



Flandreau Indian School

1132 N. Crescent St. ~ Flandreau, SD ~ 57028
605-997-3773 ~ 1-800-942-1647

Application for Admission

2018-2019

Dear Parents:

Thank you for your interest in Flandreau Indian School as a potential choice to educate your student. The admissions application checklist is to be used as a guide, to provide the information the school needs to review your student's application.

The deadline for submitting applications is **August 31, 2018**. **Only applications accompanied with required documents will be date stamped and reviewed for admissions.** Required documents are listed on the bottom half of page 2.

The following decisions are possible:

1. Accepted
2. Denied

These items are the most difficult to obtain and will hold up the process of your application.

1. Certified Degree of Indian Blood (**Tribal Membership cards are not accepted**)
2. Contact your current school's registrar (before they close for the summer) to get an official transcript or a certificate of 8th grade completion and achievement test scores.
3. **Physical Exam is REQUIRED for all students, new applicants and applicants reapplying, must be completed after MAY 1, 2018, see pages 19-26.** Students should start calling now for a physical exam appointment.
4. Students interested in participating in competitive athletics may be required to complete an application for hardship for the SDHSAA. Application for hardship **does not** guarantee eligibility. Eligibility is determined solely by the SDHSAA.
5. **STUDENTS INTERESTED IN PARTICIPATING IN SPORTS AT FIS MUST BE ON CAMPUS AUGUST 20TH, the first day of school, TO PARTICIPATE IN SPORTS.** If student is not here on the first day of school they will have to wait 45 days to participate in any sports. **NO EXCEPTIONS.**

FIRST DAY OF SCHOOL—AUGUST 20, 2018. TRAVEL ARRANGEMENTS WILL BE MADE BY THE FLANDREAU INDIAN SCHOOL AT OUR EXPENSE. IF YOU DO NOT TRAVEL WHEN IT IS PROVIDED FOR YOU, YOU WILL BE RESPONSIBLE FOR YOUR OWN TRANSPORTATION TO SCHOOL.

When the application is completed, please mail to:

Flandreau Indian School
Admissions
1132 N. Crescent St.
Flandreau, SD 57028

2018-2019

Flandreau Indian School Admissions Application Checklist

ALL APPLICATIONS MUST HAVE THE FOLLOWING LIST OF DOCUMENTS

THE ADMISSIONS COMMITTEE WILL NOT REVIEW INCOMPLETE APPLICATIONS

STUDENT: _____ Grade applying for: _____

DATE: _____ School year: _____

Student Enrollment Application

Pg. 1	Letter to parents
Pg. 2	Admissions application check list
Pg. 3	Student Information Form
Pg. 4	Family/Guardian Information Form
Pg. 5	Additional Information/Criteria for Boarding Schools Form
Pg. 6	Education and Social Information Form
Pg. 7 and 8	Family Educational and Privacy Letter (FERPA)
Pg.9	No Child Left Behind Act of 2002
Pg. 10	Admissions and Continuing Enrollment Criteria
Pg. 11	Individual Education Programs
Pg. 12	Gifted and Talented Program
Pg. 13	BIE McKinney– Vento Form
Pg. 14	Language Survey
Pg. 15	Medical Information
Pg. 16	Consent for Medical Treatment
Pg. 17	Flandreau Indian School Physical Examination Form
PHYS—1 to 5	SDHSAA Annual Physical Examination Forms
	(NOTE: THE SDHSAA Annual Physical must be completed ONLY if
	Participating in sports)

Following documents are **required before the application can be processed**

Copy of State Issued Birth Certificate	Copy of Social Security Card
Copy of Certified Degree of Indian Blood (Tribal Membership card not accepted)	Copy of Health/Medical Insurance Cards
	Immunization record/2nd MMR
Flandreau Physical Form (no sports) pg. 20	Physical Forms pgs. 21—24 if sports

<p>ALL students must provide reports cards showing completion of grade 8th through December and FINAL grades in May</p> <p>Students applying for grades 10-12 must ALSO provide transcript with GPA</p>
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COURT APPOINTED PARENT OR LEGAL GUARDIAN MUST PROVIDE LEGAL DOCUMENTATION.
An application signed by the student as parent or legal guardian will not be accepted, even if
The student is 18 years of age or older.

