

\_\_\_\_\_ Last Name

**Signature Page for Students / Parents / Coaches / Advisors**

The following lists serves as a "checklist" for student participants, parents/guardians, coaches/advisors/sponsors and also as a reminder of the responsibilities and requirements of the activity/sport or event.

\_\_\_\_\_ We have received and read the "Activities Handbook" and the Student/Parent Activities Handbook Agreement. \_\_\_\_\_ Parent Initial \_\_\_\_\_ Student Initial

\_\_\_\_\_ M.H.S.A - Physical Examination form completed **BEFORE** practice begins.

\_\_\_\_\_ Red Lodge Schools - Emergency Information Form has been completed.

\_\_\_\_\_ We have read and completed the Student-Athlete & Parent/Legal Guardian Concussion Statement.

\_\_\_\_\_ We have read and completed the Student Drug Testing Consent Form. Include any medications your student participant is taking on the back of this form.

\_\_\_\_\_ We have read the Extracurricular Activity Agreement and understand the penalties associated with this agreement. We understand that a student-athlete who breaks contract will not be eligible for any postseason award including a letter, all conference/all state nomination, and any team award.

\_\_\_\_\_ Parent Initial \_\_\_\_\_ Student Initial

\_\_\_\_\_ We have read the Parental Insurance Waiver consent form and have adequate insurance for participation.

\_\_\_\_\_ We do not have insurance and will need to purchase a plan via: www.k12.specialmarkets.com. **Please initial the appropriate sections when purchase has been completed.** (Insurance is required for participation)

\_\_\_\_\_ Parent Initials confirming insurance has been purchased

\_\_\_\_\_ Overnight/Activity Trip Consent Agreement has been read by parent/legal guardian and student participant. I grant \_\_\_\_\_ (student participant) permission to participate in the overnight/travel required of this activity/sport or event for the season of 2016-2017. **GRADES 5-8 DO NOT SIGN THE OVERNIGHT/ACTIVITY TRIP CONSENT AGREEMENT.**

\_\_\_\_\_ Parent Initial \_\_\_\_\_ Student Initial

\_\_\_\_\_ Student participant has taken care of the required preseason \$60.00 activity/participation fee. (Approved by RLHS Office and/or Roosevelt Office).

\_\_\_\_\_ Attendance at the preseason meetings and sign off on training preseason Checklist and additional training rules as assigned by coach/advisor/sponsor.

\_\_\_\_\_ Academic Eligibility Status has been approved.

\_\_\_\_\_ Inform coach/advisor/sponsor of specific needs or unusual circumstances.

\_\_\_\_\_ Parent(s)/legal guardian of the student participant attended/plan on attending the preseason parent meeting.

\_\_\_\_\_ I have read and understand the Parent Code of Ethics. \_\_\_\_\_ Parent(s) Initial

**I hereby verify I have read and initialed the above statements**

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

**Please return this page, Emer. Form, Physical, Concussion & Drug Testing Form & Participation Fee by first practice.**

# Red Lodge School District Emergency Information

Name \_\_\_\_\_  
(Please Print)

Birthdate \_\_\_\_\_ Present Age \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Cell Number \_\_\_\_\_

Grade \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medication you currently use? \_\_\_\_\_ If so, explain \_\_\_\_\_  
\_\_\_\_\_

Previous Injuries? \_\_\_\_\_ If so, explain \_\_\_\_\_

Have you had a concussion or head injury? \_\_\_\_\_ If so, explain \_\_\_\_\_  
\_\_\_\_\_

Do you have asthma? \_\_\_\_\_

In an emergency, if parents cannot be contacted, please notify:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred hospital \_\_\_\_\_

The team physician, trainer, coach and school personnel **may** apply first aid treatment until the family doctor can be contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

We give our consent for coaches, trainers, team physicians and school personnel to use their judgment in securing medical aid and ambulance service in case the parents cannot be reached. Yes \_\_\_\_\_ No \_\_\_\_\_

We give our consent for athletic trainers to evaluate & provide ongoing treatment and assessment for sports injuries. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## STUDENT DRUG TESTING CONSENT FORM

### Statement of Purpose and Intent

Participation in school sponsored extra-curricular activities at the Red Lodge School District is a privilege. Activity students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Red Lodge School District. For the safety, health, and well being of the students, the Red Lodge School District has adopted the attached "Activity Student Drug Testing Policy" and the "Student Drug Testing Consent Form" for use by all participating students at the middle school and high school levels.

