ATTENTION ATHLETES AND PARENTS OF ATHLETES!!

Athletic Physicals for the 20/21 school year will be given at Tecumseh on **Thursday, April 16, 2020** to cover student athletes for the 20/21 school year. **Cost will be $15.00.** (Checks should be made out to Tecumseh High School.) The money will be used to buy supplies for the athletic training department.

Local physicians, nurse practitioners, and athletic trainers will again be doing the physicals.

To be included in this low cost physical, you must do the following:

1. Obtain an official Tecumseh Physical packet from the School Nurse (Mrs. Tuley) or from Mr. Nurrenbern starting March 6, 2020, only one form will be handed out per student, after that forms can obtained/printed from Tecumseh website (under athletics tab) at [http://www.warrick.k12.in.us/schools/tecumseh/](http://www.warrick.k12.in.us/schools/tecumseh/)

2. Fill out **ALL** of the information with your parents. Make sure to explain all YES answers.

3. Please check to make sure the following is filled out.

   a. Page 8: Student and Parent Signature
   b. Page 10: Student and Parent Signature
   c. Page 11: Parent signature to grant or refuse consent—not both!
   d. Page 14: Student and Parent signature

4. **Return** the packet to the school nurse **NO LATER THAN FRIDAY, March 21, 2020.**

5. **BE IN SCHOOL ON APRIL 16th.** You will be called to the gym area for your physical. If you do not show up for your physical your $15.00 will not be refunded.

**Please note:** Students are not required to get their athletic physicals through the school. However, students MUST use the “Official Tecumseh Physical Packet” with their physical dated AFTER April 1, 2020; otherwise you will not have all of the required forms and the physical **WILL NOT** be valid for the 20/21 school year.

If you have any questions, please contact Mrs. Tuley ([dtuley@warrick.k12.in.us](mailto:dtuley@warrick.k12.in.us)) or Mr. Nurrenbern ([tnurrenbern@warrick.k12.in.us](mailto:tnurrenbern@warrick.k12.in.us)). You can also call them at the high school (812-922-3237).

You may keep pages 1-6 (first three sheets)

Thanks for supporting Tecumseh Athletic Training!

Mr. Nurrenbern and Mrs. Laughbaum
Tecumseh would like to thank the following Medical Practitioners for donating their time to help with athletic physical day.

Dr. Ryan Flamion MD  
Holland Family Medicine  
303 S. Meridian St  
Holland IN 47541  
812-536-3943  
Michaela Craig PA-C  
Dale Family Practice  
4 E Vine Street  
Dale In 47623  
812-937-7140

Dr. Jon Hall MD  
Deaconess Clinic  
3150 Warrick Drive  
Boonville In 47601  
812-858-3355  
Amanda Strathmann  
Deaconess Clinic  
3150 Warrick Drive  
Boonville In 47601  
812-858-3355

We would also like to thank Tri State Orthopaedics and Orthopaedic Urgent Care for providing T-shirts for all the students receiving a physical and for getting our athletes into see an orthopaedic specialist when needed.

Dr. Andrew Saltzman MD  
Tri State Orthopaedic Surgeons  
225 Crosslake Drive  
Evansville In 47715  
(812) 477-1558  
Urgent care: (812) 474-OUCH (6824)

We would also like to recognize and thank our school nursing staff. Without their help, this would be impossible to do. They complete all the pre-physical information for every athlete!

Mrs. Debra Tuley RN, Mrs. DeAnn Fenwick, and Mrs. Kristen Wilson
Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven’t been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?
Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or “down”
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON’T HIDE IT. REPORT IT. Ignoring your symptoms and trying to “tough it out” often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don’t let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it’s OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help 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.

If you think you have a concussion:
Don’t hide it. Report it. Take time to recover.

It’s better to miss one game than the whole season.
For more information, visit www.cdc.gov/Concussion.
What is a concussion?
A concussion is a type of traumatic 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?
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