Date/Time Rec'd

Initials:

United States Department of Interior
Bureau of Indian Education

Student Enrollment Application

For Bureau Funded Schools and Federal Boarding Schools

2018—2019

DATE: _____

Name of School: FLANDREAU INDIAN SCHOOL Grade Applying for: _____

Day Student () Dorm Student ()

(PLEASE PRINT OR TYPE)

I. IDENTIFICATION Social Security Number: _____

Name of Student: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Student Cell phone # (if applicable): _____

Date of Birth: ___/___/___ Hospital or Clinic Used: _____ Chart#: _____

Place of Birth: _____ Sex: Male () Female ()

Student resides with: Mother () Father () Legal Guardian () other () _____

Tribal Affiliation: _____ Degree Indian: _____

Enrollment Number: _____ Home Agency: _____

Dominant Language: _____

Student attended FIS previously? Yes () No ()
If yes, please list dates _____

Siblings attending FIS presently or previously? _____

Student's Name: _____

FAMILY AND BACKGROUND INFORMATION: (PLEASE PRINT OR TYPE)

IMPORTANT - PLEASE NOTIFY THE ADMISSIONS OFFICE IMMEDIATELY IF ADDRESS OR PHONE NUMBERS CHANGE!

Parent(s) or Legal Guardian(s) - **Circle one**

Father: _____ Mother: _____

Address: _____ Address: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Telephone: Work _____ Telephone: Work _____

Home _____ Home _____

Email _____ Email _____

Cell _____ Cell _____

If you are the court appointed custodial parent, you must attach appropriate documentation (if parents do not live in the same house, please indicate if non-custodial parent can receive mailings by completing address information)

GUARDIAN INFORMATION (IF OTHER THAN PARENT) - MUST PROVIDE APPROPRIATE LEGAL DOCUMENTATION

If the student does not live with either parent, complete the following information on the guardian. If the student is a ward of the court, attach documentation and provide information on the person (s) responsible for the applicant who will be the primary contact person. A STUDENT MAY NOT LIST HIMSELF/HERSELF AS GUARDIAN EVEN IF HE/SHE IS 18 YEARS OF AGE

Name: _____

Address: _____

Telephone: Work _____

Home _____

Cell _____

Email _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

Student's Name: _____

IN CASE OF EMERGENCY, WHOM COULD WE CONTACT (OTHER THAN PARENT/
GUARDIAN)

Name: _____ Cell: _____

Home phone: _____ Work phone: _____ Relationship _____

TRIBAL EDUCATION OFFICE: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____

CRITERIA FOR BOARDING SCHOOL:

Favorable action is recommended upon this application because this case confers to the following criteria for boarding school or out of boundary enrollment. If this application is for an off-reservation boarding school and for social reason, a social summary should accompany this application.

Check all applicable criteria (At least one must be checked)

Educational Factors

Federal/Public Schools near students home:

- grade level not offered
- are severely overcrowded
- exceed 1 1/2 mile walking distance to school or bus route.
- do not offer special vocational/preparatory training necessary for gainful employment
- do not offer adequate provisions to meet academic deficiencies or linguistic/cultural differences.
- receiving school offers special program needed by student

Social Factors

In his/her family environment, the student:

- was rejected or neglected
- does not receive adequate parental supervision.
- well being was imperiled due to family.
- has behavioral problems too difficult for or local resources.
- has siblings or other close relatives enrolled who would be adversely affected by separation.

Flandreau Indian School

Information Form

Student Name: _____

EDUCATIONAL INFORMATION

1. List school previously attended: _____
2. Previous school contact number: _____
2. Reason for leaving: _____
3. Did student miss 15 or more days in the last school year? Yes () No ()
4. Has student ever been suspended? Yes () No () Expelled? Yes () No ()
If yes, date and reason **must** be given _____
5. Has student participated in Special Education Program? Yes () No ()
6. Has student participated in Gifted and Talented Program? Yes () No ()
7. Was your student eligible for Free and Reduced Meals? Yes () No ()
8. **Will your student participate in Sports at Flandreau Indian School? Yes () No () If so, complete pages 21 through page 24. ALL STUDENTS INTERESTED IN PARTICIPATING IN SPORTS MUST BE PRESENT ON CAMPUS THE FIRST DAY OF SCHOOL OR WILL NOT BE ELIGIBLE TO PLAY SPORTS**

SOCIAL INFORMATION

1. Is student a ward of the court? Yes () No () If yes, a copy of the court order must be submitted.
2. Has student ever been arrested? Yes () No () If yes, what was/were the violation(s)? _____
3. Has student ever been in jail or a detention center? Yes () No () If yes, how many times? _____
4. Does student have a probation officer? Yes () No ()
Name _____
County _____
Phone _____
5. Has student ever received counseling? Yes () No ()
Name _____
Phone _____

I, the parent/legal guardian of the above mentioned student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Flandreau Indian School will verify all information. **Any false statement or misrepresentation or omission of required information in application will result in denial of applica-**

I understand that additional information may be requested to complete my student's records. Such as: School records, counseling records, and behavior records.

