowledging receipt of the information to the student's coach or band leader. Applicable students include students participating in:

- An athletic contest or competition between or among schools
- Competitive and noncompetitive cheerleading that is sponsored by or associated with a school
- Marching band.

IC 20-34-8 states that a student who is suspected of experiencing symptoms of SCA shall be removed from the activity and may not return to the activity until the coach or band leader has received verbal permission from a parent for the student to resume participation. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent.

Parent - please read the SCA Fact Sheet for Parents and ensure that your child has also received and read the SCA Fact Sheet for Students. After reading these fact sheets, please ensure that you and your child sign this form and have your child return this form to his/her coach or band leader.

I, as a student participating in an athletic contest, cheerleading, or marching band, have received and read the SCA Fact Sheet for Students. I understand the warning signs of SCA, including the risks of continuing to participate if I am experiencing any of these warning signs.

(Signature of Student Athlete)

(Date)

I, as the parent of the above-named student, have received and read the SCA Fact Sheet for Parents. I understand the nature and risk of SCA, including the risks of continuing to participate after experiencing warning signs of SCA.

(Signature of Parent or Guardian)

(Date)

PRINCETON COMMUNITY HIGH SCHOOL

CODE OF CONDUCT

Princeton Community High School believes that student-athletes representing their school have certain obligations pertaining to their conduct both on and off the field of play. Every student-athlete is expected to behave in a manner that brings credit to his/her school and program of affiliation. When an athlete's conduct in or out of school (1) reflects discredit upon the school or (2) creates a disruptive influence on the discipline, good order, moral or educational environment in the school, the student may be declared ineligible for further athletic participation.

Indiana High School Athletic Association rules must be followed in all cases of eligibility, transfer, physical examinations, insurance coverage, starting dates, use of school equipment, etc.

School Attendance Requirement:

Student-athletes are expected to attend all classes. To be eligible to participate in an extra-curricular activity scheduled for the PM of a school day, a student must have signed into school by 12:00 PM (p.11 – PCHS Student Handbook). Further exception to this rule must be approved by the school principal. Athletes who are suspended from school may not practice or participate during the time of his/her respective suspension.

Conduct Rules:

All students that choose to participate as athletes for Princeton Community High School shall abide by the rules that follow. These are to be considered minimum standards for athletes. Individual coaches may set standards above these minimum requirements by notifying in writing each athlete, as well as the school athletic director and principal. All accusations of rule violations will be brought to the attention of the Athletic Director and Head Coach. It is their responsibility to investigate all charges to determine disciplinary action to be taken, in accordance with the school principal.

Conduct Rules Continued:

1. At no time is a student-athlete to use or be in possession of an alcoholic beverage, tobacco products, or illegal drugs not prescribed by a physician licensed by the State of Indiana, for his or her use. The PCHS Code of Conduct is in effect for 365 days, beginning with the first day of enrollment in Princeton Community High School and continuing for the duration of their respective enrollment.
2. "Possession" is defined as having an alcoholic beverage, tobacco products, or illegal drugs on your person or having an alcoholic beverage, tobacco products, or illegal drugs in a vehicle which the student is driving. In addition, conviction in a court of law on the charge of illegal possession of alcohol, tobacco, or drugs.
3. Student-athletes are not to reflect discredit upon PCHS, nor create a disruptive influence on the discipline, good order, moral or educational environment. PCHS Administration has the authority to determine the potential eligibility of a student-athlete based on his/her conduct either in or out of school.

Penalty Protocol:

The following penalties will be enforced for violating these rules:

➤ **First Offense of the Student-Athletes Career:**

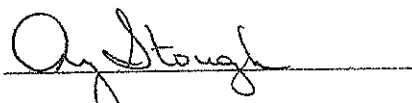
The student-athlete shall be suspended for a minimum of 30% of the contests scheduled for that sport for the school year. If the student-athlete self-reports the violation, that suspension will be reduced to 20% of the contests scheduled for said athletic season.

➤ **Second Offense of the Student-Athletes Career:**

The student-athlete shall be suspended for 365 days from the date of the second offense.

➤ **Third Offense of the Student-Athletes Career:**

A student-athlete found guilty of a third offense will be banned from participation in any sport for the remainder of their student-athletic tenure.



Amy Stough
PCHS Principal



Jason Engelbrecht
PCHS Athletic Director

PRINCETON COMMUNITY HIGH SCHOOL
CODE OF CONDUCT

Attached is a code of conduct that has been adopted by Princeton Community High School. The code includes standards for student-athletes, managers, cheerleaders, and penalties for breaches of these standards. Each athlete is to be given a copy of the policy statement. A parent/guardian and the athlete must sign below indicating that they are aware of PCHS Athletic Department rules and pledge to abide by them. Athletes may not participate in any sport until this form is on file in the Athletic Office.