<table>
<thead>
<tr>
<th>SYMPTOMS REPORTED BY ATHLETE</th>
<th>SIGNS OBSERVED BY PARENTS/GUARDIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Headache or “pressure” in head</td>
<td></td>
</tr>
<tr>
<td>• Nausea or vomiting</td>
<td></td>
</tr>
<tr>
<td>• Balance problems or dizziness</td>
<td></td>
</tr>
<tr>
<td>• Double or blurry vision</td>
<td></td>
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<tr>
<td>• Sensitivity to light</td>
<td></td>
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<tr>
<td>• Sensitivity to noise</td>
<td></td>
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<tr>
<td>• Feeling sluggish, hazy, foggy, or groggy</td>
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<tr>
<td>• Concentration or memory problems</td>
<td></td>
</tr>
<tr>
<td>• Confusion</td>
<td></td>
</tr>
<tr>
<td>• Just “not feeling right” or “feeling down”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SYMPTOMS REPORTED BY ATHLETE</th>
<th>SIGNS OBSERVED BY PARENTS/GUARDIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Appears dazed or stunned</td>
<td></td>
</tr>
<tr>
<td>• Is confused about assignment or position</td>
<td></td>
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<tr>
<td>• Forgets an instruction</td>
<td></td>
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<tr>
<td>• Is unsure of game, score, or opponent</td>
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<tr>
<td>• Moves clumsily</td>
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<tr>
<td>• Answers questions slowly</td>
<td></td>
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<tr>
<td>• Loses consciousness (even briefly)</td>
<td></td>
</tr>
<tr>
<td>• Shows mood, behavior, or personality changes</td>
<td></td>
</tr>
</tbody>
</table>

How can you help your child prevent a concussion or other serious brain injury?
• 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. Protective equipment should fit properly and be well maintained.
• Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  – However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?
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 regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and 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 repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It’s better to miss one game than the whole season.
For more information, visit www.cdc.gov/Concussion.
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 lifelong 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

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (1-7-15)
SUDDEN CARDIAC ARREST
A Fact Sheet for Parents

FACTS
Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 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.

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).

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- Chest Discomfort
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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 my child prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:
- Ensuring your child knows about any 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)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?
1. Tell your child’s coach about any previous events or family history
2. Keep your child out of play
3. Seek medical attention right away

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (1-7-15)
Eligibility and Guidelines—A student who reflects discredit upon his/her school, or creates a disruption in the discipline, good order, moral or educational environment of his school, or school activities shall be ineligible to participate in athletics. Prohibited conduct that requires suspension or athletic eligibility includes, but is not limited to: 1) possession or use of tobacco in any form, 2) possession or use of alcohol in any form, 3) illegal use or illegal possession of a drug, depressant, stimulant, or controlled substance, or the use or possession of drug paraphernalia, 4) possession or use of performance enhancing drugs, 5) verbal harassment, 6) sexual harassment, 7) theft, 8) vandalism, or 9) sexual violations. All regulations are in effect twelve (12) months of the year, twenty-four (24) hours a day. Any out-of-season violations shall be treated as an in-season violation. A canceled or postponed contest will not count toward the fulfillment of a suspension. A signed acknowledgment form must be on file at the school before a student will be allowed to participate in any interscholastic practices or events. Information that may be considered in determining a violation of this Athletic Code includes, but is not limited to: 1) police reports; 2) court records; 3) tickets or citations; 4) admissions or statements by the students; 5) written or oral statement of witnesses; and 6A) other information which may demonstrate that a violation of the Code occurred.

I. First Violation—When a high school or junior high school principal or his designee determines that it is more likely than not that the student has violated the code, the student shall be suspended immediately from athletics, as follows:
   A. Tobacco—for the first tobacco violation, the student shall be suspended during the student’s sport season for 10% of the contests or one (1) contest, whichever is greater.
   B. Alcohol, Drug or Drug Paraphernalia—for the first violation of the prohibition against use and possession of alcohol, a drug, or drug paraphernalia, the student shall be suspended during the student’s sport season for 20% of the contests or two (2) contest, whichever is greater.
   C. Other Violations—for the first violation of all other prohibited conduct, the student shall be suspended during the student’s sport season for 10% of the contests or one (1) contest, whichever is greater.

II. Second Violation—When a high school or junior high school principal or his designee determines that it is more likely than not that the student has committed a second violation of the code, whether in the same or different violation category, the student shall be ineligible and suspended from participating in Warrick County School Corporation athletics for three hundred sixty-five (365) days, commencing on the date of the determination of the violation.

III. Rehabilitation—IN ADDITION TO SERVING THE ATHLETIC SUSPENSION, FOR EACH VIOLATION, THE STUDENT MUST:
   A. Seek and follow rehabilitation in a tobacco abuse program, and alcohol or drug abuse program, or other program, according to the category of violation, as offered through or approved by the Warrick County School Corporation office of Student Services.
   B. Provide a written statement that a professional assessment has been obtained, that a rehabilitation recommendation has been made, and that the student has completed the recommendation or is following the recommendation.
   C. Provide to the Director of Student Services a “release of information” form signed by the student and parent/guardian authorizing the Director of Student Services to verify that rehabilitation treatment has been sought and has been completed or is being followed.