Student Signature

Parent/Legal Guardian Signature

PARENT or LEGAL GUARDIAN & STUDENT MUST SIGN FORM



Flandreau Indian School

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Everall Fox
Chief School Administrator

Sheryl Burkhart
Assistant Principal

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Flandreau Indian School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Flandreau Indian School may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Flandreau Indian School to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook; Honor roll or other recognition lists; Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings - unless parents have advised the school that they do not want their student's information disclosed without their prior written consent.

If you do not want Flandreau Indian School disclose directory information from your child's education records without your prior written consent, you must notify the school in writing. Flandreau Indian School designated the following information as directory information:

- Student's name, address, telephone listing, Photograph, Date and place of birth, Electronic mail address.
- Participating in officially recognized activities and sports, weight and height of member of athletic teams
- Degrees, honors, and awards received, Major field of study
- Dates of attendance, Grade level, the most recent educational agency or institution attended

If there are questions about your or your student's (18 or older) rights under FERPA, you may contact the office at Flandreau Indian School.

If you do not wish directory information about your student to be disclosed please indicate on the attached form and return that form to the Flandreau Indian School.

Flandreau Indian School

Family Educational Rights and Privacy Act (FERPA)

I have received information about my rights under FERPA and understand my right to request that any of the items listed below not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having a legal right might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies or other similar entities.

I **do not want any** Directory Information regarding _____
(Student Name)
(Nothing will be disclosed without written
Permission)

OR

I, **do not want the following** directory information regarding my student _____
(Student Name)

disclosed without written permission.

Check all that apply.

1. Student's name
2. Participation in officially recognized activities and sports
3. Address
4. Telephone listing
5. Weight and height of members of athletic teams
6. Electronic mail address
7. Photograph
8. Degrees, honors, and awards received
9. Date and place of birth
10. Major field of study
11. Dates of attendance
12. Grade level

I am the parent or legal guardian of: _____

I am an eligible student (18 years old or older) _____

Signature

Date



Flandreau Indian School

1132 N. Crescent St. ~ Flandreau, SD ~ 57028
605-997-3773 ~ 1-800-942-1647

Everall Fox
Chief School Administrator

Sheryl Burkhart
Assistant Principal

“No Child Left Behind Act of 2002”

Parents,

The “No Child Left Behind Act of 2002”, SEC.9528, Armed Forces Recruiter Access to Student and Student Recruiting Information, provides for schools to provide, on request made by military recruiters or an institution of higher education, access to secondary school student names, addresses, and telephone listings. As a school, we are required to comply with this law. You as a parent, however, have the right to request that the school not release that information to these agencies. If you wish to not have your child’s information released, please indicate below. If you have any questions about the “No Child Left Behind Act of 2002” please contact Flandreau Indian School.

_____ I do wish to have my child’s information released.

_____ I do not wish to have my child’s information released.

Signature of Parent/Legal Guardian

Date

PARENT or LEGAL GUARDIAN MUST SIGN FORM

Flandreau Indian School

Admission and Continuing Enrollment Criteria

Student's Name: _____

- Students **must be making academic progress** throughout the school year at Flandreau Indian School. Students failing to make academic progress will be placed on academic probation. Grades will be reviewed at the end of each semester to determine progress. The student will be given until the end of the next semester to make improvements.
- Students may not miss more than 10 unexcused days of school per academic year.

Student Signature

Date

ICU Academic Program

The ICU program allows students more practice time for completing their assignments. ICU is during the student's lunch and study hall as well as after school. During ICU the student can get one on one help with a teacher or an education technician to complete their class work. You will be contacted when your child is placed on the ICU list.

Contact Information

PARENT CELL NUMBER: _____

PARENT EMAIL ADDRESS: _____

STUDENT CELL NUMBER: _____

STUDENT EMAIL ADDRESS: _____

I, _____ agree for reasonable cause and essential to assuring the health and safety of all students at the Flandreau Indian School, staff, acting in attendance in loco parentis, may at their discretion exercise search, seizure, and drug testing while my student is in attendance at Flandreau Indian School. Such activities shall be in compliance with 25CFR-part 42.3, (b), (Rights of the Individual Students) and 34 CFR-part 86.200 (b-e) (Drug Free School and Campuses).

Parent/Legal Guardian Signature

Date

PARENT or LEGAL GUARDIAN & STUDENT MUST SIGN FORM

INDIVIDUAL EDUCATIONAL PROGRAMS

Student participated in Special Education: YES ____ NO ____

Student was on a 504 Plan: YES ____ NO ____

Student participated in Gifted and Talented: YES ____ NO ____

Student participated in LEP: YES ____ NO ____

Has your student ever been on an Individual Education Plan (IEP) for Special Education? If yes, please indicate your child's disability:

_____ Cognitive Impairment

_____ Emotional Disturbance

_____ Learning Disability

_____ Speech or Language Impairment

_____ Other Health Impairment

Please contact the school that last implemented your child's and have them forward the Special Education Records to the Flandreau Indian School. This is extremely important. It will assist the staff in planning an appropriate program for your student.