### Participation in Extra-Curricular Activities

Each activity student shall be provided with a copy of the "Student Drug Testing Consent Form", which shall be read, signed and dated by the student, parent or custodial guardian and coach/ sponsor before such student shall be eligible to practice or participate in any extra-curricular activities. The consent form requires all activity students in Grades 9-12 to submit a saliva sample for testing purposes at a point in time during the first three weeks of the activity. In addition, the consent requires the Activity Student to provide a saliva sample (Grades 5-8) and urine analysis (Grades 9-12): (a) when the activity student is selected by the random selection basis to provide a sample; and/or (b) at any time when there is reasonable suspicion to test for illegal drugs. No student shall be allowed to practice or participate in any extra-curricular activities involving interscholastic competition unless the student has returned the properly signed "Student Drug Testing Consent Form."

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Student's Last Name	First Name	MI
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I understand after having read the "Activity Student Drug Testing Policy" and "Student Drug Testing Consent Form," that, out of care for my safety and health, the Red Lodge School District enforces the rules applying to the consumption or possession of illegal drugs. As a member of a Red Lodge School District extra-curricular interscholastic activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal drugs may affect my health and well being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

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Signature of Student	Date
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We have read and understood the Red Lodge School District "Activity Student Drug Testing Policy" and "Student Drug Testing Consent Form." We desire that the student named above participate in the extra-curricular interscholastic programs of the Red Lodge School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining saliva/urine analysis (UA) samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

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Signature of Parent or Custodial Guardian	Date
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Signature of Coach	Date
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## Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Guardian Name(s): \_\_\_\_\_

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

*If true, please check box*

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

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

#### Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**Remember, when in doubt, sit them out!**



## A Fact Sheet for **ATHLETES**

### **WHAT IS A CONCUSSION?**

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

### **WHAT ARE THE SYMPTOMS OF A CONCUSSION?**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

### **WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?**

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

### **HOW CAN I PREVENT A CONCUSSION?**

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

- > The right equipment for the game, position, or activity
- > Worn correctly and fit well
- > Used every time you play

**Remember, when in doubt, sit them out!**

## Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

### SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"> <li>•Appears dazed or stunned</li> <li>•Is confused about events</li> <li>•Answers questions slowly</li> <li>•Repeats questions</li> <li>•Can't recall events prior to the hit, bump, or fall</li> <li>•Can't recall events after the hit, bump, or fall</li> <li>•Loses consciousness (even briefly)</li> <li>•Shows behavior or personality changes</li> <li>•Forgets class schedule or assignments</li> </ul>	<p><b><u>Thinking/Remembering:</u></b></p> <ul style="list-style-type: none"> <li>•Difficulty thinking clearly</li> <li>•Difficulty concentrating or remembering</li> <li>•Feeling more slowed down</li> <li>•Feeling sluggish, hazy, foggy, or groggy</li> </ul> <p><b><u>Physical:</u></b></p> <ul style="list-style-type: none"> <li>•Headache or “pressure” in head</li> <li>•Nausea or vomiting</li> <li>•Balance problems or dizziness</li> <li>•Fatigue or feeling tired</li> <li>•Blurry or double vision</li> <li>•Sensitivity to light or noise</li> <li>•Numbness or tingling</li> <li>•Does not “feel right”</li> </ul>	<p><b><u>Emotional:</u></b></p> <ul style="list-style-type: none"> <li>•Irritable</li> <li>•Sad</li> <li>•More emotional than usual</li> <li>•Nervous</li> </ul> <p><b><u>Sleep*:</u></b></p> <ul style="list-style-type: none"> <li>•Drowsy</li> <li>•Sleeps less than usual</li> <li>•Sleeps more than usual</li> <li>•Has trouble falling asleep</li> </ul> <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

### LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
  - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports - What You Need To Know
  - [www.nfhslearn.com](http://www.nfhslearn.com)
- Montana High School Association – Sports Medicine Page
  - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>