IV. Third Violation—When a high school or junior high school principal or his designee determines that it is more likely than not that a student has committed a third violation of the code, whether in the same or different violation category, the student shall be ineligible to participate in any athletics, athletic contests, or on athletic teams for the duration of his high school career. A third violation by a junior high school student will prohibit his athletic participation in grades seven (7) and eight (8).

V. Relationship between junior High and High School Violations
   A. Any first violation occurring at the junior high school level without suspension being served at the junior high level shall be served at the high school level.
   B. Any second or third violation occurring at the junior high school level without suspension being served completely at the junior high school level will result in a continuation of the suspension at the high school level until there has been a total suspension of three hundred sixty-five (365) days, commencing on the date of the determination of the violation of the athletic code.
   C. A junior high school student is governed by the high school regulations at the time the student concludes his junior high school education.

VI. Appeal Process—Any suspension may be appealed, within seven (7) day, first to the building principal and then to the Superintendent, as stated in the Athletic Code Policy and Regulations. During the appeal process, the student will not be allowed to participate in any athletic contests.
Student Name: ________________________________________ Grade 20/21 ____________

Sport Participating in: ______________________________________________________ Date ________________

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural 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 or athletic trainer.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a high school athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within 24 hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian- please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have our student athlete return this form to his/her coach or athletic trainer.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. 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, and the symptoms of sudden cardiac arrest. Additionally I acknowledge that I have read and understand the excerpts of the Warrick County School Corporation Athletic Code of Conduct. I acknowledge that I may obtain a complete copy of the Student Conduct Athletic Code Policy from the Athletic Director’s office or the Principal’s office.

(Signature of Student Athlete) ___________________________ (Date) ___________________________

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. 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, and the symptoms of sudden cardiac arrest. Additionally, I acknowledge that I have read and understand the excerpts of the Warrick County School Corporation Athletic Code of Conduct. I acknowledge that I may obtain a complete copy of the Student Conduct Athletic Code Policy from the Athletic Director’s office or the Principal’s office.

(Signature of Parent or Guardian) ___________________________ (Date) ___________________________
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

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. I have read the IHSAA Eligibility Rules (next page or on back) and know of no reason why I am not eligible to represent my school in athletic competition.

B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.

C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.

D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

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

Date: ____________________ Student Signature: ____________________________________________________

Printed: __________________________________________________

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

A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports not marked out:


B. Undersigned understands that participation may necessitate an early dismissal from classes.

C. Undersigned consents to the disclosure, by the student’s school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student’s safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student’s school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student’s athletic participation.

E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image and any sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the appropriate space:

☐ The student has school student accident insurance. ☐ The student has football insurance through school.

☐ The student has adequate family insurance coverage. ☐ The student does not have insurance.

Company: __________________________________________ Policy Number: ______________________________

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

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

Date: _______________ Parent/Guardian/Emancipated Student Signature: ________________________________

Printed: __________________________________________________

Date: _______________ Parent/Guardian Signature: ________________________________________________

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

p/printing/forms/schools/2020-21Physicalform/2021physicalform.pdf

(5 of 5)
Parents:

The athletic department is seeking your permission to treat your son/daughter in the event of a medical emergency. If an emergency occurs, every effort will be made to contact you. However, if contact cannot be made, this Emergency Medical Authorization may facilitate prompt treatment.

Student's Name___________________________ Date of Birth __________________ Grade (20/21)__________

Address_________________________________________________________________________________

City_________________________ State_________________________ Zip________________________

Father's Name ________________________________ Mother's Name ________________________________

Father's Home Phone ________________________________ Mother's Home Phone ________________________________

Father's Work Phone ________________________________ Mother's Work Phone ________________________________

Father's Cell Phone ________________________________ Mother's Cell Phone ________________________________

Preferred Hospital ___________________________________________________________________________________________

Known Allergies _____________________________________________________________________________________________

If parents cannot be contacted, list three relative/friends who may be contacted:

Name________________________________ Phone________________________

Name________________________________ Phone________________________

Name________________________________ Phone________________________

Check one:

☐ GRANT CONSENT: In event of illness or injury necessitating medical treatment, I hereby consent to administration of necessary procedures by the attending physician or dentist and his/her assistant and request that they proceed with any of the procedures necessary for the well being of the student athlete named on this form. I understand that this authorization does not cover any surgery unless the medical opinions of two other licensed physicians who concur with the necessity of the surgery are obtained prior to the performance of said surgery. In the event that an emergency arises during the practice session, permission is also granted to the school employee to provide such needed emergency treatment, as he/she deems necessary prior to admission to a medical facility. I further understand that a reasonable effort will be made to contact the parent/guardian at the earliest possible moment should such emergency arise.