I am legally responsible for this student and hereby understand that additional information may be requested by the Exceptional Education Department concerning my child's Individual Education Program or 504 Plan.

Parent/Legal Guardian Signature

The Flandreau Indian School, in cooperation with the Bureau of Education (BIE) funded schools, will ensure that a free and appropriate education and a full educational opportunity is provided in the least restrictive environment to all children with disabilities, grades 9 through 12.



United States Department of the Interior
BUREAU OF INDIAN AFFAIRS
FLANDREAU INDIAN SCHOOL
FLANDREAU, SOUTH DAKOTA 57028

Gifted and Talented Education Program

Parental Consent for Testing/Evaluation

Dear Parents/Guardian,

This letter is to inform you that _____, your child could be referred/nominated to be assessed for the Flandreau Indian School Gifted and Talented Program. Your parental consent for testing and evaluation will be required. Although, a test or an evaluation will be administered, any other available supporting data will need to be submitted. These documents will be utilized to screen your child and to determine their eligibility for placement within the program. To qualify for the gifted and talented program for academic aptitude, the student has to score in the eighty-sixth percentile or higher nationally on the Northwest Evaluation Association assessment.

If your child qualifies for the Gifted and Talented Program, they will be provided weekly Gifted and Talented services. The Gifted and Talented Program is designed to challenge and strengthen the academic and creative needs of your daughter.

You have the option to have your child tested and evaluated. Please sign the appropriate statement below:

_____ **Yes, I give my parental consent for my child to be tested and evaluated and documents collected to determine eligibility for the Gifted and Talented Program. I also give my parental consent to place your son or daughter in the Gifted and Talented Program at Flandreau Indian School.**

_____ **No, I do not give my parental consent for my daughter to be tested and evaluated for the Gifted and Talented Program.**

Parent/Guardian: _____ **Date:** ____/____/____

**Flandreau Indian School
McKinney-Vento Act
Student Residency Questionnaire**

The purpose of this form is to address the requirements of the McKinney-Vento Act, Title X Part C of the No Child Left Behind Act. This document will be used to share with school staff and partnering agencies to ensure all providers have the necessary information to support the child and his/her family.

Name of Student: _____ Gender: Male _____ Female _____

Please check only **ONE** that best describes where the student is presently living (**Please specify name of hotel, shelter, or organization providing the transitional housing**)

- In my own home or apartment.
- In the home of a friend or relative because I lost my housing. (fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in the military was deployed, parent(s) in jail.) **Name/address of person with whom you live with (full name required)** _____
- In a shelter because I do not have permanent housing. (living in a family shelter, domestic violence shelter or children/youth shelter) **Name, address and phone # of the shelter:** _____
- In Transitional housing (housing that is available for a specific length of time only and is partly or completely paid by a church, a nonprofit organization or some other organization) **Name, address and phone # of housing program and organization providing housing:** _____
- In a hotel or motel (because of economic hardship, eviction, cannot get deposits for permanent housing) **Name of hotel or motel, address & phone of where you are staying.** _____
- In unsheltered care (living in a car, park, campground) Provide where you are living such as where your car is parked: _____
- In housing that does not have plumbing, electricity or heat. (**circle which is missing**)
- Awaiting foster care placement.
- None of the above describes my current living situation. Briefly describe your situation. _____

Name of parent/guardian or person who student resides: _____

Address: _____ City: _____ State: _____

Cell # _____ Work# _____ Shelter# _____ Friend# _____

Parent/guardian signature

date

Flandreau Indian School Student and Family Language Survey

Student Name _____ Grade _____

Gender: Female _____ Male _____ Date of Birth _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

Select all of the races that apply to the student

_____ Native American _____ Caucasian _____ Hispanic _____ Asian

_____ Native Hawaiian/Pacific Islander

Registered Tribal Member of _____ Other Tribe(s) _____

What was student's first language? _____

Is a language other than English used in the home? _____ Yes _____ No

If so, what language? _____

Does the student **speak** any languages other than English? _____ Yes _____ No

If so, what language and at what level? Language _____

_____ Beginning, few words and phrases _____ Intermediate, conversational

_____ Advanced, comprehends commonly used terms _____ Fluent

If a second language is not spoken in the home, has the student been regularly exposed to a second language by a family member? If so, how would you describe the student's exposure to the language? Consistent, occasional, rare? Please describe.