➤ *We have read and understand the Princeton Community High School Code of Conduct for student-athletes and agree to abide by the rules and procedures set forth by the Athletic Department.*

Date

Print Name of Student-Athlete

Parent/Guardian Signature

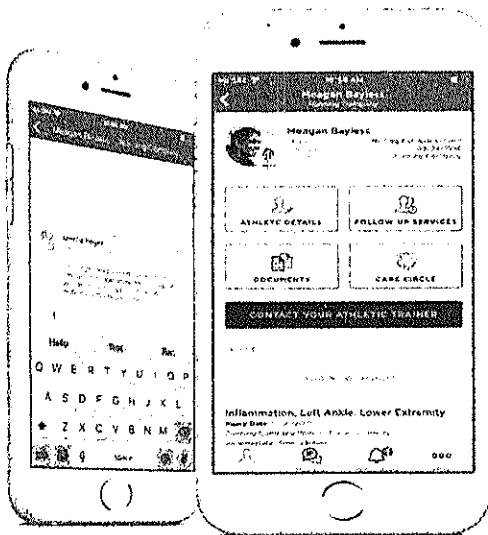
Student-Athlete Signature

This form must be returned to the Athletic Department before an athlete may participate in any sport.

dh Deaconess
GIBSON HOSPITAL
THERAPY AND
SPORTS MEDICINE

Connecting Parents & Coaches to Licensed Athletic Trainers

Healthy Roster is a FREE mobile app/website program connecting athletes, parents, and coaches from Princeton Community High School with their Licensed Athletic Trainer from Deaconess Gibson Hospital Therapy Dept, Rebekah Garner.



Healthy Roster MOBILE APP INCLUDES

- + Access to a Licensed Athletic Trainer via Chat, Voice, or Video
- + Injury Tracking & Updates
- + Guardian & Parent Accounts
- + One Account for Multiple Children
- + HIPAA Compliant - Safe & Secure

YOU'RE INVITED

Make sure to check your email!

To get started using Healthy Roster, look for your email invitation coming soon from Princeton Community High School's Licensed Athletic Trainer from Deaconess Gibson Hospital Therapy Dept. If you do not receive one, please contact Rebekah Garner to be invited.

Contact Rebekah Garner at rebekah.garner@phrehab.com

HR HEALTHY ROSTER

HEALTHYROSTER.COM



**PRINCETON COMMUNITY HIGH SCHOOL ATHLETIC DEPARTMENT
MEDICAL AUTHORIZATION**

The Athletic Training Department is seeking your permission to have your son/daughter treated as a doctor's office or hospital in the event that he/she is found in need of emergency medical treatment. If an emergency occurs, every effort will be made to contact you. However, if such contact cannot be made, this Emergency Medical Authorization may facilitate prompt treatment.

Students Name: _____ Birthdate: _____ Grade Entering: _____

Address: _____

Mothers Name: _____ Phone: _____

Fathers Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Family Eye Doctor: _____ Phone: _____

Hospital Choice: _____

If parents cannot be contacted, list two relatives/friends who may be contacted.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List any known allergies: _____

Medical History Questions:

Yes No 1. Have you ever been diagnosed with diabetes? If yes, what is your treatment? _____

Yes No 2. Have you ever been diagnosed with a heart problem? If yes, what is the diagnosis? _____

Yes No 3. Have you ever been diagnosed with a concussion? If yes, what is the date of the latest? _____

Yes No 4. Have you ever had a dislocation? If yes, which joint? _____

Yes No 5. Have you ever had an orthopedic surgery? If yes, what surgery(s)? _____

Yes No 6. Have you ever had a sprain of any joint? If yes, what joints? _____

Yes No 7. Have you ever been diagnosed with asthma? If yes, do you have an inhaler? _____

Choose One then sign and date:

I. Grant Consent: I give my consent for medical/dental treatment for my child who may become injured or ill while under school authority. I understand this authorization does not cover any surgery unless medical opinions of two other licensed physicians/dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Signing also provides consent to provide status of medical condition to the coach/school official.

Date: _____ Signature of Parent: _____ Printed Name: _____

II. Refuse Consent: I do not give my consent for medical/dental treatment for my child if they become injured/ill while under school authority. In the event of injury/illness while efforts to reach me fail, I desire the school authorities to take no action.

Date: _____ Signature of Parent: _____ Printed Name: _____

As we continue to roll out our new injury tracking program, we are going to need some information from each athlete's parent/guardian. This information will allow us to contact you in case of an emergency or injury as well as allow you access to updates on your child through the Healthy Roster app. We ask for this information each year in order to be sure that we have the most up to date information for each student athlete in case of injury. Please fill in the top two people that we should contact in an emergency or if we have information that we need to send to you. Be sure to fill out all information as completely as possible.

Thanks – Rebekah Garner, Athletic Trainer

Athletes Name: _____

Contact #1 (Main Contact)

Name: _____ Relationship to student: _____

Email address: _____

Phone: _____

Contact #2

Name: _____ Relationship to student: _____

Phone: _____