☐ REFUSE CONSENT I do not give consent for emergency medical treatment as outlined in the above paragraph. In the event of illness or injury while efforts to reach the parent/guardian fail, I desire the school authorities to take no action.

Signature of Parent/Guardian __________________________________________

11
PREPARTICIPATION PHYSICAL HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: ________________________________ Date of birth: _______________

Date of examination: ____________________ Sport(s): ____________________

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.)

<table>
<thead>
<tr>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

<table>
<thead>
<tr>
<th>Not being able to stop or control worrying</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeling down, depressed, or hopeless</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

(A sum of ≥ 3 is considered positive on neither 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

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-polyphorigic ventricular tachycardia (CPVT)?

13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
### Bone and Joint Questions

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>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?</td>
<td></td>
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<tr>
<td>15.</td>
<td>Do you have a bone, muscle, ligament, or joint injury that bothers you?</td>
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</tbody>
</table>

### Medical Questions

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<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>16.</td>
<td>Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
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<tr>
<td>17.</td>
<td>Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?</td>
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<td>18.</td>
<td>Do you have groin or testicle pain or a painful bulge or hernia in the groin area?</td>
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<td>19.</td>
<td>Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?</td>
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<tr>
<td>20.</td>
<td>Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?</td>
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<tr>
<td>21.</td>
<td>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?</td>
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<tr>
<td>22.</td>
<td>Have you ever become ill while exercising in the heat?</td>
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<tr>
<td>23.</td>
<td>Do you or does someone in your family have sickle cell trait or disease?</td>
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<tr>
<td>24.</td>
<td>Have you ever had or do you have any problems with your eyes or vision?</td>
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<tr>
<td>25.</td>
<td>Do you worry about your weight?</td>
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<td>26.</td>
<td>Are you trying to or has anyone recommended that you gain or lose weight?</td>
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<tr>
<td>27.</td>
<td>Are you on a special diet or do you avoid certain types of food and food groups?</td>
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<tr>
<td>28.</td>
<td>Have you ever had an eating disorder</td>
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<tr>
<td>29.</td>
<td>Have you ever had a menstrual period?</td>
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<tr>
<td>30.</td>
<td>How old were you when you had your first menstrual period?</td>
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<tr>
<td>31.</td>
<td>When was your most recent menstrual period?</td>
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<tr>
<td>32.</td>
<td>How many periods have you had in the past 12 months?</td>
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### Females Only

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<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>29.</td>
<td>Have you ever had a menstrual period?</td>
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<td>30.</td>
<td>How old were you when you had your first menstrual period?</td>
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<tr>
<td>31.</td>
<td>When was your most recent menstrual period?</td>
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<tr>
<td>32.</td>
<td>How many periods have you had in the past 12 months?</td>
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</tbody>
</table>

**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: ____________________________

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 __________________________ 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)

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
<th>BP</th>
<th>(   )</th>
<th>Pulse</th>
<th>Vision</th>
<th>R 20/</th>
<th>L 20/</th>
<th>Corrected?</th>
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<td>MEDICAL</td>
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<td>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</td>
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<td>Eyes/ears/nose/throat</td>
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<td>• Murmurs (auscultation standing, supine, +/- Valsalva)</td>
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<td>• Location of point of maximal impulse (PMI)</td>
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<td>• Simultaneous femoral and radial pulses</td>
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<td>Lungs</td>
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<td>Abdomen</td>
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<td>Genitouriany (males only)</td>
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<td>• MSV, lesions suggestive of MRSA, tinea corporis</td>
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<td>Shoulder/arm</td>
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<td>Elbow/forearm</td>
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<td>Wrist/hand/fingers</td>
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<td>Cleared for all sports without restriction</td>
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<td>Cleared for all sports without restriction with recommendations for further evaluation or treatment for</td>
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<td>Pending further evaluation</td>
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<td>For any sports</td>
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<td>• Duck-walk, single leg hop</td>
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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

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)

(3 of 5)