What relation is this family member who exposes the student to a language other than English? (grandparent, great-grandparent, aunt, uncle, etc.)

Did your child attend a language immersion school prior to this year? If so, where and for how long? What language?

Can you provide any additional information about your child's second language skills?

MEDICAL INFORMATION

Does the student have any **medical problems** that may interfere with school attendance and/or
Needs **medical care** while in school? Yes _____ No _____ If yes, please explain:

Special needs or treatments (nebulizer, pacemaker, diagnostic checks, wheelchair, other..) If Yes, list:

Is the student taking **medications** on a regular basis? Yes _____ No _____ If yes, list:

Medication: _____ Condition _____

Medication: _____ Condition _____

Medication: _____ Condition _____

Is the student **allergic** to any medications or foods? Yes _____ No _____ If yes, list:

_____ Type of reaction: _____

Immunization Records: Provide the most up-to-date records for review.

Fax any "new" shots given prior to starting school to the FIS school nurse at **Fax# 605-997-2287**

Two MMR Requirement - **two** vaccinations are **required** by the state of SD in order to start kindergarten. Make sure to provide documentation that those 2 shots have been given or your child may not start at FIS until verification is provided. If you cannot locate documentation for the 2nd shot - another must be given.

All Flandreau Indian School staff is authorized to act **in Loco Parentis** for the students at the Flandreau Indian School. The FIS staff has authority to sign all paperwork required for emergency, medical or hospital care at any medical facility.

FYI: Definition - In Loco Parentis:

In loco parentis is a term used in situations where another individual or agency is acting in place of a parent on behalf of a minor. The term is used in legal settings to assign the rights, duties and responsibilities of a parent to another person or agency. Alternatively, the term has been used in less formal references to describe the role played by an educational institution, such as a boarding school, college, or university, in supervising minors and young adults.

NOT PROVIDING OR PROVIDING FALSE INFORMATION MAY RESULT IN YOUR CHILD'S
IMMEDIATE RELEASE FROM THE FLANDREAU INDIAN SCHOOL.

_____ I give consent for my child to receive the annual **Seasonal Influenza Vaccine** provided through the school. The Influenza Virus is an annual shot that boosts an individual's immune system to provide protection against the virus in the event that he/she would be exposed to the Influenza virus. The vaccine should lessen the severity of symptoms that one would experience and lessen the number of days that one would be sick; thereby missing less school. In past years some strains of Influenza have affected communities more severely, even causing death in healthy children and adults. The influenza vaccine is recommended for those residing in close living quarters.

MEDICATION

With my full consent, the Flandreau Indian School has my permission to administer medication to the student.

I (we), as parent(s)/legal guardian(s), have read this consent form for the Flandreau Indian School and fully understand and agree to its content.

Signature of Parent/Guardian

Date

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE**

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WITH
PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

SSN _____ - _____ - _____ (Send a copy of the SS Card with this form)

Name of student: _____ Date of Birth: _____

I (We), _____ have read the Consent Form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical exams, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental exams, preventative use of fluorides and necessary emergency dental care.
3. Mental Health services including evaluation and treatment necessary.
4. Emergency health care for accidents or illnesses.
5. Transportation of the child to and /or from another health care facility for these services.

_____ I hereby give consent for all of the above services.

_____ Exceptions or Special Instructions:

Parent/Guardian signature _____

Address _____

City, State, Zip _____

Relationship to Student _____

Date _____ Valid Until _____

(The above signature, address, relationship-to and date are required for validity)

All Flandreau Indian School staff is authorized to act in Loco Parentis for the students at the Flandreau Indian School. The FIS staff has authority to sign all paperwork required for emergency, medical or hospital care at any medical facility.

Definition – In Loco Parentis

In loco parentis is a term used in situations where another individual or agency is acting in place of a parent on behalf of a minor. The term is used in legal settings to assign the rights, duties and responsibilities of a parent to another person or agency. Alternatively, the term has been used in less formal references to describe the roll played by an educational institution, such as a boarding school, college, or university in supervising minors and young adults.

Flandreau Indian School Physical Examination

Name _____ Other names used _____

Date of Birth ____/____/____ Sex: M___ F___ Age____ Ht____ Wt #____

	Normal	Abnormal	Not Evaluated
Eyes			
Ears			
Teeth			
Glands			
Heart			
Lungs			
Abdomen			
Posture			
Genitals			

Physical findings which are of
significance to the School:

Recommendations or Restrictions:

Pulse _____ BP _____ Eye Screening: L _____ R _____

List Allergies (food, medication, other): _____

Type of reaction: _____ Treat reaction with: _____

If student uses an Epi Pen or Benadryl – student MUST bring updated medication to school with them.

Immunizations: Record any immunizations given at this office visit – list type and date:

Attach a copy of immunization record(s) for review – **MUST** show documentation of 2 MMRs.

Last Eye Exam by an optometrist: Month _____ Year _____ Other _____

The Flandreau Tribal Clinic does not provide contacts or contact-exams.

___ Uses glasses: _____ Contacts: _____

Significant Personal Medical History with dates: (Current medications/diagnosis, asthma, anemia, birth control, h/o fractures, plates/pins, surgeries, hospitalizations, concussions, prosthetic). **MUST bring current medications to school.**

Social/Behavioral Health History: (Current medications/diagnosis, ADD/ADHD, anxiety, insomnia, dates of behavioral hospitalizations or CD treatment). **MUST bring current medications to school.**

Signature: Examining Medical Provider _____ Date _____

Medical Facility _____

Address/City/State _____ Ph# _____

PHYSICAL EXAMINATION INSTRUCTIONS

I. Requirement of School Boards.

- A. Each governing board shall decide if the exam is to be repeated on an annual basis, on a biennial basis or triennial basis.
- B. Each governing board shall decide whether they want the doctors to evaluate sexual maturity based upon the Tanner Maturation Index. Please white-out item 13 on the Physical Exam form if the decision is NOT to use the Tanner Maturation Index.

II. Requirements of Member Schools.

- A. Each member school shall make copies of the forms that must be completed by the parents and/or doctors in sufficient quantities to meet your needs.
- B. Member schools must keep on file the following:
 1. A copy of the **PARENT PERMIT FORM**. This form must be submitted annually.
 2. A copy of the **INITIAL PRE-PARTICIPATION HISTORY** report for each student who takes the comprehensive exam for the first time. This form must be made available to the medical examiner at the time the student takes his/her first physical exam.
 3. A copy of the **INTERIM PRE-PARTICIPATION HISTORY** for each student must be submitted annually by the parents except on the very first occasion when the **INITIAL PRE-PARTICIPATION HISTORY** is required.

All questions on the **INTERIM PRE-PARTICIPATION HISTORY** form should be answered with the following in mind: **IN THE PAST YEAR:** Please explain any yes answers in the space provided on the form. Any yes answers may require a re-visit to the medical provider for re-certification of health. The parent/guardian signature denotes that the student is physically able to participate.

4. A copy of the comprehensive **PHYSICAL EXAMINATION** signed by either a Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Physician Assistant or Nurse Practitioner.
- C. Member schools may commence scheduling physical exams as early as April 1 for the ensuing school year.

III. Role of Doctors, Physician Assistant and Nurse Practitioners.

- A. The certification/signing of the physical exam form is reserved for only a Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, a Physician Assistant or Nurse Practitioner. Stamping the name of a medical clinic or a medical association as a substitute for the authorized signature is unacceptable. All exams must be signed by authorized medical personnel as listed in paragraph two above.
- B. The examiner shall receive a copy of Instructions for conducting the orthopedic screening and other portions of the exam. The instruction sheet follows the other forms located in this section of this publication.
- C. The medical history form must be made available to the person(s) conducting the physical exam at the time the examination takes place.

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

**PHYSICAL EXAMINATION
ITEMS TO BE EVALUATED**

Station 1 - Individual History

All YES items in the history are reviewed in detail to determine if they constitute a risk to participation by the athlete, or need additional evaluation.

Station 2 - Blood Pressure

Right arm, sitting. Values needing recheck and possible further evaluation are:

Under 11 Years 130/75
12 years and older 140/85

Station 3 - Vision (Snellen)

Uncorrected vision less than 20/200, corrected vision less than 20/40 requires further evaluation.

Station 4 - Skin, Mouth, Eyes, Ears

Pustular acne, herpes or other infections, athlete's foot; braces, dental prostheses, severe caries, pupil inequality, contacts; ear drainage, malformation.

Station 5 - Chest

Review of cardiac-related history. Heart enlargement, pulse discrepancy, murmurs, abnormal rhythm, forced expiratory maneuver, evidence of latent bronchospasm.

Station 6 - Lymphatics, Abdomen, Genitalia

Cervical or axillary adenopathy, organomegaly, absence of testicles, and hernia (males only).

Station 7 - Orthopedic

Asymmetry, scoliosis, swelling or deformity, decreased range of motion or strength

Station 8 - Review

CLEARANCE

- Cleared for ALL (*collision, contact/endurance sports, and other sports*)
- Cleared only for *contact/endurance sports* and *other sports*
- Cleared only for *other sports*

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

- Cleared for ALL, but with recommendations for further evaluation or treatment for _____
- Above clearance to be granted only after _____
- Clearance cannot be given at this time because _____

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ORTHOPEDIC SCREENING GUIDE**

Athletic Activity (Instructions)	Observation
Stand Facing Examiner	General habitus; acromioclavicular joints
Look at ceiling, floor, over both shoulders; touch ears to shoulders	Cervical spine motion
Shrug shoulders (examiner resists)	Trapezius strength
Abduct shoulder 90 degrees (examiner resists at 90 degrees)	Deltoid strength
Full external rotation of arms	Shoulder motion
Flex and extend elbows	Elbow motion
Arms at sides, elbow 90 degrees flexed, pronate and supinate wrists	Elbow and wrist motion
Spread fingers; make fist	Hand or finger motion and deformities
Tighten (contact) quadriceps; relax quadriceps	Symmetry and knee effusion; ankle effusion
"Duck walk" four steps (away from the examiner with buttocks on heels)	Hip, knee and ankle motion
Back to examiner; knees straight, touch toes	Shoulder symmetry; scoliosis, hip motion, hamstring tightness
Raise up on toes, raise heels	Calf symmetry, leg strength

May require reflex hammer, tape measure, pin, and examination table.

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

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2018-19 School Year

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

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

during the 2018-19 school year.

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

Date _____, 20____ Signed _____
Parent or Legal Guardian

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

INITIAL PRE-PARTICIPATION HISTORY

**SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE**

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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

Date Exam Expires: _____
Check Appropriate Physical Exam Term:
___ Annual ___ Biennial ___ Triennial

NAME _____ GRADE _____ DATE OF BIRTH _____
CHECK ONE: ___ MALE ___ FEMALE (2018-19 School Year)

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

2. Height _____

3. Weight _____

	Normal	Abnormal	COMMENTS
4. Vision 20/_____(L) 20/_____(R)	_____	_____	_____
5. Head	_____	_____	_____
6. Mouth (dentures, braces?)	_____	_____	_____
7. Eyes (contacts?)	_____	_____	_____
8. Chest/lung	_____	_____	_____
9. Heart			
a. Heart sounds	_____	_____	_____
b. Murmurs	_____	_____	_____
c. pulse (rad. vs fem.)	_____	_____	_____
d. rhythm	_____	_____	_____
10. Abdomen			
a. liver or spleen	_____	_____	_____
b. masses	_____	_____	_____
11. Genitalia (males only)			
a. hernias	_____	_____	_____
b. testes	_____	_____	_____
12. Orthopedic			
a. cervical spine	_____	_____	_____
b. shoulder shrug	_____	_____	_____
c. deltoid	_____	_____	_____
d. arms/elbow	_____	_____	_____
e. hands	_____	_____	_____
f. hips	_____	_____	_____
g. knees	_____	_____	_____
h. ankles	_____	_____	_____
i. Scoliosis	_____	_____	_____

SPORTS PARTICIPATION RECOMMENDED FOR:

- _____ Cleared for ALL (*collision, contact/endurance sports, and other sports*)
- _____ Cleared only for *contact/endurance sports and other sports*
- _____ Cleared only for *other sports*

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

- _____ Cleared for ALL, but with recommendations for further evaluation or treatment for _____
- _____ Above clearance to be granted only after _____
- _____ **Clearance cannot be given at this time because** _____

NAME OF EXAMINER (PRINT) _____ DATE _____, 20____

SIGNATURE OF EXAMINER _____

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

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

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2018-19 SCHOOL YEAR
who was born at _____ on _____
City, Town, County, State Date of Birth
to compete in SDHSAA approved athletics for _____ High School during the 2018-19 school year.

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

Signed _____ Date _____, 20____
Parent or Legal Guardian

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

INTERIM PRE-PARTICIPATION HISTORY
(Used in conjunction with the Biennial/Triennial examination.)

**SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE**

INTERIM PRE-PARTICIPATION HISTORY

(Used in conjunction with the Biennial/Triennial examination.)

NAME _____ GRADE _____ DATE OF BIRTH _____
(2018-19 School Year)

IN THE PAST YEAR: YES NO

1.	Has a doctor denied your participation in sports for any reason?		
2.	Do you have a new ongoing medical condition (like diabetes or asthma)?		
3.	Are you currently taking any new prescription or non-prescription (over-the-counter) medicines or pills?		
4.	Do you have new allergies to medicines, pollens, foods, or stinging insects?		
5.	Have you passed out or nearly passed out DURING exercise?		
6.	Have you passed out or nearly passed out AFTER exercise?		
7.	Have you had discomfort, pain, or pressure in your chest during exercise?		
8.	Has your heart raced or skipped beats during exercise?		
9.	Has a doctor told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?		
10.	Has a doctor ordered a test for your heart? (for example: ECG, echocardiogram)		
11.	Has anyone in your family died for no apparent reason?		
12.	Have you spent the night in a hospital?		
13.	Have you had surgery?		
14.	Have you had an injury, like a sprain, muscle or ligament tear, or tendonitis, that required medical attention?		
15.	Have you had any broken or fractured bones or dislocated joints?		
16.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?		

YES NO

17.	Have you had a stress fracture?		
18.	Did a doctor tell you that you have asthma or allergies?		
19.	Have you started to cough, wheeze, or have difficulty breathing during or after exercise?		
20.	Have you used an inhaler or taken asthma medicine?		
21.	Have you lost a kidney, an eye, a testicle, or any other organ?		
22.	Do you have any new rashes, pressure sores, or other skin problems?		
23.	Have you had a new herpes skin infection?		
24.	Have you had a head injury or concussion?		
25.	Have you been hit in the head and been confused or lost your memory?		
26.	Have you had a seizure?		
27.	Have you experienced headaches with exercise?		
28.	Have you had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
29.	Have you been unable to move your arms or legs after being hit or falling?		
30.	When exercising in the heat, did you have severe muscle cramps or become ill?		

Explain "Yes" answers here: _____

(continue on front side of this form if necessary)

RECERTIFICATION OF HEALTH

As the parent/guardian, I herewith affix my signature and certify that the above-named student is physically fit to participate in interscholastic athletics for the current school year insofar as all "Yes" responses are concerned.

_____, 20____
 Date

 Signature of Parent

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

CONSENT FOR MEDICAL TREATMENT

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

Dated this _____ day of _____, 20_____

Parent(s)/Legal Guardian Signature: _____

CONSENT OF CHILD

I, _____, have read the above Consent For Medical Treatment
Form signed by my (**PLEASE CIRCLE ONE**) Mother Father Legal Guardian and join with
(**PLEASE CIRCLE ONE**) him her in the consent.

Dated this _____ day of _____, 20_____

Student's Signature: _____

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT AND STUDENT CONSENT FORM**

School Year: 2018-2019 Name of High School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility.
3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and
4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. *If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.*

I acknowledge that I have read paragraphs one (1) through four (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this _____ day of _____, 20_____

Name of Student (Print Name) Student Signature

I am the student's parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for _____ (student's name) to practice and compete for the above named high school in activities approved by the SDHSAA.

DATED this _____ day of _____, 20_____

Parent/Guardian (Print Name) Parent/Guardian Signature

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

CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Student Name _____ Date of Birth _____

1. I authorize the use or disclosure of the above-named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2019.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Signature of Parent

Date

Signature of Student (If Over 18)

Date

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

RETURN TO COMPETITION, PRACTICE, OR TRAINING

This form is to be used after a youth athlete is removed from, and not returned to, competition, practice, or training after exhibiting concussion symptoms. The youth athlete should not be returned to competition, practice, or training until written authorization is obtained from an appropriate health care professional and the parent/guardians. A licensed health care provider is a person who is:

- (1) Registered, certified, licensed, or otherwise recognized in law by the State of South Dakota to provide medical treatment; and
- (2) Trained and experienced in the evaluation, management, and care of concussions.

This form should be kept on file at the school and need not be forwarded to the SDHSAA Office.

Athlete: _____ School: _____ Grade: _____

Sport: _____ Date of Injury: _____

REASON FOR ATHLETE'S INCAPACITY

Guidelines for returning to competition, practice, or training after a concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms.
2. Light exercises: walking or stationary cycling with no symptoms.
3. Sport specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms.

Note:

1. If symptoms return at any time during the rehabilitation process, wait until asymptomatic for 1 full day, then re-start at the previous step.
2. Never return to competition with symptoms.
3. Do not use "smelling salts".
4. When in doubt, sit them out.

HEALTH CARE PROFESSIONAL'S ACTION

I have examined the named student-athlete following this episode and determined the following:

_____ **Permission is granted** for the athlete to return to competition, practice, or training

_____ **Permission is not granted** for the athlete to return to competition, practice, or training

COMMENT: _____

_____ Date: _____
Health Care Professional

_____ Date: _____
Parent/Guardian

_____ Date: _____
School Administrator

CONCUSSION FACT SHEET FOR ATHLETES

What is a concussion?

A concussion is a brain injury that:

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

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

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should 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 right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

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

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

It's better to miss one game than the whole season.

Student's Name (please print) _____ Date: _____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

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

CONCUSSION FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

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 after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • 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 mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine".
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

Parent/Guardian's Name (Please print) _____ Date _____, 20____

Parent/Guardian's Signature _____ Date _____, 20____

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